



PATIENT

Bentley Lee

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

4 years

WEIGHT

25.4 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Yiannis

INVOICE

69510

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Weight loss (20lbs in 8 months) and diarrhea (mostly small bowel) despite dewormer, metronidazole, steroid taper, hypoallergenic diet. Note this patient recently finished their steroid taper. Abnormal PE/Chem/CBC/UA Results: Normal CBC/chem/UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.12 x 2.30 cm, and the cortical thickness is 0.44 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.50 x 2.75 cm, and the cortical thickness is 0.50 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.38 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland is obscured by gas artifact from the adjacent duodenum, and in later clips the left adrenal gland is again visualized; therefore, the right adrenal gland could not be evaluated with the material provided.

Spleen

Splenic thickness is 1.78 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a minimal amount of sediment. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 3.45 mm and preserved wall layering. The pylorus measures 5.59 mm and contains a small amount of luminal fluid.

Duodenum: 3.77 mm. Jejunum: 3.23–4.03 mm. Ileum: 3.15 mm. No signs of inflammation, obstruction, ileus, or foreign material are identified.

Colon wall thickness: 1.24 mm, with formed feces in the descending colon.

Pancreas

The parenchyma of the pancreas appears isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes appear normal. Thickness of the iliac medial lymph node: 6.78 mm. Normal shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Normal abdominal ultrasound with no structural abnormalities identified in the GI tract, pancreas, liver, spleen, kidneys, bladder, or lymph nodes.

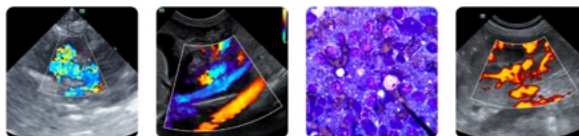
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound is unremarkable, with normal appearance of the stomach, small intestine, colon, pancreas, and associated lymph nodes. No mucosal thickening, loss of wall layering, hyperechoic mucosal striations, mucosal irregularity, masses, or evidence of obstruction or protein-losing enteropathy are present. The liver, spleen, kidneys, and left adrenal gland also appear normal. The right adrenal gland could not be evaluated due to duodenal gas artifact, but no indirect abnormalities were detected.

A normal ultrasound does not rule out inflammatory bowel disease, antibiotic-responsive enteropathy, fiber-responsive enteropathy, early lymphoplasmacytic infiltration, or mucosal disease limited to histologic or functional changes. Given the absence of ultrasonographic abnormalities, the patient's clinical signs likely reflect functional or mucosal small-intestinal disease, dietary-responsive or microbiome-related enteropathy, or partial relapse of immune-mediated enteropathy following withdrawal of steroids.

Recommendations

- GI panel (cobalamin, folate, TLI, PLI) to assess for malabsorption, dysbiosis, or exocrine pancreatic insufficiency.



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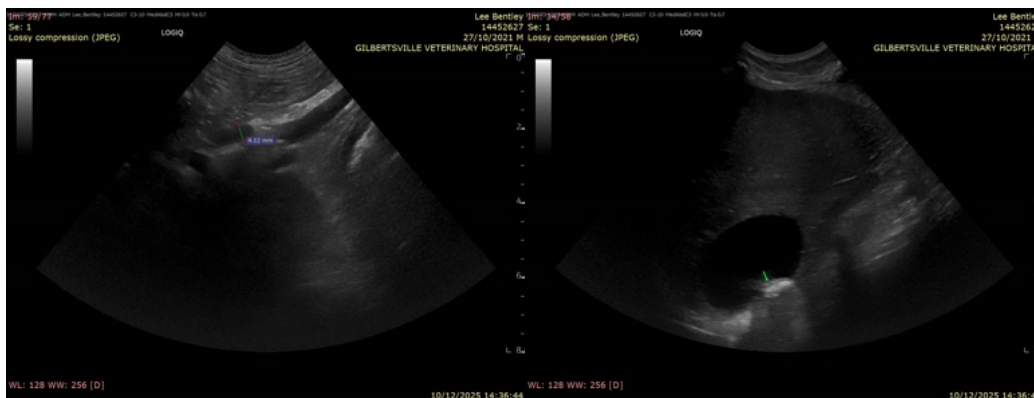
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- Fecal PCR panel / Giardia ELISA if not recently performed, as chronic cases can be intermittent shedders.
- Dietary trial with a true hydrolyzed or novel protein diet for 6–8 weeks, ensuring strict compliance.
- Probiotic or microbiome modulation therapy (Purina FortiFlora, Visbiome, or fecal microbiota transplant where available).
- Consider a therapeutic trial with tylosin for possible antibiotic-responsive enteropathy if diet trial fails.





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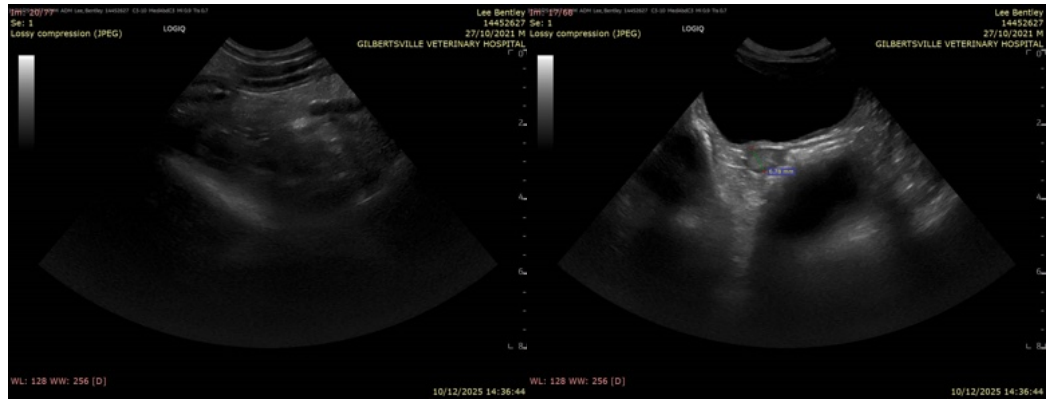
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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