



PATIENT

Cinnamon Legault

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

11 years

WEIGHT

19.4 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

69498

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Seen Dec 5th for a 2-week history of vomiting and a more recent onset of diarrhea. Mild chronic cough as well.

CBC: Mild lymphopenia - Lymphocytes $0.84 \times 10^9/L$ rr1.05- 5.1 Chem: Mild hypokalemia - Potassium 3.4 mmol/L rr 3.5 - 5.8 TT4: Mildly low (11 nmol/L - low normal 13) Abdominal and thoracic radiographs: abdomen unremarkable. The chest revealed mild, age-related degenerative changes in the lungs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction appear normal. No calculi or evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size (5.33×3.09 cm), with a cortical thickness of 0.51 cm in sagittal plane. The cortex is isoechoic relative to liver parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are present; Doppler evaluation is normal.

The right kidney is normal in shape and size (5.70×2.99 cm), with a cortical thickness of 0.47 cm. Echogenicity, corticomedullary definition, and Doppler appearance are normal. No pyelectasia, nephroliths, or hydronephrosis are seen.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.65 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.59 cm at both cranial and caudal poles.

Spleen

Splenic thickness is 1.60 cm. The parenchyma has normal echogenicity and a fine homogeneous echotexture, without focal abnormalities. The capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma is uniform and isoechoic to falciform fat. No hepatic lymphadenopathy is noted.

The gallbladder is normally distended, with a thin wall and primarily anechoic contents containing a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is seen.

Gastrointestinal



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The stomach is empty and folded, with a mural thickness of 2.45 mm and preserved wall layering. The pylorus measures 5.54 mm.

Duodenum: 3.84 mm. Jejunum: 4.25 mm. Ileum: 3.78 mm. Wall layering is normal throughout. The ileocecal junction is not visualized. No evidence of obstruction, ileus, or foreign material is present.

Colon (transverse): 1.37 mm; descending colon: 0.96 mm, with formed feces.

Pancreas

The pancreas appears ultrasonographically normal.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but surrounding tissues appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Pyloric mural thickening (5.54 mm) – muscular prominence; concern for pyloric outflow disorder.
- Mildly thickened small intestinal segments with preserved layering.
- Mild biliary sludge without obstruction.

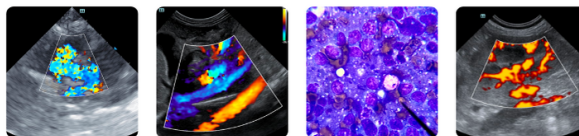
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pylorus demonstrates prominent mural thickening (5.54 mm) with relative muscular prominence, while maintaining overall preserved wall layering. In an older dog with chronic vomiting, diarrhea, and weight loss, this finding raises concern for pyloric outflow disease, with differentials including:

- Chronic hypertrophic pyloric gastropathy (common in small and medium breeds; muscular hypertrophy fits well).
- Chronic inflammatory gastritis (lymphoplasmacytic or eosinophilic).
- Functional pylorospasm, which may accompany nausea or systemic disease.
- Early pyloric neoplasia (adenocarcinoma or lymphoma)—less likely due to intact wall layering and lack of mass effect or lymphadenopathy, but cannot be fully excluded.

The stomach is empty and normally folded, with no gastric foreign material or evidence of acute ulceration.

The jejunal, duodenal, and ileal thicknesses are mildly increased but remain within upper physiologic limits for a large breed mix, with excellent preservation of mural layering.



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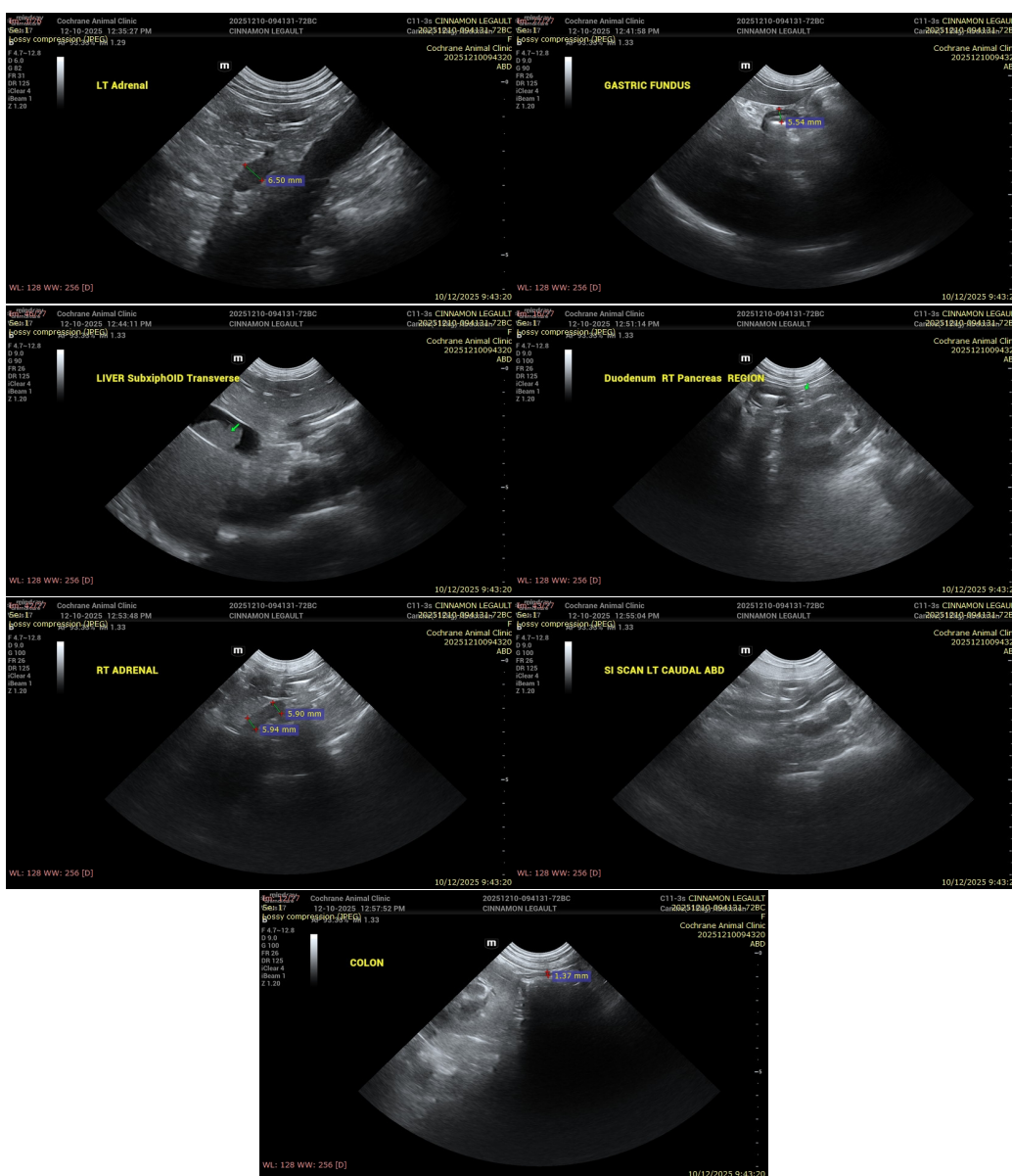
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The gallbladder contains a small amount of sludge, a common incidental finding without evidence of biliary obstruction.

Recommendations

- Upper GI Endoscopy.
- Empirical medical trial (if endoscopy is not immediately available)
- A GI panel would assess for malabsorption or pancreatopathy.





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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.

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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.

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Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com

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