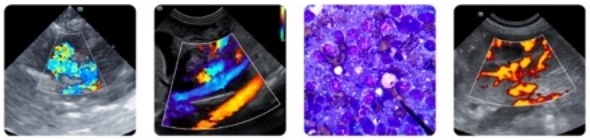


PATIENT

Elvis Fecteau

SPECIES

Canine

BREED

Chihuahua Cross

SEX

Neutered male

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Pfannenstiel

HOSPITAL NAME

Mill Brook Animal Clinic VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

69302

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Came in for pain/lameness. Pt is not on preventatives. Sent home on doxy for tickborne illness
Multifocal pain in joints but not back; hunched. Sending labs out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is underdistended, and the bladder wall appears mildly thickened; however, due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.27 × 2.30 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 4.47 × 2.73 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Prostate

The prostate gland is small, measuring 1.43 × 0.53 cm, homogeneous and hypoechoic, compatible with post-orchiectomy prostatic atrophy.

Adrenal Glands

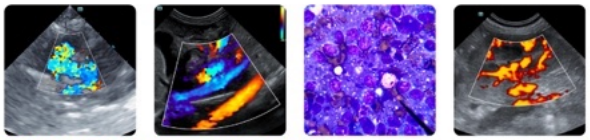
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.46 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.51 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness is 0.84 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat. A hypoechoic nodule measuring up to 2.32×1.52 cm (maximum dimensions from multiple measurements) is identified at the caudal margin of the left lateral hepatic lobe, with a central hyperechoic focus measuring approximately 0.69×0.75 cm. No hepatic lymphadenopathy is observed.



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

Gastrointestinal System

The stomach is distended with abundant ingesta, described as home-prepared food or commercial wet food with meat pieces. Gastric mural thickness measures 1.68 mm, with preserved wall layering. The pylorus measures 4.99 mm, with a muscularis thickness of 1.79 mm. If the patient was truly fasted, these findings are consistent with delayed gastric emptying.

The duodenum measures 3.12 mm. The Jejunum measures 2.86 mm, with normal wall layering. No signs of obstruction, ileus, or foreign material are identified.

The colon wall thickness measures 1.08 mm, with formed feces present in the descending segment.

Pancreas

The pancreas measures 9.24 mm. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Distended stomach with abundant retained ingesta, compatible with delayed gastric emptying if appropriately fasted.
- Mild pyloric thickening with preserved wall layering.
- Focal hypoechoic hepatic nodule with a central hyperechoic focus in the left lateral liver lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a distended stomach containing abundant ingesta, in conjunction with mild pyloric thickening and preserved wall layering, is most consistent with functional gastric outflow delay, chronic gastritis, motility disorder, or secondary effects of systemic illness. Although the stomach contains abundant ingesta, there is no sonographic evidence of gastric ulceration or perigastric inflammatory reaction, such as focal mural defects, loss of wall layering, or hyperechoic periserosal fat. However, gastric ulceration cannot be definitively excluded, particularly given the presence of retained gastric contents, which may limit evaluation of the mucosal surface. A fixed obstructive lesion is ruled out based on the current examination.

The focal hepatic nodule within the left lateral lobe, characterized by a hypoechoic appearance with a central hyperechoic focus, is most consistent with a benign hepatic lesion, such as nodular hyperplasia, degenerative change, or a benign hepatocellular lesion. There are no ultrasonographic features

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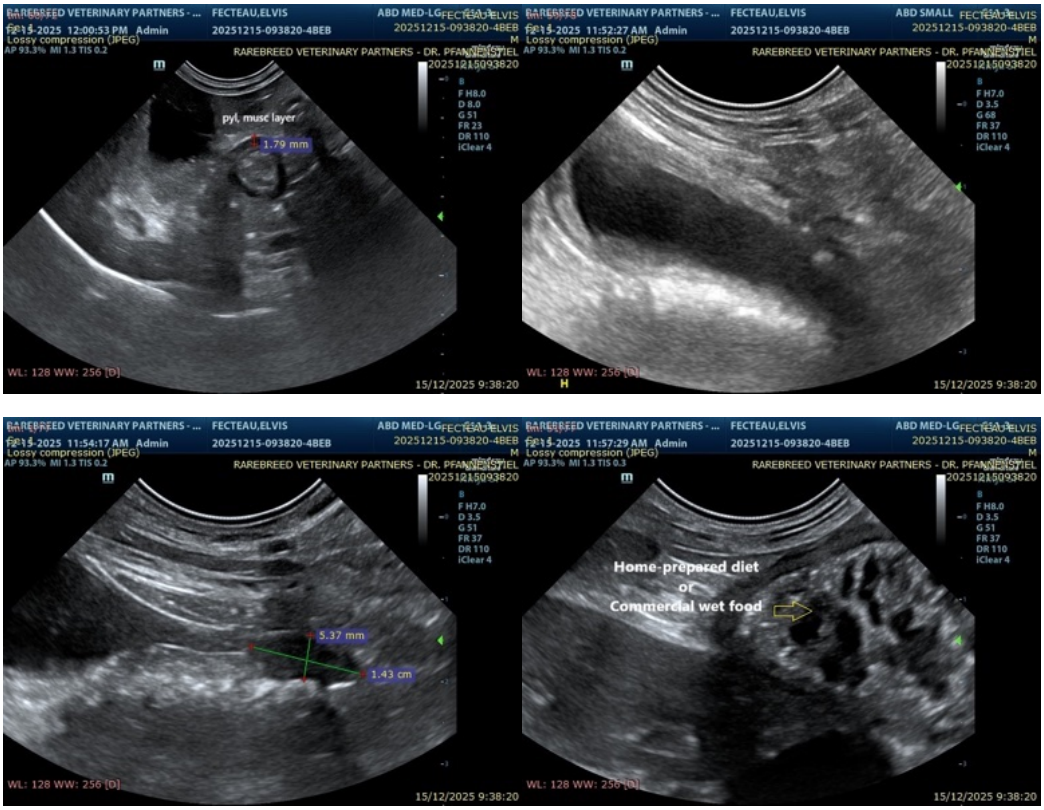
suggestive of aggressive hepatic neoplasia, such as irregular margins, multifocal disease, or associated lymphadenopathy, although definitive characterization cannot be achieved with ultrasound alone.

Overall, the findings support a functional gastric disorder with delayed emptying and an incidental hepatic nodule, with no evidence of acute abdominal pathology.

Recommendations

- Clinical correlation is recommended to confirm appropriate fasting status prior to imaging. If delayed gastric emptying remains a concern, further evaluation of gastric motility and chronic gastric disease may be considered. Monitoring or follow-up imaging of the hepatic nodule is advised to assess for interval change, particularly if clinical signs persist or laboratory abnormalities develop.
- Given the patient's clinical history, current medical therapy, and the ultrasonographic findings, gastric protective therapy may be considered as part of medical management.



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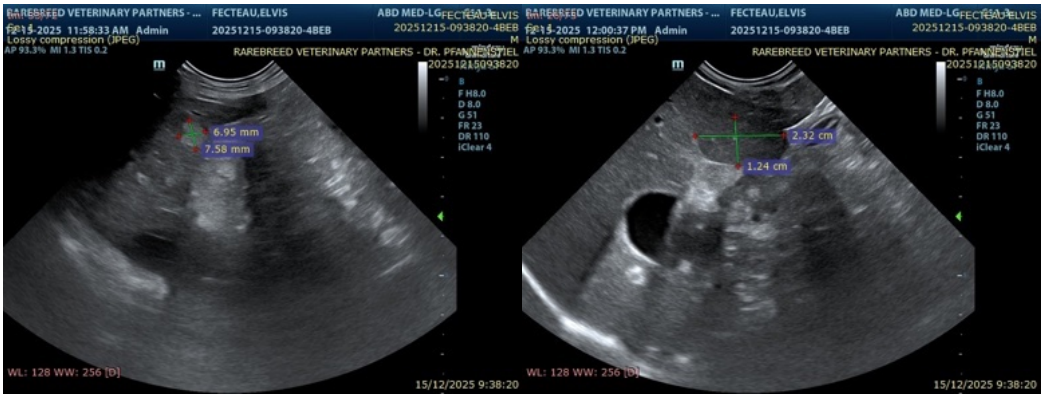

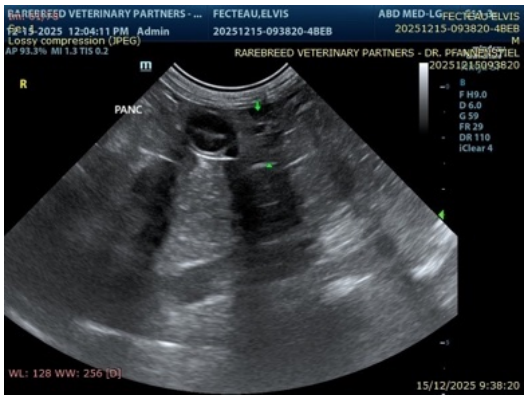

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com