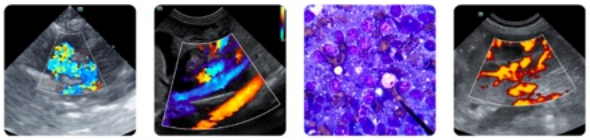




**PATIENT**

Koda Tran

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

5.4 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Quinn Robinson, RVT

**HOSPITAL NAME**

Hess Ridge AH

**REFERRING VET**

Dr. Frint

**INVOICE**

69309

**DATE**

12/15/25

## PRESENTING CLINICAL SIGNS

History: History of episodes diarrhea/abdominal pain, otherwise apparently healthy
Abnormal PE/Chem/CBC/UA Results: Recently started z/d diet and folate supplement, folate deficiency on Texas GI panel Otherwise WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. 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 3.13×1.64 cm, with a cortical thickness of 0.21 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 3.74×1.69 cm, with a cortical thickness of 0.25 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.

### *Adrenal Glands*

The left adrenal gland measures 0.40 cm at the cranial pole and 0.39 cm at the caudal pole.

The right adrenal gland measures 0.48 cm at the cranial pole and 0.44 cm at the caudal pole.

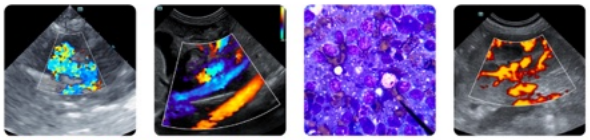
### *Spleen*

Splenic thickness is 0.83 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 hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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





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### *Gastrointestinal*

The stomach is empty and folded, with a gas pattern. Gastric mural thickness measures 1.45 mm, with preserved wall layering. The pylorus measures 4.64 mm and contains a small amount of fluid and digested content.

The duodenum measures 3.29 mm, with a mucosal thickness of 2.19 mm, without evident abnormalities. The jejunum measures 3.45 mm, with normal wall layering. The ileocecal junction is not visualized. All small intestinal segments contain a variable amount of gas.

The colon wall thickness measures 1.75 mm in the transverse colon and 0.86 mm in the descending colon, with soft fecal material present.

### *Pancreas*

The examined pancreatic regions do not show evidence of overt inflammatory changes.

### *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

- Variable gas content throughout the small intestine.
- Soft fecal material in the colon.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All measured gastrointestinal segments, including the stomach, pylorus, small intestine, and colon, are within expected limits for a dog of this size. Wall layering is preserved throughout, with no segment exceeding normal thickness ranges and no disproportionate thickening of any layer. There are no borderline or equivocal ultrasonographic findings to support a structural inflammatory or infiltrative enteropathy. The presence of variable intraluminal gas is nonspecific and may be associated with altered gastrointestinal motility, transient dysbiosis, or dietary-related gastrointestinal disturbance, rather than structural intestinal disease.

In the context of a documented folate deficiency, the findings are most consistent with a functional or low-grade enteropathy, which may not produce definitive ultrasonographic changes.

Recommendations

- Continued dietary management and folate supplementation are recommended as currently instituted.
- Clinical monitoring of gastrointestinal signs is advised. If clinical signs persist or worsen despite current management, further evaluation for functional gastrointestinal disease, including repeat gastrointestinal testing or intestinal biopsies, may be warranted.

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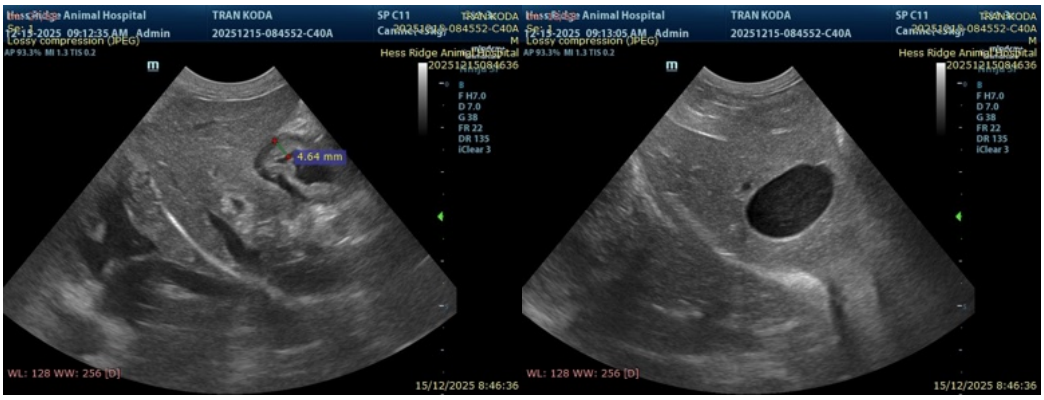



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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