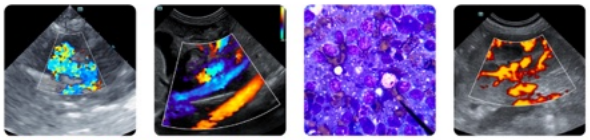




**PATIENT**

Maggie Mae Marsh

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Intact Female

**AGE**

3 years

**WEIGHT**

41.2 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Dr. Schmieder

**HOSPITAL NAME**

Slade VH

**REFERRING VET**

Dr. Schmieder

**INVOICE**

69350

**DATE**

12/16/25

## PRESENTING CLINICAL SIGNS

History: Chronic anorexia and diarrhea

## 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 5.78×3.37 cm, with a cortical thickness of 0.47 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 4.95×2.99 cm; cortical thickness could not be measured. 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 is partially visualized and measures approximately 0.50 cm. The right adrenal gland is not visualized in any of the provided images.

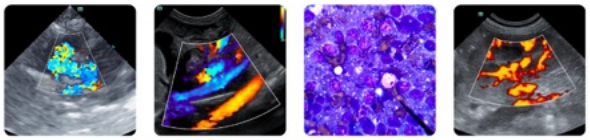
### *Spleen*

Splenic thickness is 2.06 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 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 mural thickness of 3.07 mm and preserved wall layering. The pylorus and duodenum were not visualized. The jejunum measures 3.44 mm, with the following wall layer measurements: mucosa 2.76 mm, submucosa 0.53 mm, and muscularis propria 0.20 mm. The ileum measures 2.13 mm, with preserved wall layering. Normal intraluminal content is noted in the evaluated intestinal segments. The colon wall thickness measures approximately 1.19 mm, with formed feces present in the descending segment.

### *Pancreas*

The pancreas could not be visualized in the provided images. The pancreatic regions that were evaluated do not demonstrate evidence of peripancreatic fat inflammation or free fluid.

### *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

- No clinically significant abdominal abnormalities identified on the videos provided.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates normal wall thickness and preserved layering in the stomach, jejunum, ileum, and colon. No intestinal mural thickening, loss of layering, focal masses, obstruction, or ileus is identified, and no sonographic features are present to support an infiltrative or obstructive enteropathy based on imaging alone.

The liver, spleen, kidneys, urinary bladder, and gallbladder appear within normal limits. No abdominal lymphadenopathy or effusion is identified. The pancreas could not be clearly visualized, which limits assessment for pancreatic disease; however, there is no evidence of secondary peripancreatic fat inflammation or reactive changes in adjacent structures.

Overall, the ultrasonographic findings do not identify a structural cause for the patient's chronic gastrointestinal signs. In a young dog with chronic diarrhea and anorexia, these findings are most consistent with a functional or microscopic gastrointestinal disorder, such as chronic inflammatory enteropathy, dietary-responsive enteropathy, food intolerance, or dysbiosis, which may be present despite a normal abdominal ultrasound.

Recommendations

- Further diagnostic evaluation is recommended, including a comprehensive gastrointestinal panel (cobalamin, folate, pancreatic lipase, and TLI) to assess malabsorption, dysbiosis, or pancreatic involvement.

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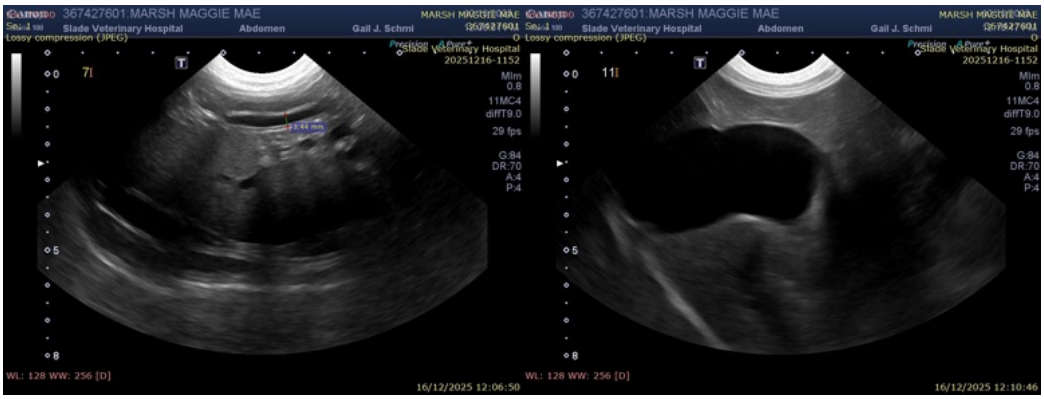
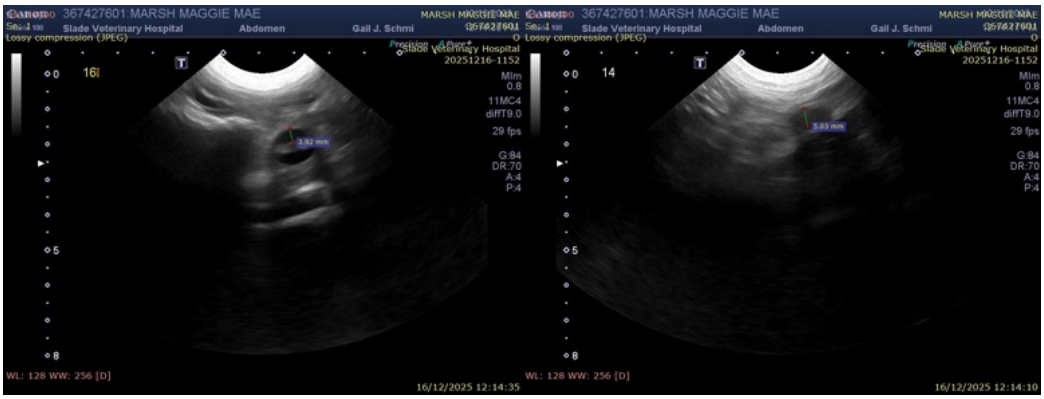
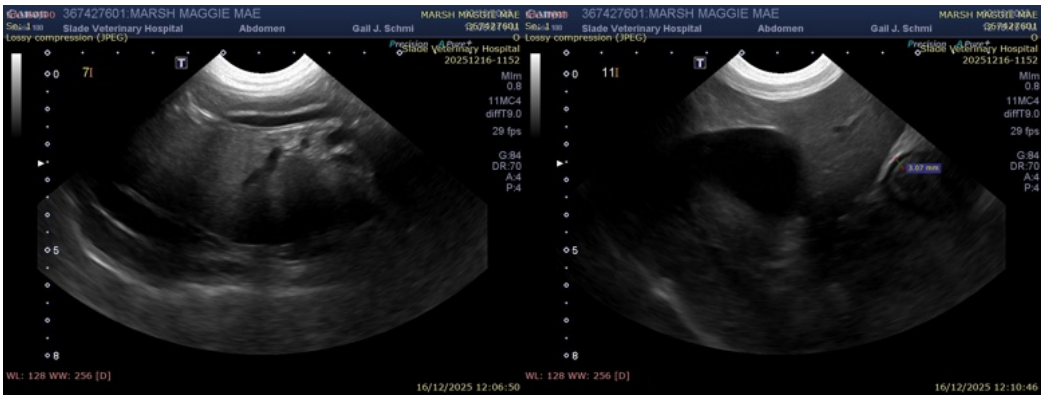
- Continued or structured dietary trials with a hydrolyzed or novel protein diet are advised if not already completed.
- If clinical signs persist despite dietary management and medical therapy, endoscopic or full-thickness intestinal biopsies may be considered to further evaluate for chronic inflammatory enteropathy or other microscopic disease.
- Ongoing clinical monitoring is recommended, with follow-up imaging considered if new or progressive clinical signs develop.



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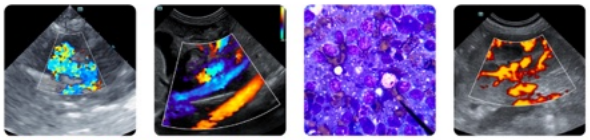

Clinical Sonography & Telecytology
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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