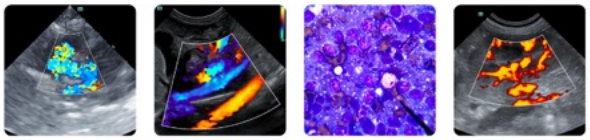


PATIENT

Sandy Matzeder

SPECIES

Canine

BREED

Alaska Klee Kai

SEX

Spayed female

AGE

11 months

WEIGHT

9.63 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Cathleen Whitcraft, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Womack

INVOICE

69263

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Sandy is an 11 month old FS Alaska klee kai presenting for a recheck after hospitalization for vomiting, diarrhea, and lethargy. She has been doing much better at home and her appetite and energy level have returned, however she is still having soft stool. It has improved from liquid diarrhea but it is still loose. She is still receiving proviable capsules and fiber support as well as denamarin. She was fasted prior to today's appointment.

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: 3.34 x 1.50 cm, and the thickness of the cortex is 0.24 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.04 x 1.58 cm and the cortex 0.24 cm, and the thickness of the cortex is cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.30 cm at the caudal pole.

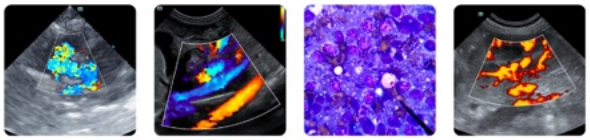
Spleen

Splenic thickness is 0.78 cm. The parenchyma demonstrates normal echogenicity and 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 looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is markedly distended, filled with food and fluid, with mural thickness (1.47 mm) and preserved wall layering. The pylorus is not clearly observed. Duodenum: 2.70 mm. Jejunum: 2.03 mm, with normal wall layering. The ileocecal junction measures 1.54 mm. No signs of discrete inflammation, ileus, or foreign material are identified.

Colon: ascending colon 1.09 mm, filled with fluid; descending segment 0.96 mm, containing soft feces.

Pancreas

The pancreatic areas evaluated did not show clear signs of inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes: 0.36–0.37 mm in thickness. Ileocecal lymph nodes: 0.60 mm in thickness. Iliac medial lymph node: 1.08 × 0.30 cm, with normal shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Stomach: marked gastric distension with food and fluid despite reported fasting.
- Colon: ascending colon fluid-filled; descending colon containing soft feces.
- Lymph nodes: mild reactive appearance of cranial mesenteric, ileocecal, and medial iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound findings support a diagnosis of resolving gastrointestinal inflammation, characterized by normal small and large bowel wall architecture and mild, regionally reactive lymph nodes, which commonly accompany post-inflammatory or post-infectious enterocolitis.

Marked gastric distension with food and fluid in a fasted patient most likely reflects transient post-inflammatory gastric hypomotility (functional delay of gastric emptying). Suboptimal fasting remains a differential, but no sonographic indicators of mechanical outflow obstruction are present.

No evidence of structural hepatobiliary, pancreatic, renal, or splenic disease. No peritoneal effusion or signs of localized or generalized peritonitis.

Overall, the findings align with a resolving gastrointestinal process in a clinically improving young patient.

Recommendations

- A fecal diagnostic panel (including Giardia ELISA/PCR and parasitology) is recommended to exclude infectious causes of persistent soft stool.

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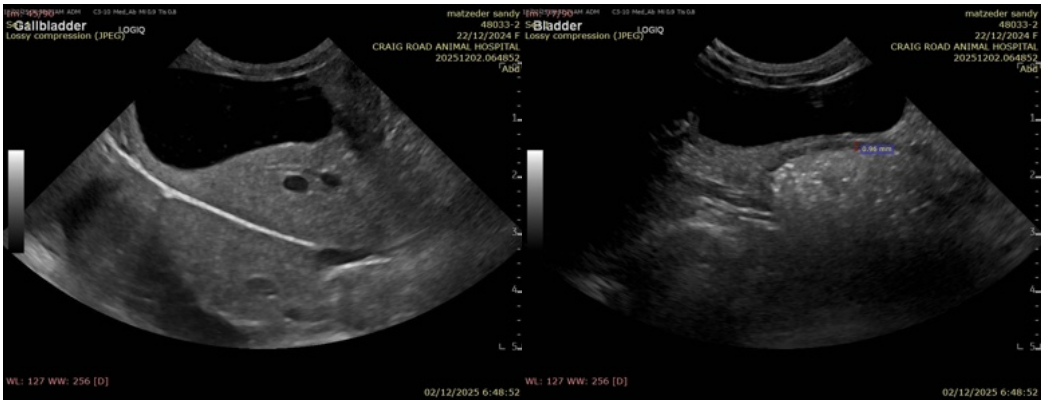
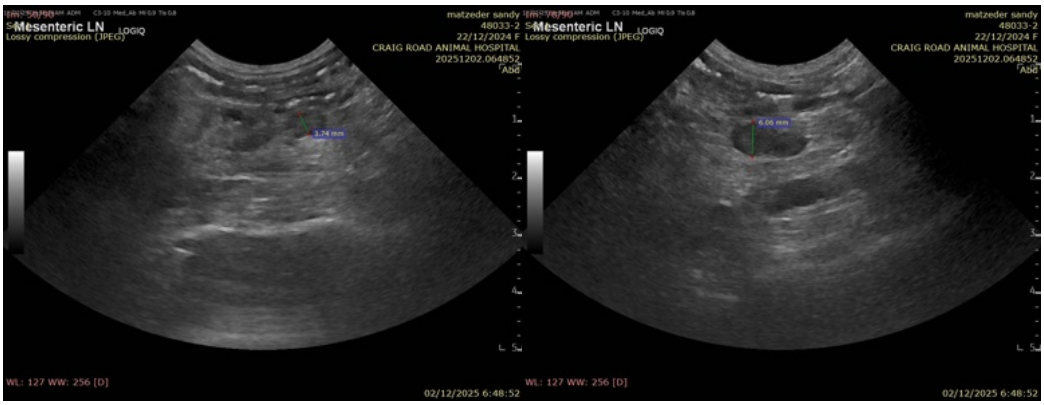
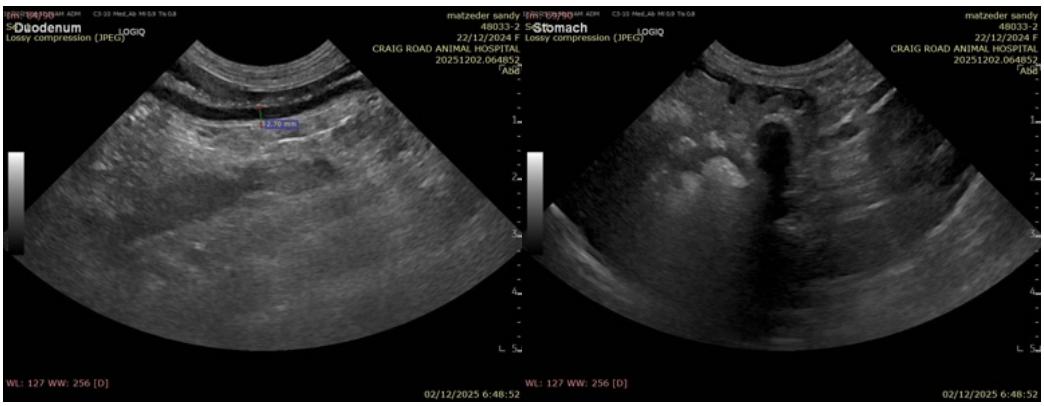
- Baseline CBC/chemistry/electrolytes are advised for broader clinical assessment.
- Consider serum cobalamin/folate to evaluate for dysbiosis or malabsorption.







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.

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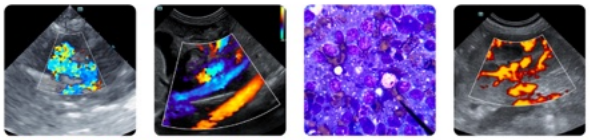

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