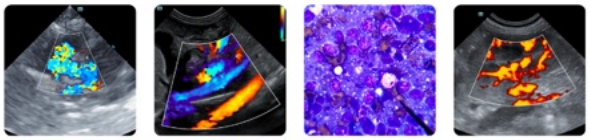


PATIENT

Maisie Haigwood

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

43.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Julia Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Kang

INVOICE

69510

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: AUS to investigate intermittent bloody diarrhea following Urgent care visit on 12/3/25 for vomiting and hematochezia.
Abnormal PE/Chem/CBC/UA Results: 11/2025 - CBC - mild leukocytosis (17.7K) with mild neutrophilia (11,859) and mod monocytosis (1239). Chem10 - WNL (IRIS stage 1). PT/APTT - WNL. 5/2025 - CBC - mild lymphocytosis (4592). Chem21 - WNL (stage 1 kidneys). TT4 - WNL (1.6). UA - 1.036, pH 7.5, trace proteinuria, 4-10/hpf amorphous phosphate crystalluria. Accuplex - negx4. O&P - NPS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The majority of the bladder wall appears thin and smooth. A small focal region of the bladder wall is mildly thickened and irregular, measuring up to approximately 3.82 mm, with preservation of normal wall layering. The urine is anechoic. The bladder neck, trigone, and proximal urethra appear normal. No uroliths or ultrasonographic evidence of a bladder mass are identified.

The left kidney is normal in shape and size, measuring 5.74 × 3.09 cm, with a cortical thickness of 0.49 cm (sagittal plane). The right kidney is normal in shape and size, measuring 5.76 × 3.70 cm, with a cortical thickness of 0.53 cm (sagittal plane). In both kidneys, the renal cortex is mildly increased in echogenicity relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates normal renal perfusion patterns.

Adrenal Glands

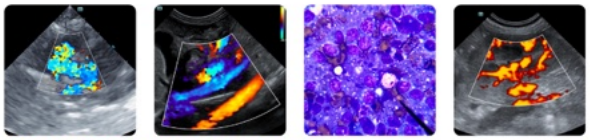
Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.67 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measures 0.71 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

Splenic thickness is approximately 1.50 cm. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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



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The gallbladder is normally distended with a thin wall. The lumen contains a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 2.87 mm. The pylorus measures approximately 6.95 mm and contains a small amount of fluid.

The duodenum measures approximately 5.21 mm in wall thickness. The jejunum measures approximately 3.42–4.12 mm, with preserved wall layering. The ileum was not reliably measured. The ileocecal junction was not visualized. No evidence of mechanical obstruction, ileus, or intraluminal foreign material is identified.

The colon measures approximately 2.27 mm in wall thickness and is largely empty at the time of examination.

Pancreas

The pancreas is visualized and appears within normal limits. The parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of pancreatitis or a pancreatic mass is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is identified. Cranial mesenteric lymph nodes are not visualized; the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild urinary bladder wall thickening and irregularity (up to 3.82 mm), with preserved wall layering.
- Diffuse thickening of the proximal small intestine, particularly the duodenum and jejunum, with normal layering.
- Colonic wall thickening (up to 2.27 mm), with minimal intraluminal content.

SECONDARY FINDINGS

- Very mild bilateral renal cortical hyperechogenicity, with preserved size and corticomedullary definition.
- Small amount of biliary sludge within the gallbladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound demonstrates mild-to-moderate thickening of the proximal small intestine (duodenum and jejunum) as well as mild colonic wall thickening, with preserved wall layering and no evidence of obstruction. In the context of acute gastrointestinal signs including vomiting and hematochezia, these findings are most consistent with inflammatory enterocolitis or reactive gastroenteritis/colitis. The pylorus is mildly thickened and fluid-filled, with preservation of normal wall layering. In the context of acute gastrointestinal signs, this appearance is most consistent with functional or inflammatory pylorospasm rather than fixed outflow obstruction or infiltrative disease.

A small focal region of the urinary bladder wall is mildly thickened and irregular, but normal layering is preserved and no discrete mass is identified. This finding is most compatible with focal mild cystitis or reactive mural change, and clinical correlation (especially urinalysis) is recommended.

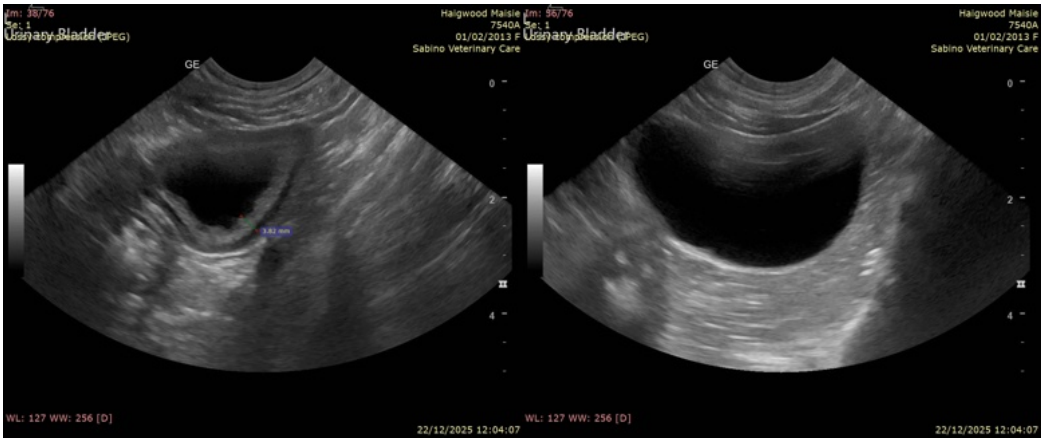
Both adrenal glands are at the upper limits of normal size for a dog of this body weight; however, they maintain normal shape and echogenicity. These measurements can be seen with adrenal hyperplasia and may be incidental; correlation with clinical signs and endocrine testing is advised if hyperadrenocorticism is a clinical concern.

Renal findings are very mild and bilateral and may represent incidental or early subclinical change. These findings should be interpreted in conjunction with renal biochemical values and urinalysis.

Overall, the gastrointestinal wall changes identified on ultrasound correlate well with the previously reported inflammatory leukogram and the clinical history of vomiting and hematochezia, supporting inflammatory enterocolitis rather than a primary structural or obstructive process.

Recommendations

- Medical management.
- Dietary management.
- Endocrine testing is not specifically indicated based on ultrasound findings alone but may be considered if compatible clinical signs develop.
- Endoscopic diagnostics may be considered only if clinical response is inadequate or if progressive abnormalities develop.



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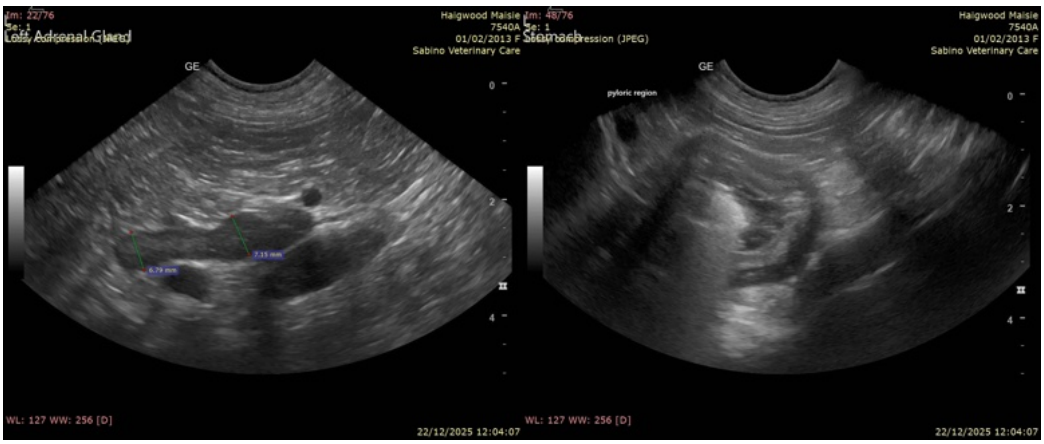

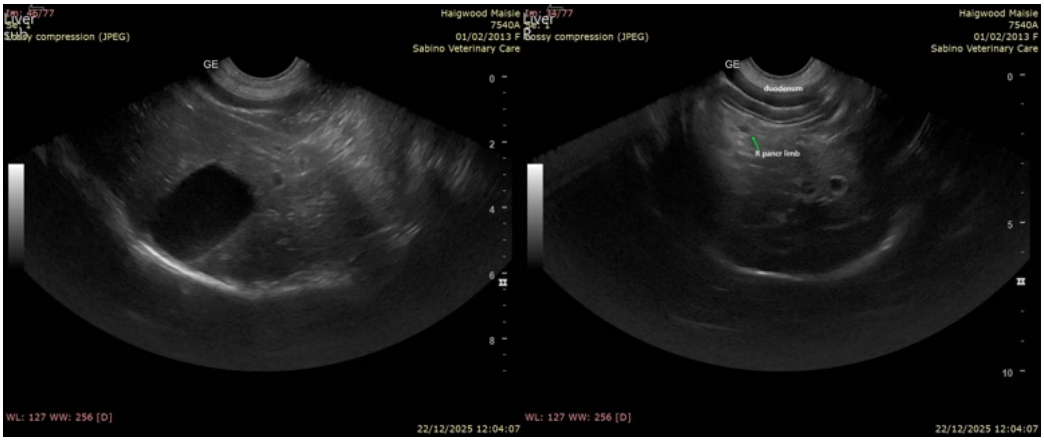

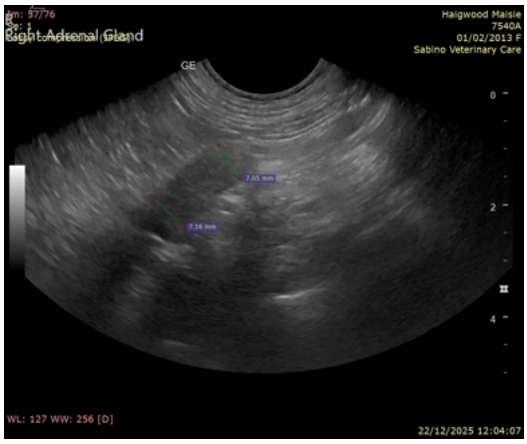

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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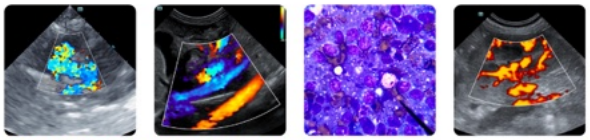

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com