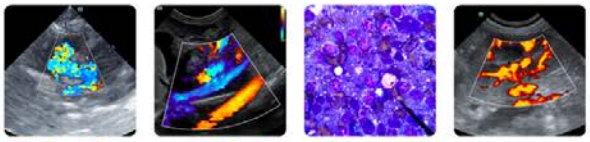


PATIENT

Miss Daisy Orlovic

SPECIES

Canine

BREED

Chi x

SEX

Spayed Female

AGE

6 Years

WEIGHT

12.2

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley Vet Hospital

REFERRING VET

Dr. Amy Isaac

INVOICE

72778

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History of decreased appetite for approx 1 month. Originally there was occasional vomiting but no longer vomiting. Originally treated with panacur, cerenia and ondansetron. Lost over 1 pound over a few weeks. Appetite is slightly improved on entyce.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem NSF Normal ionized calcium Normal baseline cortisol Normal CPL Normal UA PE- NSF other than mild dental tartar. Abdomen slightly tense

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.48×2.44 cm, with a cortical thickness of 0.44 cm in the sagittal plane. The 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.

The right kidney is normal in shape and size, measuring 3.69×2.34 cm. The 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.44 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland is partially visualized, measuring 0.39 cm at the caudal pole.

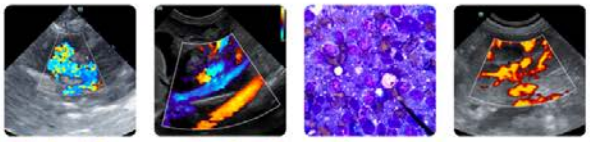
Spleen

Splenic thickness is 1.17 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 liver 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 with a mild to moderate amount of biliary sludge within the fundus. The cystic duct measures 4.91 mm. The common bile duct is not visualized.



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Gastrointestinal

The stomach is empty and folded, with a small amount of fluid present. Mural thickness measures approximately 2.65–3.49 mm, with preserved wall layering. The pylorus measures 5.02 mm.

The duodenum measures 3.80 mm. The jejunum measures 3.53 mm (mucosa: 1.63 mm; submucosa: 0.37 mm; muscularis propria: 0.25 mm). The ileum measures 1.56 mm, with normal wall layering.

No signs of obstruction, ileus, or foreign material are identified.

The colon wall measures approximately 0.53 mm, with formed feces in the descending segment.

Pancreas

The pancreatic parenchyma is isoechoic compared to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

Free Abdomen

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

PRIMARY FINDINGS

- Mild, diffuse gastric wall thickening with preserved wall layering.

SECONDARY FINDINGS

- Mild to moderate biliary sludge within the gallbladder fundus, without evidence of biliary obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary ultrasonographic findings consist of mild, diffuse gastric wall thickening with preserved wall layering, without evidence of focal lesions, obstruction, or ileus. In small-breed dogs such as Chihuahuas, this pattern is commonly associated with functional or low-grade inflammatory gastric disease, rather than primary structural pathology. When correlated with the patient's history of intermittent vomiting, prolonged hyporexia, and partial response to antiemetics and appetite stimulation, these findings are most consistent with mild gastritis or functional gastrointestinal disease.

Dietary factors may play a relevant role in both the gastric and gallbladder findings. Dietary intolerance, inconsistency, or reduced caloric intake, particularly in small-breed dogs with selective eating behaviors, can contribute to chronic low-grade gastric inflammation and secondary biliary stasis, potentially perpetuating hyporexia and weight loss.

The remainder of the gastrointestinal tract appears unremarkable, and the pancreas is sonographically normal, correlating with a normal cPL result. No abdominal lymphadenopathy, effusion, or peritoneal abnormalities are identified.

The gallbladder contains a mild to moderate amount of biliary sludge, without wall thickening or biliary obstruction. In small-breed dogs, biliary sludge is frequently associated with reduced or inconsistent

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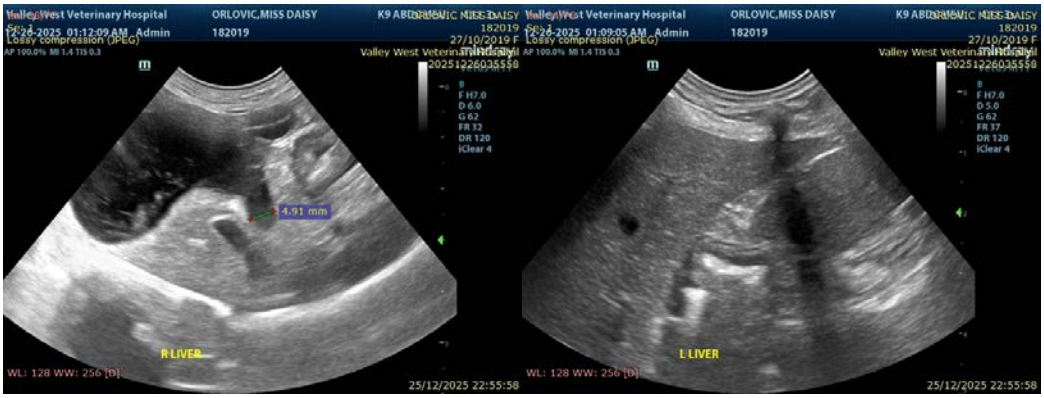
food intake, altered gastrointestinal motility, or dietary factors, and is considered most consistent with biliary stasis rather than primary hepatobiliary disease in this context.

Recommendations:

- Continued medical management is appropriate, with close monitoring of appetite, body weight, and overall clinical response.
- Dietary management is strongly recommended as a key component of therapy. This should include:
  - A highly digestible, consistent diet.
  - Avoidance of frequent diet changes, treats, or high-fat foods.
  - Consideration of a gastrointestinal or novel protein diet if dietary intolerance is suspected.
- The mild to moderate biliary sludge is most consistent with biliary stasis secondary to reduced or inconsistent food intake. No specific biliary intervention is indicated at this time; improvement is expected with restoration of regular appetite and gastrointestinal motility.
- If hyporexia or weight loss persists despite optimized dietary and medical management, further gastrointestinal functional testing (gastrointestinal panel or even gastroscopy with biopsy) may be considered to evaluate for underlying malabsorption or low-grade inflammatory disease.
- Repeat abdominal ultrasonography may be considered if clinical signs fail to improve or worsen, to reassess gastric and hepatobiliary findings and rule out progression to structural disease.



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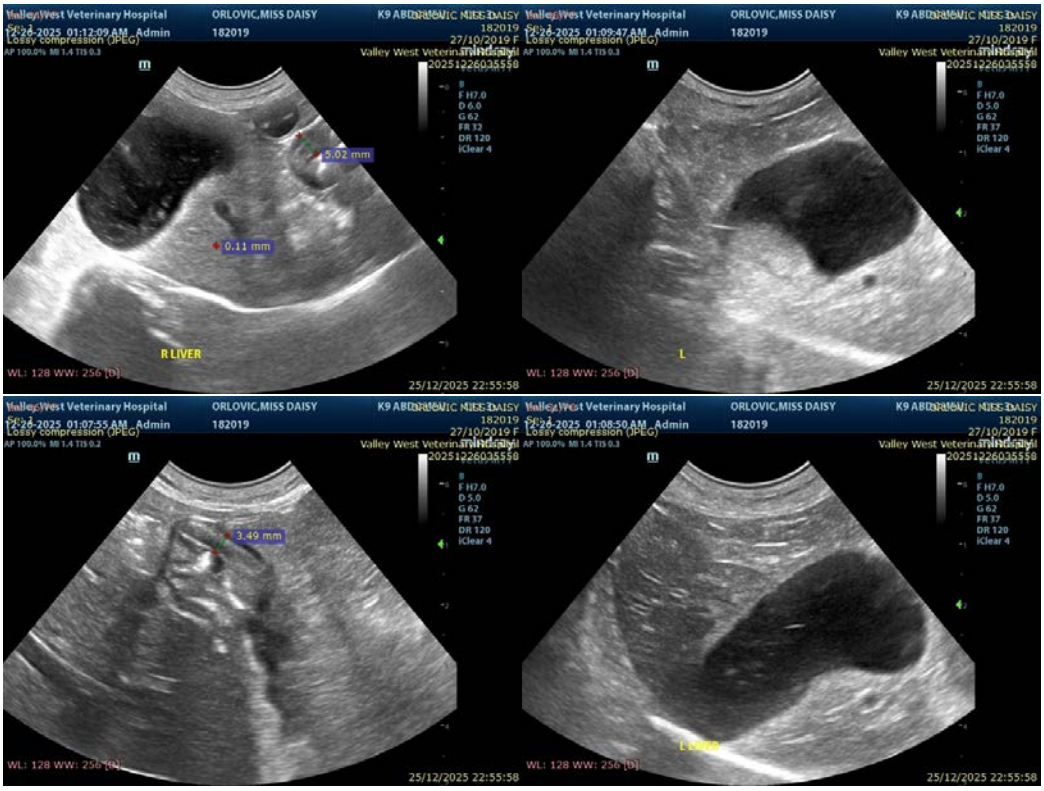

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com