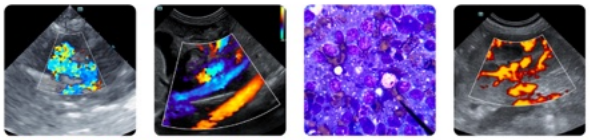




**PATIENT**

Chicken Grub Grubb

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

18.6 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Ruth Loomis

**HOSPITAL NAME**

Brookswood AC

**REFERRING VET**

Dr. Loomis

**INVOICE**

69727

**DATE**

12/30/25

## PRESENTING CLINICAL SIGNS

History: P presented for vomiting (ingesta and bile)/intermittent soft mucousy stool and loud GI noises. No wt loss and appetite is good. P will eat grass obsessively P had some response to maropitant and omeprazole but after a short course P has been vomiting again (mostly bile now)
Abnormal PE/Chem/CBC/UA Results: Bloodwork done 12/2/2025 WNL fecal negative

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.71×2.30 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.10×2.34 cm, with a cortical thickness of 0.38 cm in the sagittal plane. Both kidneys: The renal cortex is isoechoic relative to the liver parenchyma. The renal medulla demonstrates outer medullary hyperechogenicity. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.40 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measures 0.39 cm at the cranial pole and 0.40 cm at the caudal pole.

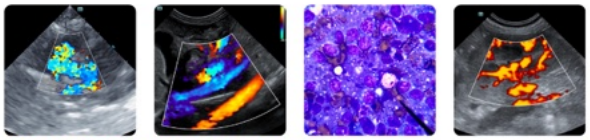
### *Spleen*

Splenic thickness measures 0.95 cm. The splenic parenchyma has 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 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 observed.

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





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### *Gastrointestinal*

The stomach is nearly empty, with scant ingesta and a moderate amount of fluid within the fundus. Gastric wall thickness measures 2.02 mm, with preserved wall layering. No ulcerative lesions or loss of wall stratification are observed. The pyloric wall measures 3.87 mm.

The duodenum measures 4.51 mm and contains a small amount of luminal fluid. The jejunum measures 3.95 mm, with the following wall layer measurements: mucosa 2.57 mm, submucosa 0.94 mm, and muscularis propria 0.50 mm. The ileum measures 2.50 mm, with mucosa 0.98 mm, submucosa 0.85 mm, and muscularis propria 0.88 mm; wall layering is preserved. Some intestinal segments show mild luminal dilation with fluid content. No evidence of gastrointestinal obstruction or foreign material is identified.

The colonic wall measures 1.39 mm, with a small amount of fluid and abundant gas present within the descending colon.

### *Pancreas*

The pancreas measures approximately 6.08 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active pancreatitis is identified.

### *Peritoneal Cavity*

No abdominal effusion or evidence of peritonitis is observed. The cranial mesenteric lymph nodes are normal in size, measuring approximately 4.08–5.12 mm in thickness, and demonstrate a reactive ultrasonographic pattern characterized by a hyperechoic central hilus with mild peripheral cortical hypoechogenicity. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Gastric wall thickness at the upper limit of normal, with increased luminal fluid and preserved wall layering.
- Mild segmental small intestinal fluid distension without obstruction.
- Reactive cranial mesenteric lymph nodes with preserved size and architecture.

SECONDARY FINDINGS

- Outer medullary hyperechogenicity.
- Mild biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The stomach and intestines show preserved wall layering throughout, with wall thicknesses at the upper end of normal for a small dog and increased luminal fluid. No focal masses, loss of wall stratification, or obstructive changes are observed. Mild, segmental fluid distension of small intestinal loops and increased luminal fluid within the stomach and duodenum are nonspecific findings and are most consistent with a functional gastrointestinal motility disorder or mild inflammatory gastrointestinal disease- including dietary sensitivity-, rather than infiltrative or neoplastic pathology.

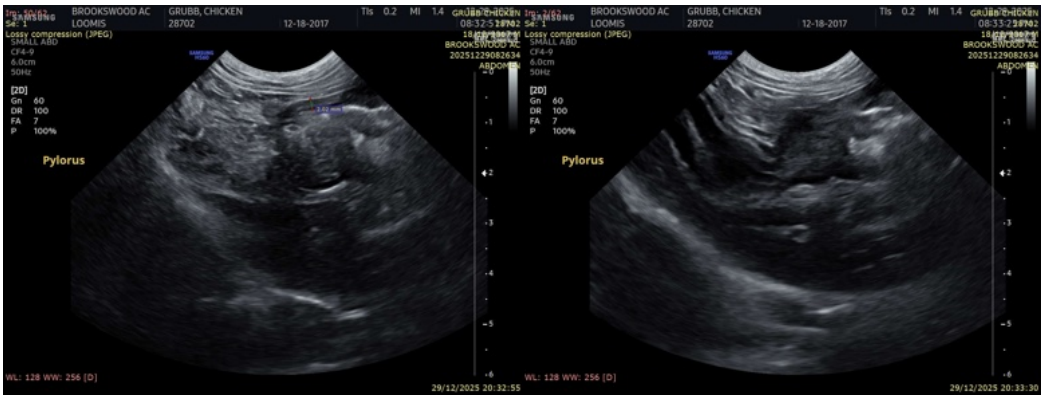
Cranial mesenteric lymph nodes are normal in size with a reactive sonographic appearance, supporting antigenic stimulation. This pattern is commonly seen with chronic enteropathy, dietary intolerance, or low-grade inflammatory disease.

Renal findings include outer medullary hyperechogenicity of the right kidney, a nonspecific and often incidental finding in dogs that may be associated with hydration status or early renal changes, but without structural renal disease identified.

Overall, the ultrasonographic findings are most consistent with a chronic inflammatory or functional gastrointestinal disorder (chronic inflammatory enteropathy or dietary-responsive disease).

Recommendations

- Consider a strict dietary trial (novel protein or hydrolyzed diet if not already implemented).
- Carefully monitored empiric medical management approach (prokinetic and/or anti-inflammatory therapy, at the clinician's discretion) may be considered.
- A gastrointestinal panel (including TLI, pancreatic lipase, cobalamin, and folate) may be considered if clinical signs persist or recur despite appropriate dietary and empiric medical management, to further evaluate for subclinical pancreatic or small intestinal disease.
- Endoscopy or surgical biopsies are not indicated at this stage, given the lack of ultrasonographic red flags and stable body condition; however, progression or worsening of clinical signs would warrant reconsideration of histopathologic diagnosis.



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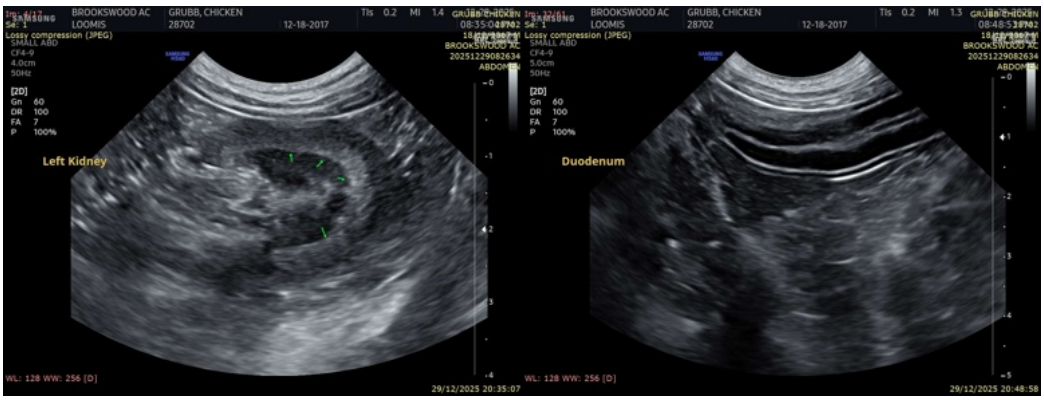


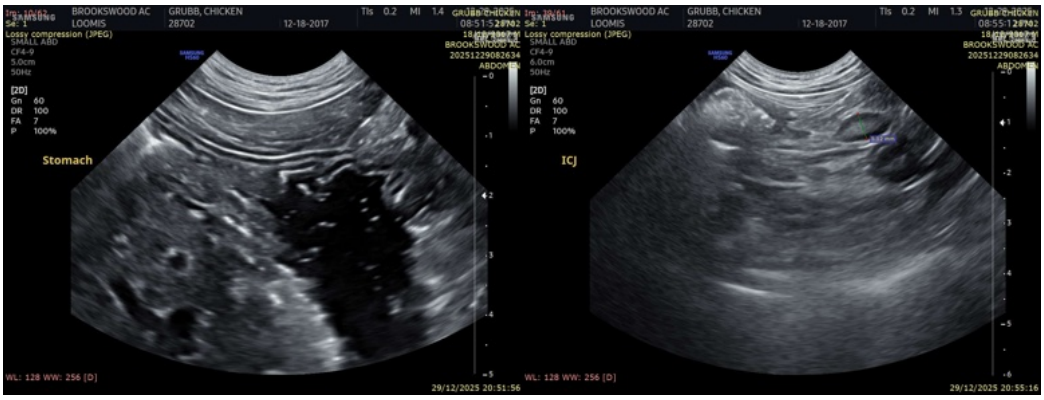


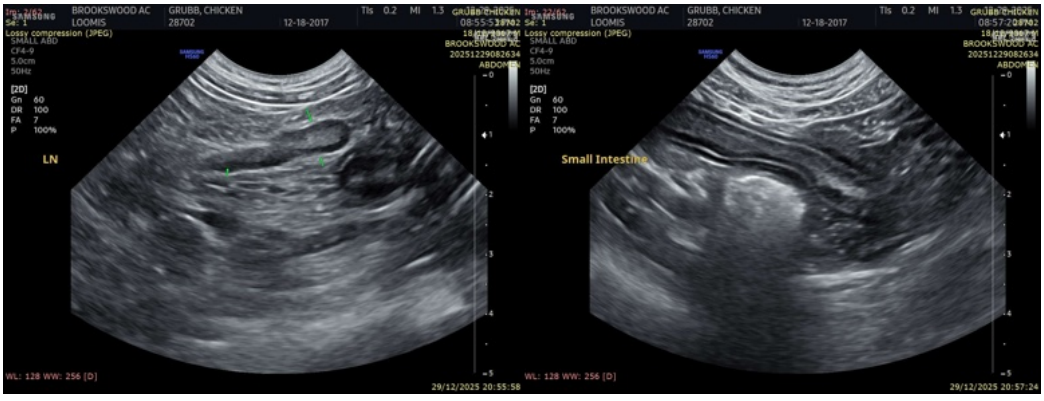


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

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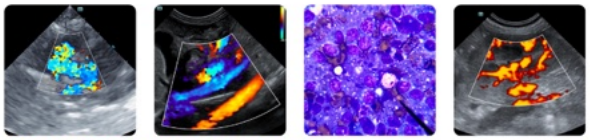

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