



## PATIENT

Clover Lee

## SPECIES

Canine

## BREED

Shih Tzy

## SEX

Female

## AGE

14 years

## WEIGHT

8.9 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Claudia Hernandez

## HOSPITAL NAME

All Creatures Great  
and Small Denville

## REFERRING VET

Dr. Ashmore

## INVOICE

69359

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Anorexia, Vomiting, Weight loss, lethargy, Normal rads, recurrent pancreatitis. Current treatment: cerenia, sucralfate, famotidine Low fat diet.

Abnormal PE/Chem/CBC/UA Results: Lipase:5445 Amylase: 1537 CPL: Abnormal.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is poorly distended, and the wall of the urinary bladder appears thick and irregular, possibly due to underdistension. There are no calculi and no evidence of neoplastic changes.

The left kidney is normal in shape and size: 3.66x1.99 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The right kidney is normal in shape and size: 3.37x2.01 cm, with a cortical thickness of 0.35 cm in the sagittal plane. Both kidneys: The renal cortices are isoechoic 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

Although the adrenal regions were scanned, the adrenal glands were not visualized for evaluation in any of the videos.

### Spleen

Splenic thickness is 1.05 cm. The 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 appears uniform and isoechoic 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 consist of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

### Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.34 mm and preserved wall layering. The pylorus measures 3.56 mm.

Duodenum: 2.86 mm. Jejunum: 2.53 mm, with preserved wall layering. No signs of obstruction, ileus, or foreign material are identified.



## PATIENT

Colon wall thickness: Transverse: 2.09 mm, descendent segment 1.29 mm, fairly empty.

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*Pancreas*

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The videos provided do not show evidence of pancreatitis.

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*Peritoneal Cavity*

No abdominal effusion or peritonitis is observed.

## SEX

Female

There is one video showing an apparently abnormal area near and medial to the right kidney, but evaluation is not possible because the video is extremely zoomed-in, there are no labels or orientation markers, and only a single brief clip is available. This structure could represent an abnormal intestinal loop, part of an inflamed pancreas, or a lymph node; however, the limited and non-diagnostic imaging prevents accurate interpretation, and the finding does not reappear elsewhere in the study.

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The iliac trifurcation is normal.

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## ULTRASONOGRAPHIC FINDINGS

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- One focal, poorly characterized abnormal structure medial to the right kidney (possible intestinal loop, lymph node, or inflamed focal pancreatic tissue with no inflammation of the surrounding fat).
- Biliary sludge within the gallbladder.
- Colon wall thickening, though empty.

## IMAGING PERFORMED BY

Claudia Hernandez

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

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This abdominal ultrasound shows no definitive ultrasonographic evidence of acute pancreatitis, although the suspicious area near the right kidney cannot be interpreted due to lack of orientation. This single highly zoomed, unlabeled clip displays a potentially abnormal structure medial to the right kidney. However, due to the lack of anatomical reference, it cannot be classified – it could represent an intestinal segment, an inflamed area of pancreas, or a mesenteric lymph node –. This finding cannot be confirmed or evaluated further based on the available images.

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The colon shows mild mural thickening but is mostly empty; this may reflect mild colitis.

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Biliary sludge is present but not considered clinically significant, especially in the context of vomiting and anorexia.

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No abdominal effusion or peritonitis were detected.

Bladder thick-walled appearance is due to underdistension, not true pathology.

Recommendations

- Supportive therapy.



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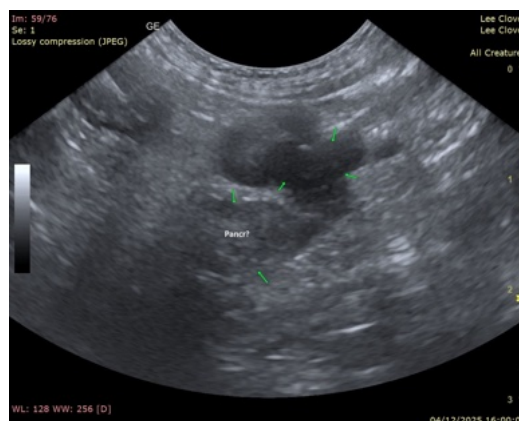
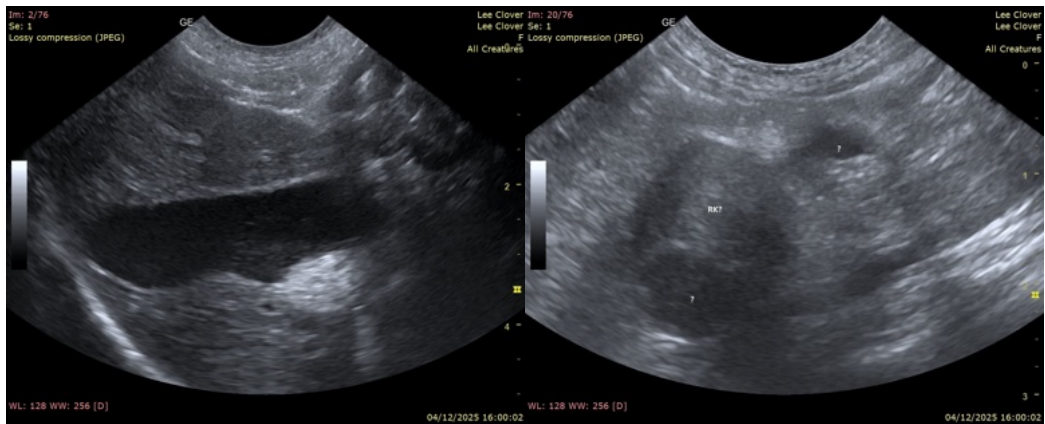
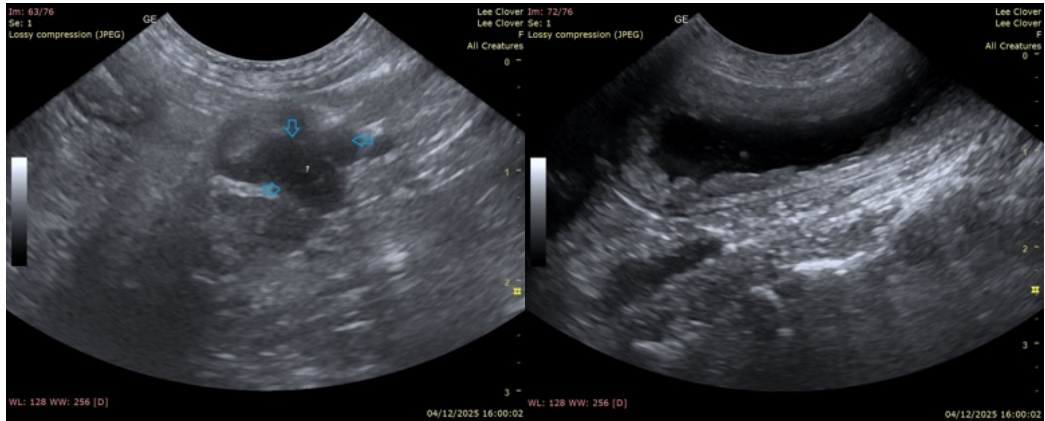
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- Complete GI panel.
- Recheck Spec cPL in 5–10 days.
- Repeat abdominal ultrasound with proper labeling and complete evaluation of the adrenal glands, mesenteric lymph nodes, duodenal–pancreatic interface, and the suspected abnormal area. Or consider abdominal CT for a complete evaluation of all the structures.



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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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