



## PATIENT

Honey Krouse

## SPECIES

Canine

## BREED

Whippet Mix

## SEX

Spayed female

## AGE

12 years

## WEIGHT

35.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Kelly Hill

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Dr. Hill

## INVOICE

69360

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Few d of diarrhea which progressed to bloody diarrhea; P had frank blood dripping from anus this morning. Still eating and drinking normally, no vomiting. Hx of Addison's; maintained on fludrocortisone 0.3 mg PO q12h, prednisolone 2.5 EOD. Since clinical signs started 2d ago, P has been on Provable kit and increased pred dose (2.5 mg q24h).

Abnormal PE/Chem/CBC/UA Results: BAR, dried blood in fur around anus Health check plus, UA, and 4dx performed 12/3: L Lymphocytes 0.4 L Chloride 105 H ALP 1,154 USG 1012 Total T4 1.0

## 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: 5.93 x 3.14 cm, and the cortical thickness is 0.47 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

The right kidney is normal in shape and size: 5.90 x 3.24 cm, and the cortical thickness is 0.50 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

### Adrenal Glands

Visualization was very challenging. The portions that could be assessed suggest an estimated left adrenal thickness of 0.32–0.35 cm, and a right adrenal thickness of 0.36 cm.

### Spleen

Splenic thickness is 2.56 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 smooth margins and a regular contour. The hepatic parenchyma appears overall uniform and isoechoic to the falciform fat; however, there is a subtle, poorly marginated hypoechoic area within the right hepatic lobes measuring approximately 2 cm, which may represent benign nodular hyperplasia or early regenerative change. No hepatic lymphadenopathy is observed.



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

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The stomach is distended with ingesta, with mural thickness of 1.76 mm and preserved wall layering. Pylorus: 2.82 mm.

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Duodenum: 3.79 mm. Jejunum: 3.15 mm. Ileum: 2.49 mm. Wall layering is normal. No signs of dilation, fluid-filled pattern, or mucosal abnormalities are identified.

Colon wall thickness is 1.2–1.5 mm, containing very soft fecal material and gas within the lumen.

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### ***Pancreas***

The pancreatic regions visualized do not show clear signs of inflammation.

## WEIGHT

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### ***Peritoneal Cavity***

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Guerrero

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

## ULTRASONOGRAPHIC FINDINGS

### IMAGING PERFORMED BY

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- Duodenal and jejunal mural thickness at the upper end of normal for a dog of this size, though still within physiologic range and with normal layering.
- Mild colonic wall thickening (1.2–1.5 mm) with soft stool and gas.
- Subtle 2 cm hypoechoic area seen within the area of the right hepatic lobes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This abdominal ultrasound reveals no evidence of gastrointestinal obstruction, mass, infiltrative disease, or pancreatitis that would explain the patient's acute hemorrhagic diarrhea. The small intestine (duodenum, jejunum, ileum) exhibits mural measurements near the upper physiologic range, but still maintains normal layering, contour, and peristalsis. The colon shows mild mural thickening with soft stool and gas, consistent with colitis—which correlates extremely well with the patient's clinical presentation of acute hematochezia.

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The elevated ALP is most likely attributable to steroid induction (given chronic prednisolone therapy and recent dose increase). The subtle hypoechoic area seen within the right hepatic lobes may represent benign nodular hyperplasia or early regenerative change, which can contribute to isolated ALP elevations in geriatric dogs. No ultrasonographic evidence of biliary obstruction or significant hepatopathy is identified.



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## Recommendations

- Treat as acute hemorrhagic colitis.
- Consider metronidazole or tylosin if infectious colitis is suspected.
- If bleeding persists Fecal PCR (Clostridium perfringens enterotoxin gene, parasites).
- Bland/low-residue diet for 3-5 days.
- Continue Provable.

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