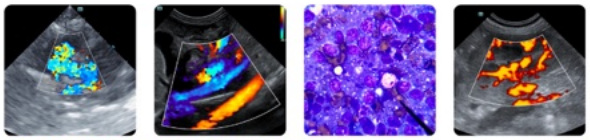


PATIENT

Lana Boccaleoni

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

11 years

WEIGHT

20.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Desen Ertunc

HOSPITAL NAME

Humboldt Veterinary Medical Group

REFERRING VET

Dr. Ertunc

INVOICE

71517

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- 1 month history of anorexia to hyporexia, intermittent vomiting/regurgitation and diarrhea. Mild improvement with supportive care, will eat better with anti-emetics.
- Recently treated with Marbofloxacin for UTI, based on urine culture & sensitivity.
- PE- Dark, soft feces. Has lost 2 pounds in 1 month. 1/14/26- CBC: Monocytes= 1.42 K/µL (0.16-1.12), all other values WNL. Chem: ALT= 175 U/L (10-125), ALP= 356 U/L (23-212), Albumin= 2.1 g/dL (2.2- 3.9), Catalyst Pancreatic Lipase = 84 U/L (0-200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 5.10×2.50 cm in the sagittal plane. Cortical thickness measures 0.39 cm. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney measurements were not provided. Based on the description, the right kidney appears normal in shape and echotexture, with preserved corticomedullary differentiation and no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows:

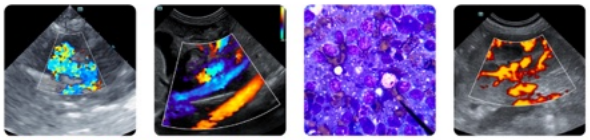
The left adrenal gland measures 0.41 cm at the cranial pole and 0.58 cm at the caudal pole. Right adrenal was not clearly visualized for evaluation.

Spleen

Splenic thickness measures 1.02 cm. The parenchyma demonstrates normal echogenicity and 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 edges and regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat. Within the right hepatic lobes, there is a well-defined, mildly hyperechoic, homogeneous region measuring 2.19×1.90 cm. No capsular distortion or mass effect is described. No hepatic lymphadenopathy is observed.



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The gallbladder is moderately distended. The wall is thin. The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is distended with abundant fluid and gas. Gastric mural thickness measures 2.03 mm with preserved wall layering. The pylorus measures 5.58 mm.

The duodenum measures 4.54 mm and contains a small amount of luminal fluid. The duodenal mucosa and portions of other small intestinal segments demonstrate vertical hyperechoic striations. The jejunum measures 3.71–4.30 mm with preserved layering in portions. A focal segment of jejunum measuring approximately 1.2 cm in length is markedly thickened up to 9.30 mm with complete loss of normal wall layering and evidence of mucosal ulceration. Immediately adjacent, a contiguous jejunal segment measures approximately 25 mm in thickness and also lacks distinguishable wall layering, although it is slightly less thickened than the preceding focal region. No free gas, no free abdominal fluid, and no localized peritonitis are identified. There is no evident upstream obstructive pattern.

The colon is empty and folded, measuring 2.06 mm with preserved wall layering.

Pancreas

The pancreas measures 1.79 mm in thickness. The parenchyma is mildly heterogeneous and mildly hypoechoic relative to adjacent omental fat. No peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized. The iliac trifurcation region is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Severe focal-to-segmental jejunal thickening (up to 9.30 mm) with complete loss of wall layering and ulceration. Adjacent segmental jejunal thickening lacking mural differentiation.
- Mild diffuse duodenal and jejunal thickening.
- Vertical hyperechoic mucosal striations

SECONDARY FINDINGS

- Mild focal hyperechoic hepatic region (2.19×1.90 cm).
- Mild pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support severe focal-to-segmental jejunal disease superimposed on more diffuse small intestinal changes. The diffuse mural thickening and vertical mucosal striations may

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represent mucosal edema or lacteal dilation, raising concern for concurrent lymphangiectasia or inflammatory enteropathy (protein-losing enteropathy).

However, the marked focal thickening with complete loss of wall layering and ulceration is not typical of uncomplicated lymphangiectasia and remains highly concerning for infiltrative disease, including neoplasia or severe focal inflammatory ulceration. The absence of visible regional lymphadenopathy does not exclude neoplasia but may suggest a more localized process.

The mild hyperechoic hepatic region is most compatible with focal fatty change, nodular hyperplasia, or incidental benign change. It does not currently demonstrate features of aggressive hepatic neoplasia.

Recommendations

- Thoracic imaging.
- Exploratory laparotomy with segmental enterectomy of the affected region is strongly recommended without delay. The severely thickened and ulcerated jejunal segment carries significant risk of ongoing hemorrhage and potential perforation.
- Additional full-thickness biopsies of other small intestinal segments are advised, even if they appear grossly normal, given the diffuse mural changes and suspected protein-losing enteropathy.
- Given hypoalbuminemia, perioperative monitoring and appropriate supportive care is advised.
- Serum cobalamin assessment may be considered given likely small intestinal involvement.
- The hepatic lesion may be monitored.

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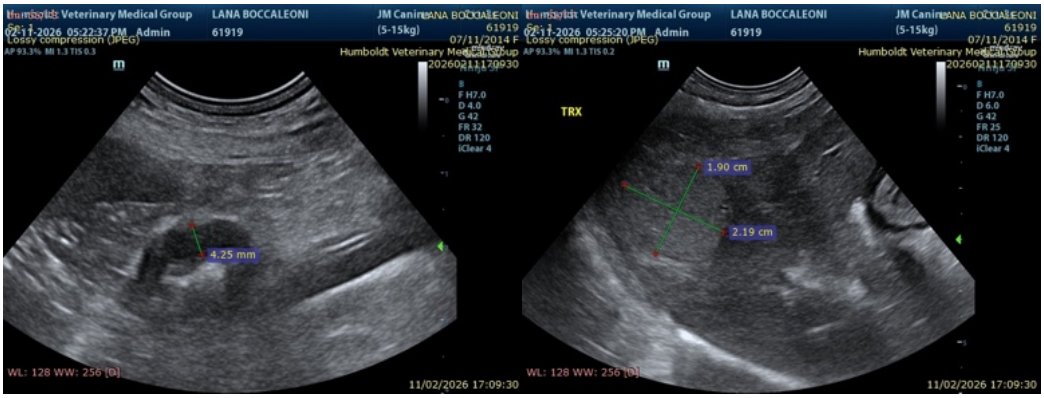

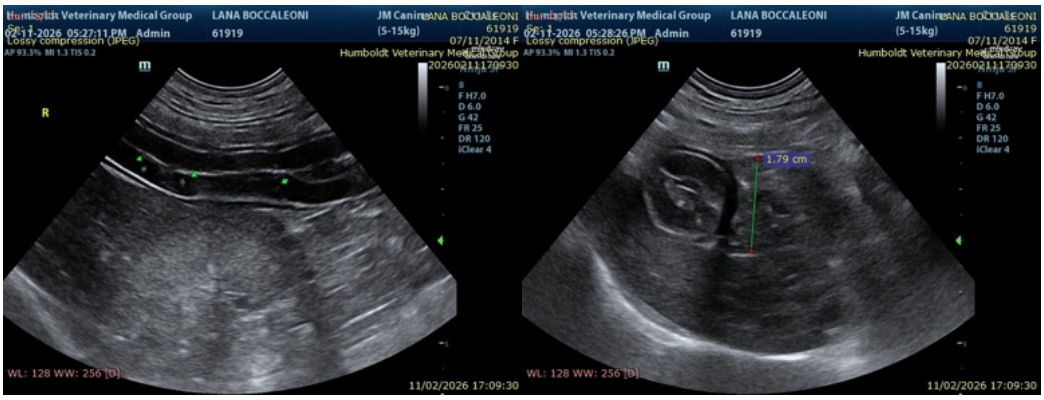

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com