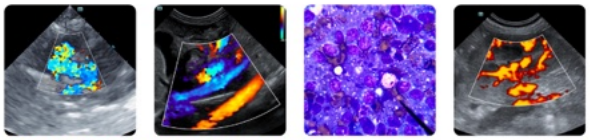




**PATIENT**

Coulson Wagner

**SPECIES**

Canine

**BREED**

Beagle Bairn Terrier Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

25 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Brandon Holmes

**HOSPITAL NAME**

West Newton AC

**REFERRING VET**

Dr. Holmes

**INVOICE**

71539

**DATE**

2/12/26

## PRESENTING CLINICAL SIGNS

- The patient is presenting for a one-week history of diarrhea, which is described as bright yellow. Initially, the owner managed this with a diet of plain chicken, as the patient vomits rice. The patient then began vomiting the plain chicken four days ago. For the past three days, the patient has been eating a blended puree of boiled chicken and rice, which has resolved the vomiting, but the diarrhea persists. The patient also has a history of left hind limb issues. A previously prescribed muscle relaxer is no longer effective. The owner reports episodes of a loss of balance causing the patient to fall, favoring the leg when using stairs, and an inability to jump onto furniture. This has been an intermittent issue since last summer. The last medication administered was famotidine yesterday. The patient is an indoor dog and is not known to get into the trash or eat table scraps.
- Neurological: The patient has a weak to delayed conscious proprioceptive placing response in the left hind limb; the right hind limb is normal. The hopping response is present but abnormal in the left hind limb. Withdrawal reflex is present bilaterally. Musculoskeletal: The patient exhibits a stilted gait in the hind limbs, keeping the legs straight without significant flexion of the knees or ankles. He was observed holding up the left hind limb. Significant muscle atrophy is noted in the left hind limb compared to the right. Palpation of both hind limbs and hips was unremarkable. Idexx comprehensive blood panel still pending, but showing lipase = 442 and ALKP = 164 so far.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 5.39×2.52 cm in the sagittal plane, with a cortical thickness of 0.45 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 5.48×2.82 cm in the sagittal plane, with a cortical thickness of 0.50 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

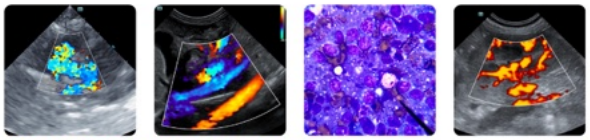
### *Adrenal Glands*

The left adrenal gland measures 0.53 cm at the cranial pole and 0.52 cm at the caudal pole.

The right adrenal gland could not be reliably visualized for accurate measurement.

### *Spleen*

Splenic thickness measures 1.27 cm. The parenchyma is homogeneous with normal echogenicity. The splenic capsule is smooth and regular. No focal lesions are identified.





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### *Liver*

The liver is subjectively normal in size with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. There is a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

### *Gastrointestinal*

The stomach is semi-empty and contains partially digested food material consistent with recent ingestion of home-prepared food. A discrete intraluminal structure measuring 1.43 cm is noted; its appearance is compatible with a food fragment or treat. There is no evidence of pyloric obstruction. Gastric wall thickness measures 3.19 mm with preserved layering. The pylorus measures 4.15 mm.

The duodenum measures 3.79 mm. The jejunum measures 2.87 mm. The ileum measures 1.65 mm. Wall layering is preserved throughout evaluated segments. No ultrasonographic evidence of obstructive pattern, ileus, mural mass, or significant inflammatory thickening is identified.

The transverse colon measures 1.41 mm with scant soft fecal material. The descending colon measures 0.97 mm with soft feces present.

### *Pancreas*

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation. No peripancreatic fat hyperechogenicity or fluid accumulation 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

- No clinically significant structural abnormalities identified.

SECONDARY FINDINGS

- Moderate biliary sludge.
- Intragastric food fragment (non-obstructive).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal thickness limits for a dog of this size, with preserved mural layering and no evidence of infiltrative disease, or significant inflammatory change. The small

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intragastric structure most likely represents a treat or other ingested material, without obstruction or associated gastric changes.

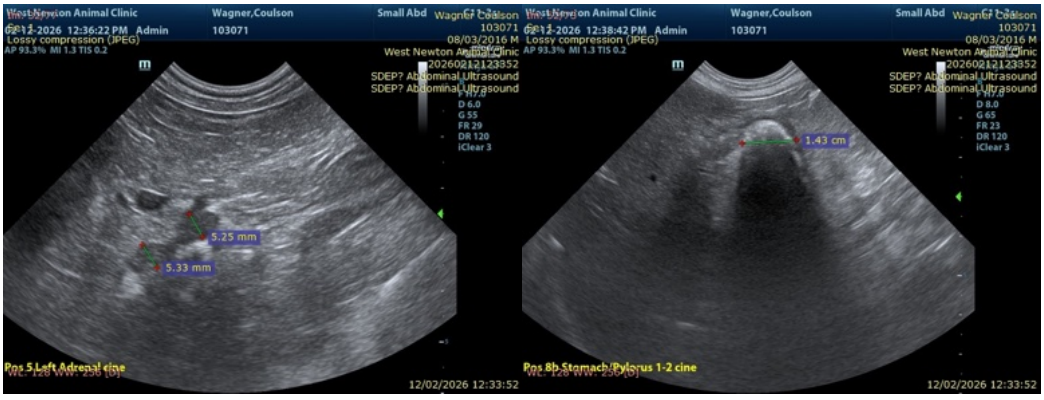
Moderate biliary sludge is present but without ductal dilation or gallbladder wall thickening. In the absence of clinical signs consistent with hepatobiliary disease, this is most compatible with functional bile stasis.

Although serum lipase is mildly elevated, there are no imaging features supportive of acute pancreatitis. Mild pancreatitis cannot be excluded solely by imaging, but current findings do not support clinically significant pancreatic inflammation.

Overall, imaging findings are most consistent with acute functional or inflammatory gastrointestinal disturbance (dietary enteritis or mild self-limiting enteropathy). The chronic neurologic deficits affecting the left pelvic limb are unlikely to be related to the current abdominal findings.

Recommendations

- Await complete bloodwork results for full interpretation of lipase and liver enzymes.
- Consider Spec cPL if clinical suspicion of pancreatitis persists.
- Symptomatic management for acute diarrhea is appropriate at this time.
- The chronic neurologic findings warrant separate evaluation (orthopedic and/or neurologic imaging of the lumbosacral spine).



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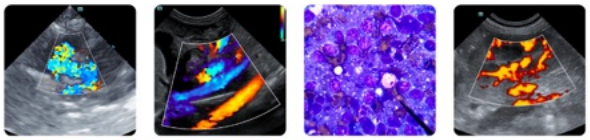

Clinical Sonography & Telecytology
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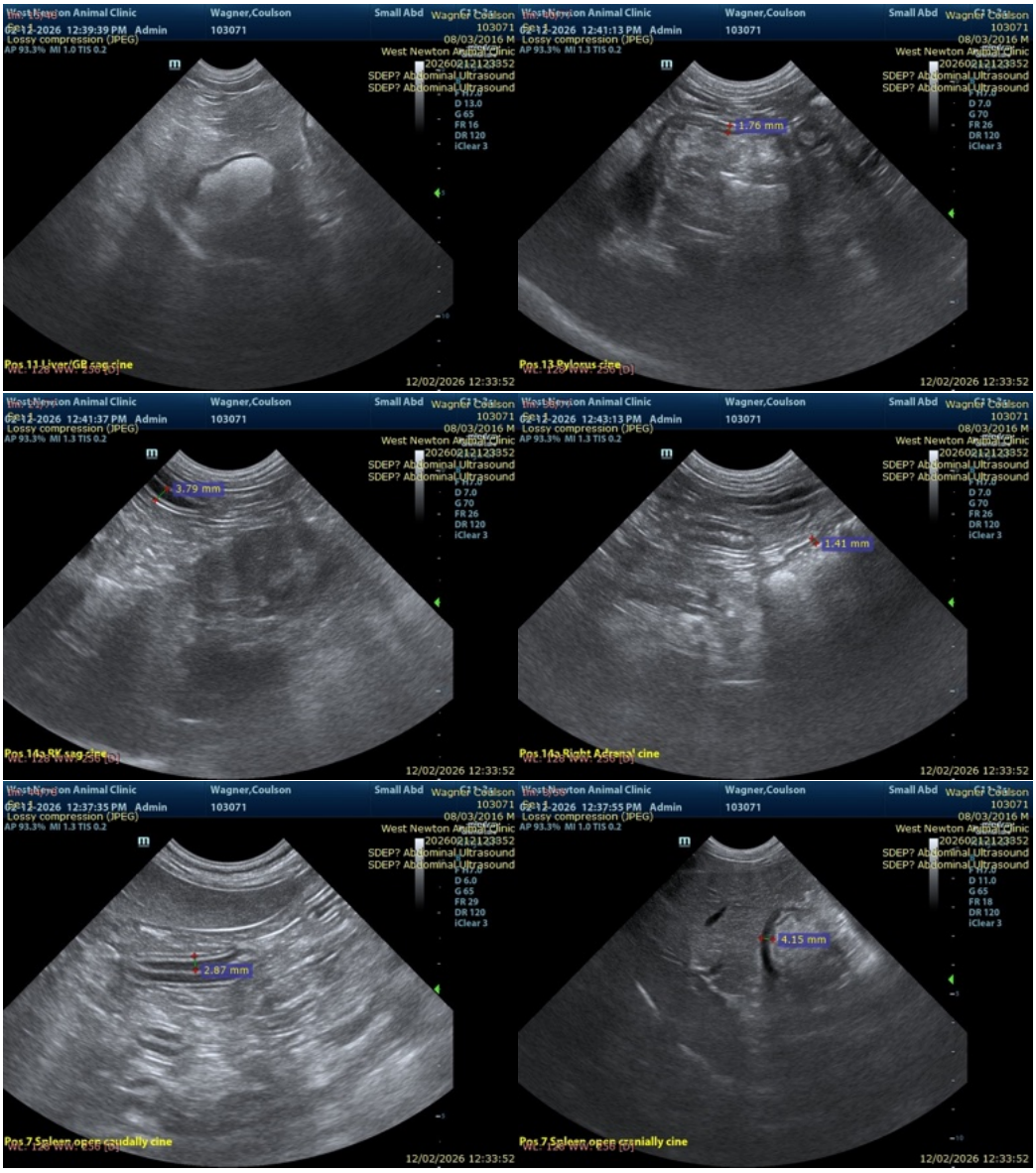


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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