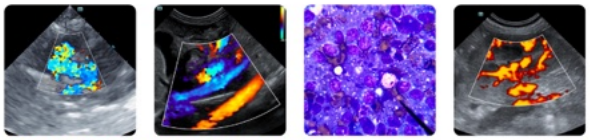


PATIENT

Eddy Asher

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

Approx 6 years

WEIGHT

14.88 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Harbord

HOSPITAL NAME

Animal Care Center VC

REFERRING VET

Dr. Harbord

INVOICE

71694

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- unknown true age, entered rescue 2/13- P does have full vaccine history but no other medical history known
- Vomiting daily since rescue, with profuse bloody vomiting Sunday. Liquid diarrhea. Hyporexia/ anorexia since coming into rescue
- T 100.2, HR 100, R 20, ~8% dehydrated • CBC/chem/cPL/resting cortisol WNL • abd rads- NSF, mild gas in colon and SI, no free fluid, no evidence of obstruction

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 bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.21×2.23 cm, and the thickness of the cortex is 0.33 cm in the sagittal plane. Renal length is within normal limits for a dog of this size. The cortex is isoechoic compared to the liver parenchyma, which is normal in the canine patient. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 4.24×2.90 cm, and the thickness of the cortex is 0.35 cm in the sagittal plane. Renal dimensions are within expected limits for body size. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

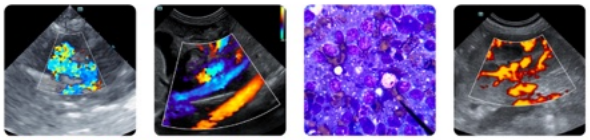
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.42 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness is 1.29 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the surrounding fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are observed.



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The gallbladder lumen is moderately distended. The 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.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.82 mm and preserved wall layering. This measurement is within normal limits for a non-distended canine stomach. The pylorus measures 5.25 mm, which remains within normal limits given the collapsed state.

Duodenum: 4.40 mm total wall thickness. Mucosa: 3.26 mm. Submucosa: 0.55 mm. Muscularis propria: 0.62 mm. Total wall thickness is within normal limits for the canine small intestine (<5 mm). The muscularis-to-mucosa ratio is approximately 0.19, which is within normal limits. Wall layering is preserved.

Jejunum: 2.93–2.95 mm total wall thickness. Mucosa: 1.95 mm. Submucosa: 0.77 mm. Muscularis propria: 0.23 mm. Total thickness is within normal limits. The muscularis-to-mucosa ratio is approximately 0.12, which is normal. Wall layering is preserved.

Ileum: 1.95 mm total wall thickness with normal wall layering.

No obstructive foreign body pattern is identified. No markedly fluid-distended intestinal loops are observed, and no excessive peristalsis is noted at the time of examination.

Colon: transverse 1.60 mm, with minimal content and gas. Descending 1.54 mm, empty with gas; mural layering is preserved. These measurements are within normal limits for a non-distended colon in a dog of this size.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Abdominal lymph nodes appear unremarkable. There is a very mild increase in size of one caudal mesenteric lymph node measuring 3.81 mm in thickness; shape and echogenicity are normal. This measurement remains within normal limits and is considered clinically insignificant. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- No clinically relevant structural abnormalities identified.
- Very mild, clinically insignificant prominence of one caudal mesenteric lymph node (3.81 mm), morphologically normal.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the history of daily vomiting progressing to profuse hemorrhagic vomiting and liquid diarrhea, there is no ultrasonographic evidence of marked inflammatory enteropathy, colitis, mechanical obstruction, foreign body, intussusception, focal mass lesion, or pancreatitis.

The stomach is empty and folded, which may mildly influence apparent thickness, but measured mural thickness remains within normal limits. No focal ulcer crater, mass, or obstructive lesion is identified. It is important to recognize that superficial erosive or ulcerative gastritis may be ultrasonographically occult, particularly in acute hemorrhagic presentations.

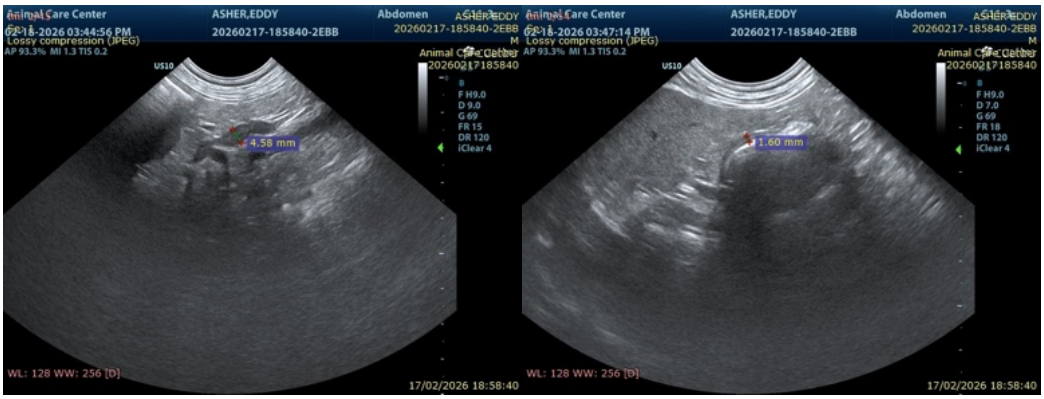
The pancreas appears normal; however, mild pancreatitis can be sonographically inapparent. Given a normal cPL and lack of peripancreatic fat change, clinically significant pancreatitis is unlikely.

Given the acute onset, normal laboratory testing, normal imaging, dehydration (~8%), and severe hemorrhagic vomiting, the most likely considerations are:

- Acute hemorrhagic gastroenteropathy.
- Severe acute gastritis (dietary indiscretion, toxin exposure, stress-related).
- Viral or infectious gastroenteritis, depending on age (6 months or 6 years?) and vaccine reliability.
- Gastrointestinal parasitism.

Recommendations

- Given the normal structural study, management should focus on medical stabilization consistent with acute hemorrhagic or severe acute gastroenteritis.
- Consider parvovirus testing if age and vaccine certainty are questionable.
- Fecal diagnostics are strongly recommended, including centrifugal flotation and Giardia antigen testing. Gastrointestinal parasitism cannot be excluded based on imaging findings, and parasitic enteritis remains a clinically relevant differential in a rescue patient with unknown deworming history.



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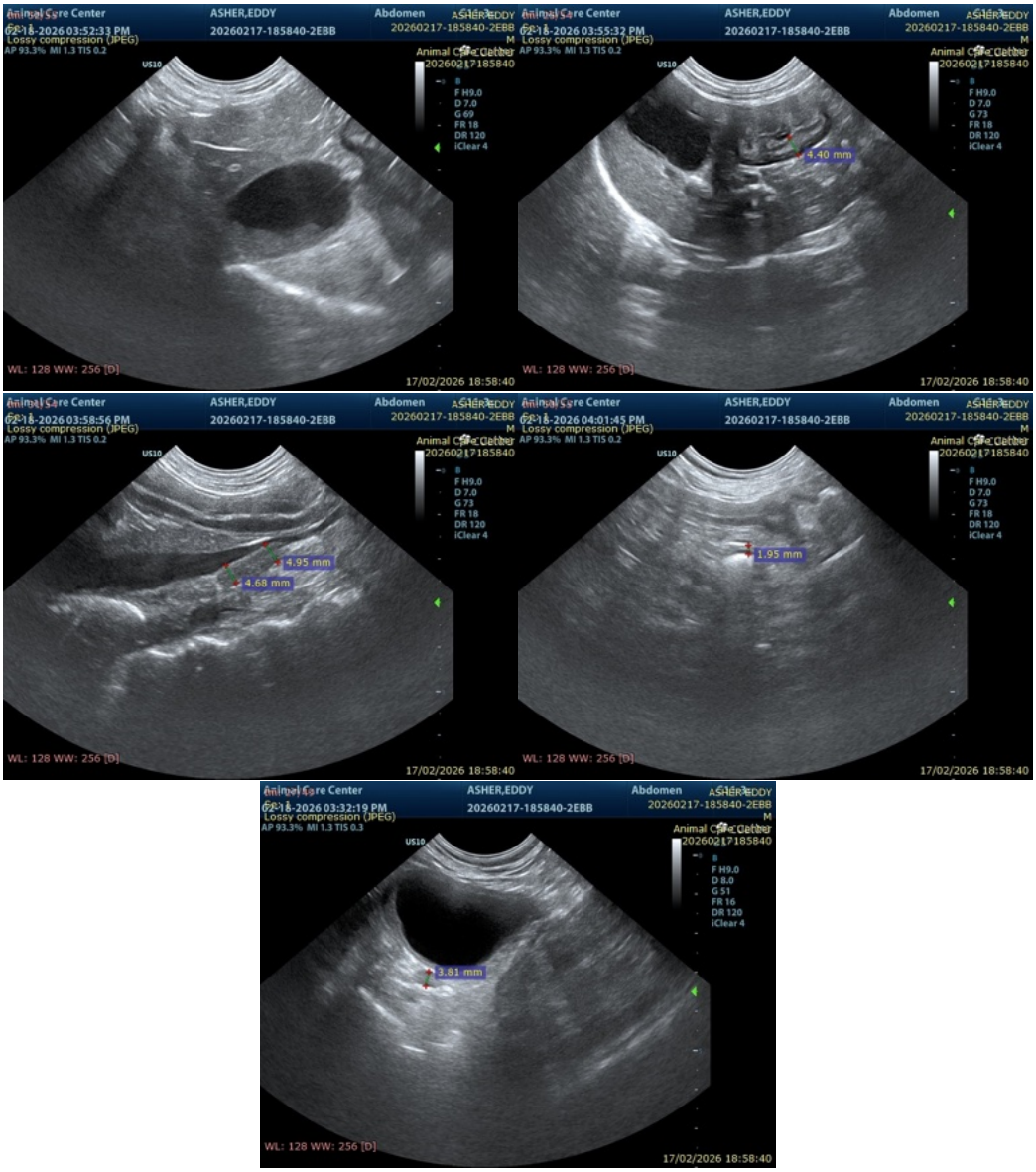

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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