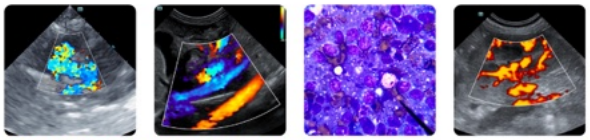


PATIENT

Enzo Argoff

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

3 years

WEIGHT

25.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Vincent

INVOICE

71990

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Gradual weight loss
- chronic diarrhea (over the last few months).
- Now has decreased appetite and increased vomiting.
- Wellness panel abnormalities attached

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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 5.57 x 3.01 cm, and the thickness of the cortex is 0.56 cm, in the sagittal plane. 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. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 5.39 x 3.02 cm, and the thickness of the cortex is 0.52 cm, in the sagittal plane. 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. Color Doppler 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 0.46 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.53 cm at the cranial pole and 0.42 cm at the caudal pole.

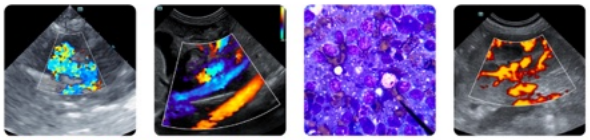
Spleen

Splenic thickness is 1.21 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to surrounding fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally 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.



PATIENT

Enzo Argoff

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

3 years

WEIGHT

25.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Vincent

INVOICE

71990

DATE

2/26/26

Gastrointestinal

The stomach is distended and fluid-filled, with mural thickness measuring 3.39 mm and preserved wall layering in most regions. In a focal region adjacent to the pylorus, the wall appears thickened up to 1.31 cm, with reduced mural layer definition in that area.

Duodenum: 4.34 mm. Jejunum: 2.68–2.85 mm: Mucosa: 1.53 mm, Submucosa: 0.48 mm, Muscularis propria: 0.35 mm. Ileum: 1.47 mm, with preserved wall layering. No sonographic evidence of intestinal lymphangiectasia is identified, although mild forms may not be detectable depending on frequency and resolution.

Colon: Transverse colon 1.70 mm, empty. Descending colon 1.17 mm, containing a small amount of soft fecal material and gas. Wall layering is preserved.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not clearly visualized. In some cine loops, the right gastric lymph node appears subjectively enlarged; however, visualization is limited and assessment is inconclusive. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Focal gastric wall thickening up to 1.31 cm with reduced mural layer definition.
- Mild duodenal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary abnormalities include focal marked gastric wall thickening with loss of normal mural layering near the pyloric region, mild duodenal thickening, and chronic gastrointestinal clinical signs with concurrent hypoalbuminemia and inflammatory leukogram.

The focal gastric lesion with loss of mural layering is concerning for severe inflammatory or infiltrative disease. Differential considerations include severe chronic inflammatory gastritis and granulomatous gastritis. Early neoplasia, including early lymphoma, cannot be definitively excluded based on the ultrasound alone, particularly given the marked focal wall thickening and architectural disruption.

Although no diffuse small intestinal abnormalities are identified ultrasonographically, the concurrent hypoalbuminemia and chronic diarrhea raise concern for protein-losing enteropathy. Chronic inflammatory enteropathy or infiltrative gastrointestinal disease remain important differential considerations despite the absence of overt intestinal mural changes on imaging.

PATIENT

Enzo Argoff

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

3 years

WEIGHT

25.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Vincent

INVOICE

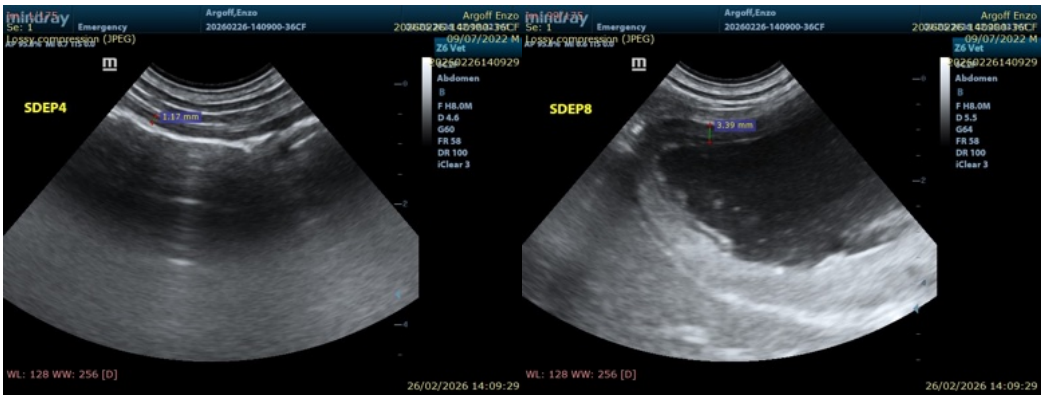
71990

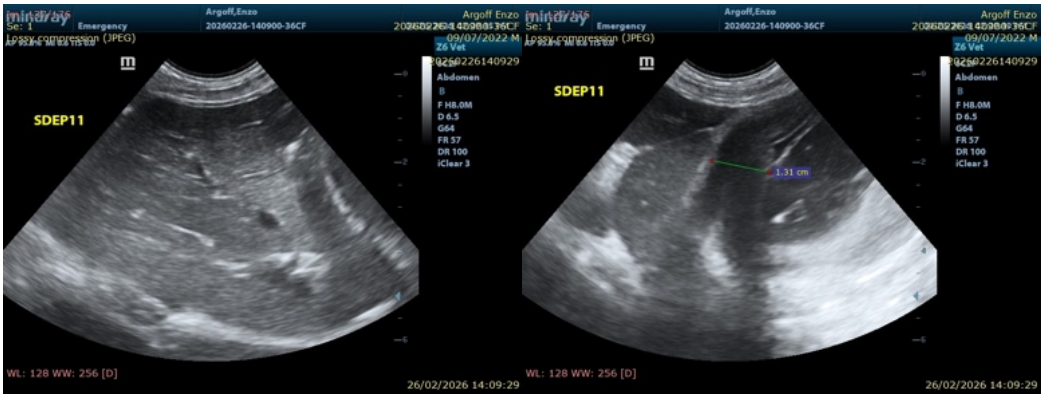
DATE

2/26/26

Recommendations

- Endoscopic evaluation with gastric and small intestinal biopsies is strongly recommended for definitive diagnosis, with particular attention to the focal lesion.
- Characterize possible protein-losing enteropathy:
    - Repeat albumin and total protein.
    - Serum cobalamin and folate.
    - Consider fecal alpha-1 protease inhibitor if available.





PATIENT

Enzo Argoff

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

3 years

WEIGHT

25.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

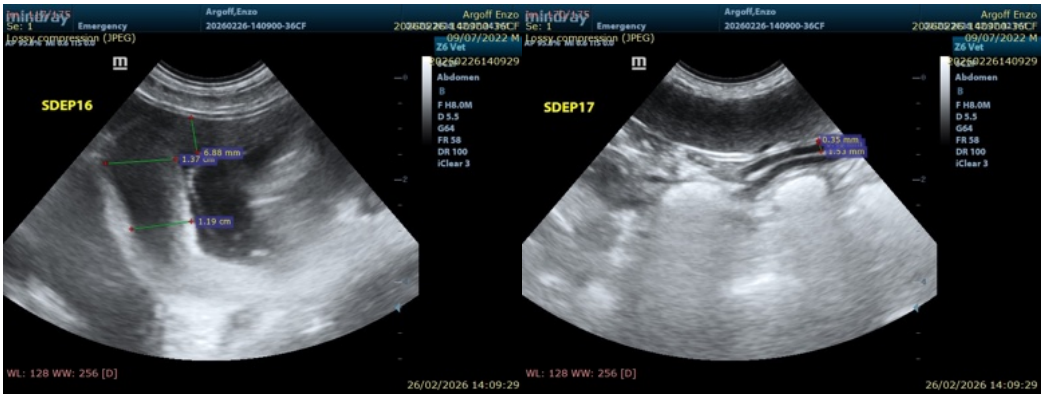
Dr. Vincent

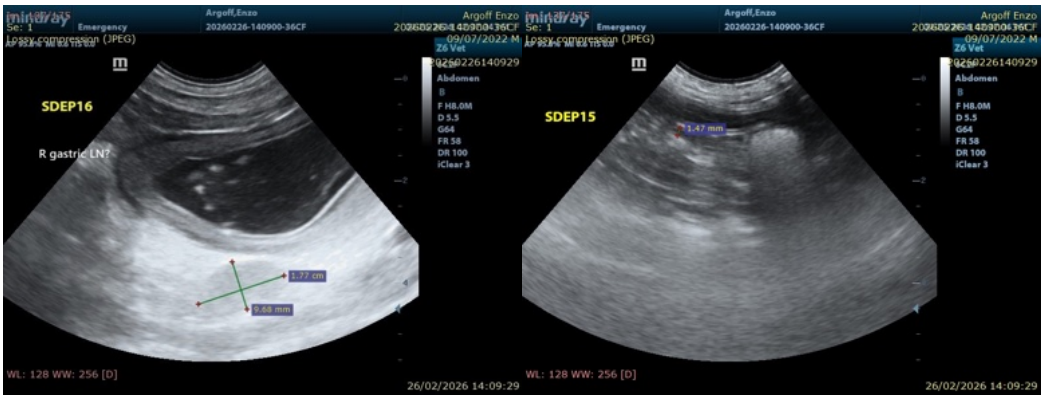
INVOICE

71990

DATE

2/26/26





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