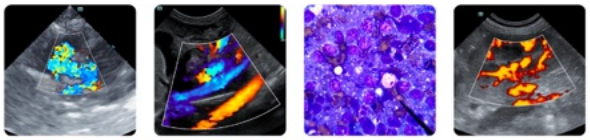


PATIENT

Frankie Zemichael

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered male

AGE

4 years

WEIGHT

17.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Wilkinson

HOSPITAL NAME

Severna Park VH

REFERRING VET

Dr. Wilkinson

INVOICE

72008

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- 2-3 days hx of melena while on cephalexin for dermatitis.
- started on sucralfate and omeprazole
- Mildly elevated BUN 29 mg/dL

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: 3.78 x 2.39 cm, and the thickness of the cortex is 0.32 cm, in the sagittal plane.

The right kidney is normal in shape and size: 3.99 x 2.23 cm, and the thickness of the cortex is 0.35 cm, in the sagittal plane.

Both kidneys: The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is mild hyperechogenicity of the outer medulla. 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 0.31 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.42 cm at the cranial pole and 0.31 cm at the caudal pole.

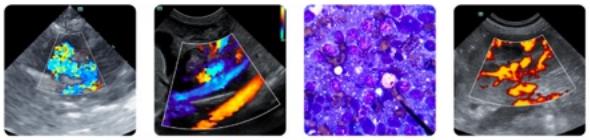
Spleen

Splenic thickness is 1.16 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 hepatic parenchyma appears homogeneous and isoechoic relative to the falciform 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. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded with intraluminal gas. Mural thickness measures 1.76 mm, with preserved wall layering. The pylorus measures 3.95 mm and contains a small amount of residual ingesta.

Duodenum: 3.52 mm. Jejunum: 2.72–3.37 mm. Mucosa: 1.99 mm. Submucosa: 0.75 mm. Muscularis propria: 0.32 mm. Ileum: 1.84 mm, with preserved wall layering. No signs of overt mural inflammation are identified. The small intestine contains mixed fluid and gas with subjectively increased peristalsis.

Colon: Transverse colon 1.62 mm, largely empty with gas. Descending colon 0.91–0.94 mm, containing more formed feces within the lumen.

Pancreas

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

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mixed fluid and gas within small intestinal loops with mildly increased peristalsis (reactive pattern).

SECONDARY FINDINGS

- Mild outer medullary hyperechogenicity bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal gastric ulceration, mural defect, mass lesion, or loss of layering is identified to explain melena. The stomach and proximal small intestine maintain normal wall architecture. The small intestine demonstrates mixed fluid and gas content with mildly increased peristalsis, a pattern most consistent with reactive enteritis or gastrointestinal irritation.

Given the history of recent melena and mild elevation in BUN, upper gastrointestinal mucosal irritation or erosive gastritis remains possible despite the absence of a discrete ultrasonographic lesion, as superficial mucosal disease may not be detectable on ultrasound.

Mild outer medullary hyperechogenicity is noted bilaterally and may represent incidental finding common in dogs.

Recommendations

- Continue gastroprotective therapy (omeprazole and sucralfate) as prescribed.

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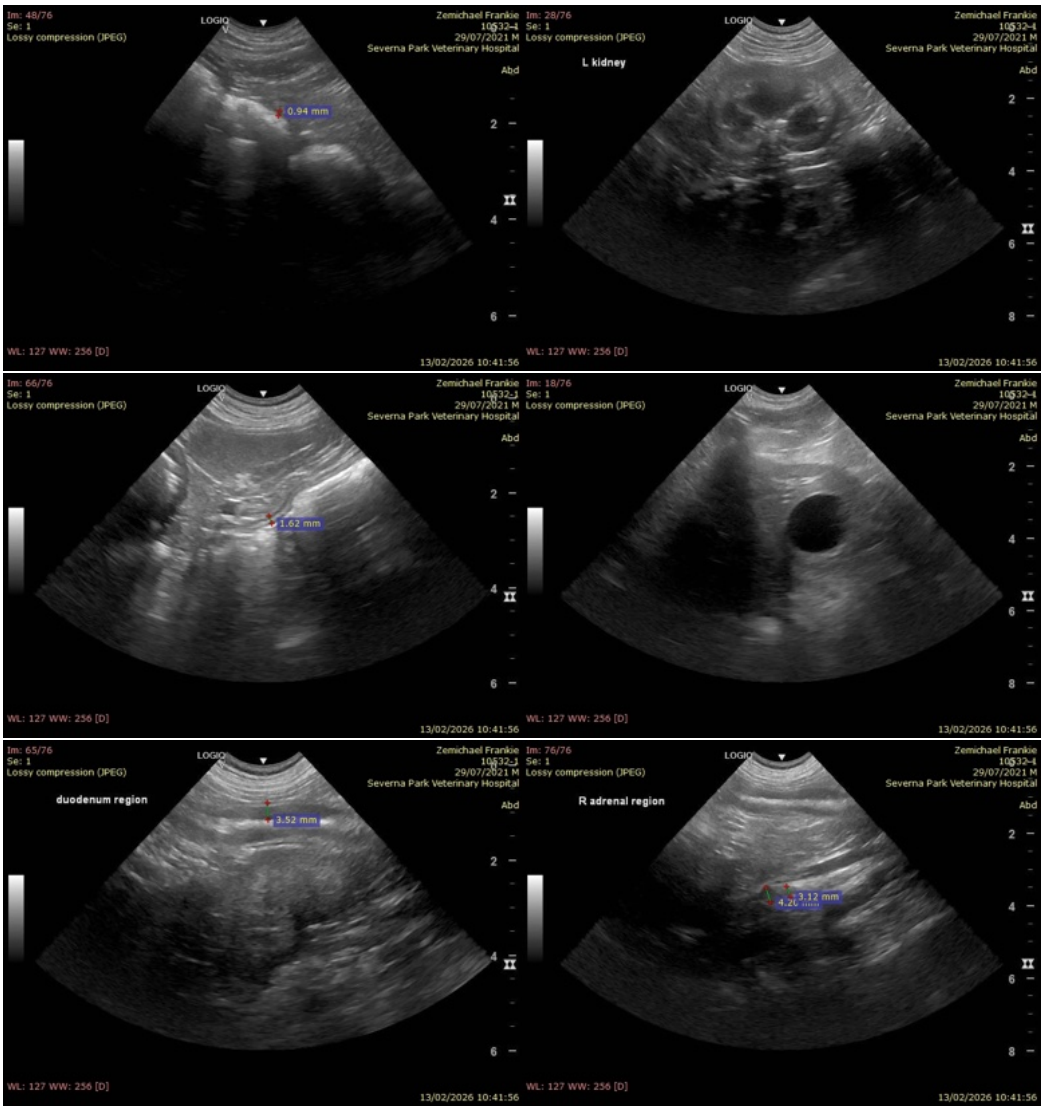
- Monitor for persistence or worsening of melena, anemia, or vomiting.
- If melena persists or clinical status declines, consider CBC monitoring and possible upper GI endoscopy for evaluation of mucosal ulceration not visible on ultrasound.



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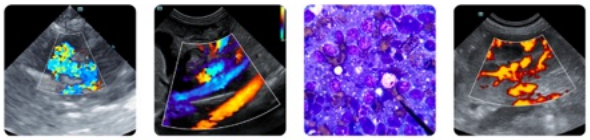

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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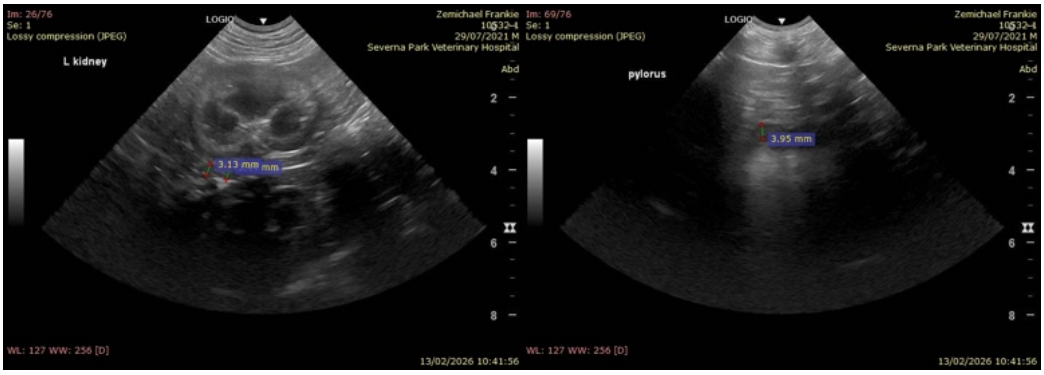

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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