



## PATIENT

Harley Burlas

## SPECIES

Canine

## BREED

Chesapeake Bay  
Retriever

## SEX

Spayed female

## AGE

11 years

## WEIGHT

69 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. McFillin

## HOSPITAL NAME

Advanced Vet Complex

## REFERRING VET

Dr. McFillin

## INVOICE

72038

## DATE

2/27/26

## PRESENTING CLINICAL SIGNS

- Chronic intermittent large bowel diarrhea of 2 months duration
- Started with dietary indiscretion (ate sweet potato, then a week later ate whole loaf of Briella Bread)
- Off and on mucoid non formed stools since then
- Previously treated with metronidazole and endosorb
- Diagnosed with UTI infection (e.coli == treated with simplicef x 10 days) and c. difficile toxin a/b (treated with metronidazole x 10 days)
- Currently on Purina EN Fiber Balance and Fortiflora Pro
- Owner reports stool was formed while on medications, but seems to be waxing and waning between formed and soft/mucoid stools.
- Owner also reports patient seems to go more often (3-4x day), but no sense of urgency

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of cystitis or neoplasia are identified.

Both kidneys are normal in size and shape.

The left kidney measures 6.51x3.50 cm, with a cortical thickness of 0.68 cm in the sagittal plane. The cortex is isoechoic relative to the liver. Corticomedullary definition and ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is present. Doppler color demonstrates normal vascular pattern.

The right kidney measures 6.40x3.31 cm, with a cortical thickness of 0.67 cm in the sagittal plane. The cortex is isoechoic relative to the liver. Corticomedullary definition and ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is present. Doppler color demonstrates normal vascular pattern.

### *Adrenal Glands*

The adrenal glands could not be confidently identified in the submitted clips.

### *Spleen*

Splenic thickness measures 1.85 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified. The splenic capsule is smooth and regular.



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## Liver

The liver is subjectively normal in size with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat, with normal echotexture. No focal hepatic lesions or lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. A small amount of biliary sludge is present. No biliary ductal dilation is observed.

## Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 3 mm, with preserved wall layering. The pylorus measures 4.25 mm.

Duodenum: 3.44 mm. Jejunum: 5.02 mm. Mucosa: 3.43 mm. Submucosa: 1.03 mm. Muscularis propria: 0.70 mm. Ileum: 2.89 mm. Mucosa: 1.40 mm. Submucosa: 0.99 mm. Muscularis propria: 0.49 mm. Wall layering is preserved throughout the small intestine. No focal masses, loss of layering, obstruction, or ileus are identified.

Colon: The transverse colon measures 1.0 mm, containing gas. The descending colon measures 1.34–1.47 mm, with formed fecal material in the lumen. Wall layering appears preserved.

## Pancreas

Visualized pancreatic regions show no ultrasonographic evidence of overt inflammation.

## Peritoneal Cavity

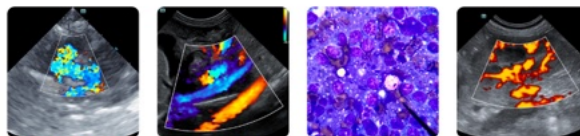
No abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Small amount of biliary sludge (incidental).
- No clinically significant gastrointestinal structural abnormalities identified.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination does not demonstrate ultrasonographic evidence of structural gastrointestinal disease. Small intestinal wall thickness and layering are preserved, and no focal masses or infiltrative changes are identified. The colon appears within expected thickness parameters, without mural irregularity or loss of layering.



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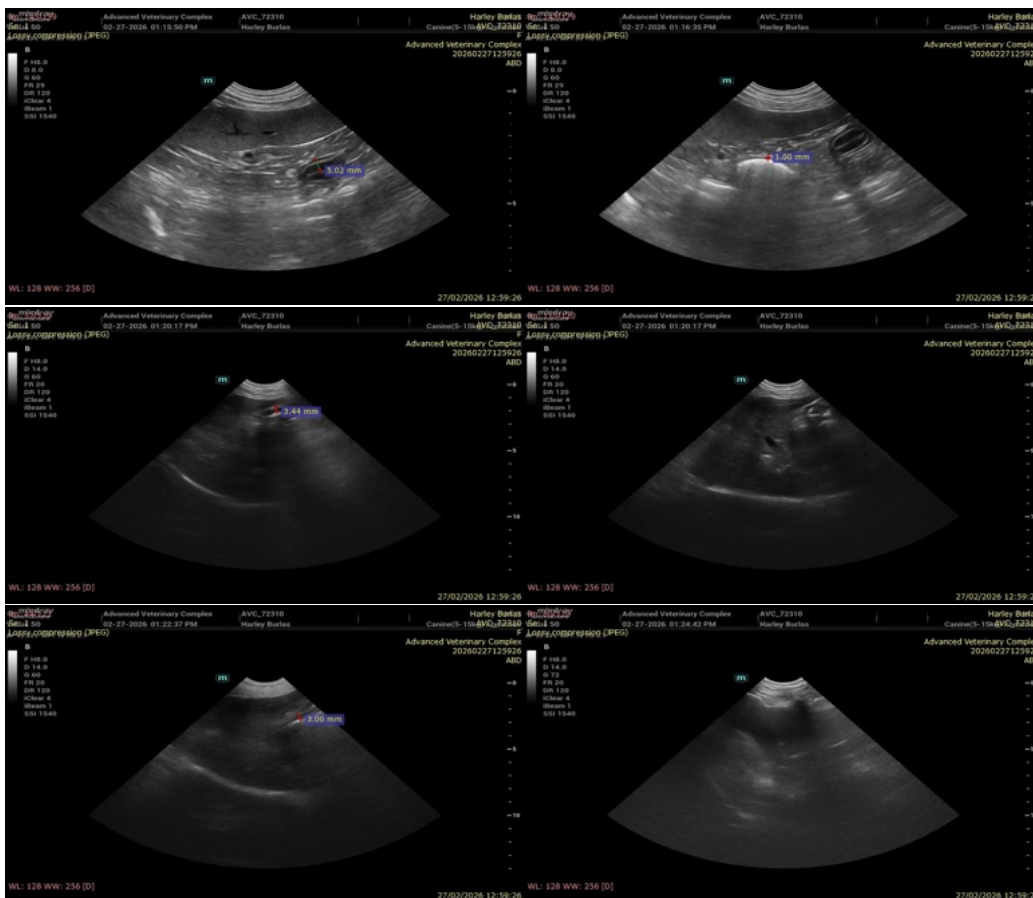
2/27/26

In the context of chronic intermittent large bowel diarrhea characterized by mucoid stools and increased frequency, the absence of structural colonic abnormalities supports a functional or inflammatory mucosal process rather than a mass lesion or advanced infiltrative disease.

Given the documented *C. difficile* toxin gene positivity and prior partial response to metronidazole, chronic dysbiosis-associated colitis remains a strong consideration. It is important to recognize that mild chronic inflammatory colitis may be limited to the mucosal layer and therefore may not produce detectable ultrasonographic abnormalities.

**Recommendations**

- Continued dietary management and microbiome-directed therapy as guided by the attending veterinarian.
- Considering the chronicity and incomplete long-term response to medical therapy, further diagnostic investigation with colonoscopy and biopsy may be appropriate to better characterize the underlying colonic disease process, even in the absence of ultrasonographic structural abnormalities.





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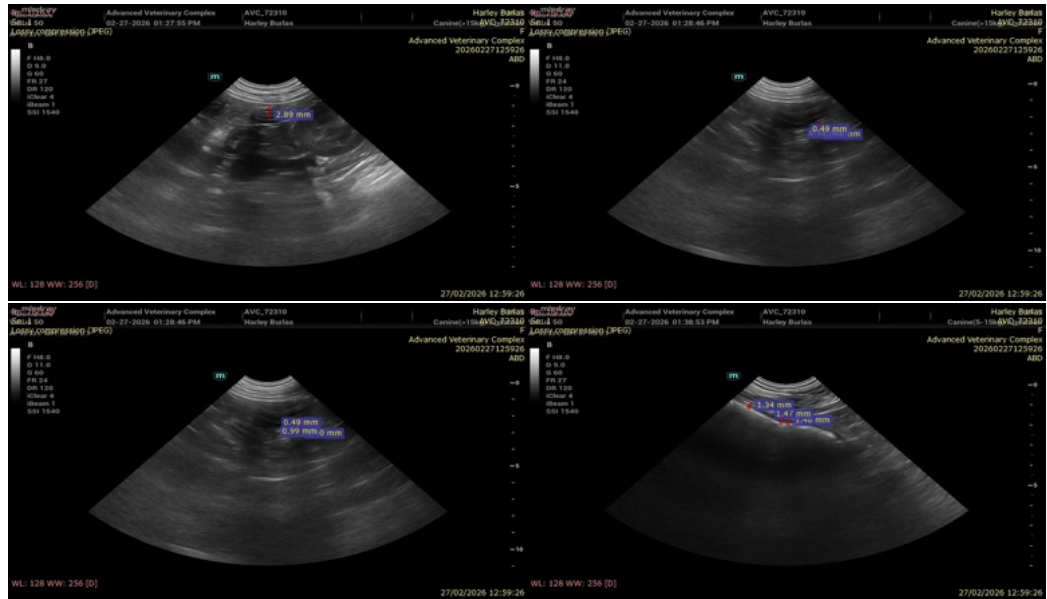
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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