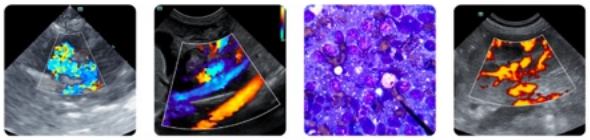


PATIENT

London D'Arbi Tolon

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

11 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Erin Randall, DVM

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Randall

INVOICE

72045

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Patient seen early February for aural hematoma and placed on Prednisone on a tapering dose for 10 days
- After finishing prednisone patient starting having diarrhea and vomiting for the last 10 days.
- Stools have improved on Probiotics however vomiting has continued
- Abdominal pain in the cranial abdomen Leukocytosis Elevated ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is empty and completely collapsed; therefore, it is not adequately evaluated.

The left kidney is normal in shape and size: 6.01 x 3.69 cm, and the thickness of the cortex is 0.64 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 5.95 x 3.22 cm, and the thickness of the cortex is 0.63 cm in the sagittal plane. The cortex is isoechogenic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.52 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland was not definitively visualized in the submitted material.

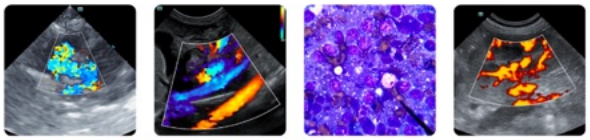
Spleen

Splenic thickness is 2.67 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 liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is largely empty and collapsed. A 1.2 cm intraluminal structure with distal acoustic shadowing is identified; no evidence of obstruction is present.

The gastric wall is markedly thickened, measuring up to 0.8 cm, with loss of normal wall layering. The appearance is most consistent with severe inflammatory change, and one or more focal ulcerative defects are suspected.

Duodenum: 4.05 mm. Jejunum: 4.60 mm, with preserved wall layering. No obstructive pattern, ileus, or small intestinal foreign material is identified.

Colon: 1 mm, with formed feces in the descending segment.

Pancreas

The evaluated portions do not demonstrate ultrasonographic evidence of pancreatitis. Visualization of the region adjacent to the pyloroduodenal junction and cranial duodenal flexure was limited.

Peritoneal Cavity

No free gas or free fluid is identified to suggest gastric perforation. The perigastric fat appears markedly hyperechoic and reactive. No sonographic evidence of generalized peritonitis or abdominal lymphadenomegaly is identified. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked gastric wall thickening (up to 0.8 cm) with loss of normal wall layering.
- Pronounced reactive hyperechogenicity of the perigastric fat.

SECONDARY FINDINGS

- 1.2 cm intraluminal echogenic structure with distal acoustic shadowing, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is marked gastric wall thickening measuring up to 0.8 cm, with loss of normal wall layering and pronounced hyperechogenicity of the adjacent perigastric fat. This pattern is most consistent with severe inflammatory gastric disease, with strong suspicion of ulceration. The loss of mural stratification and reactive mesenteric fat indicate significant transmural involvement.

No free abdominal gas or free fluid is identified to indicate overt perforation at this time. However, the degree of mural thickening and perigastric reaction suggests advanced inflammatory change and potential risk for contained or impending perforation.

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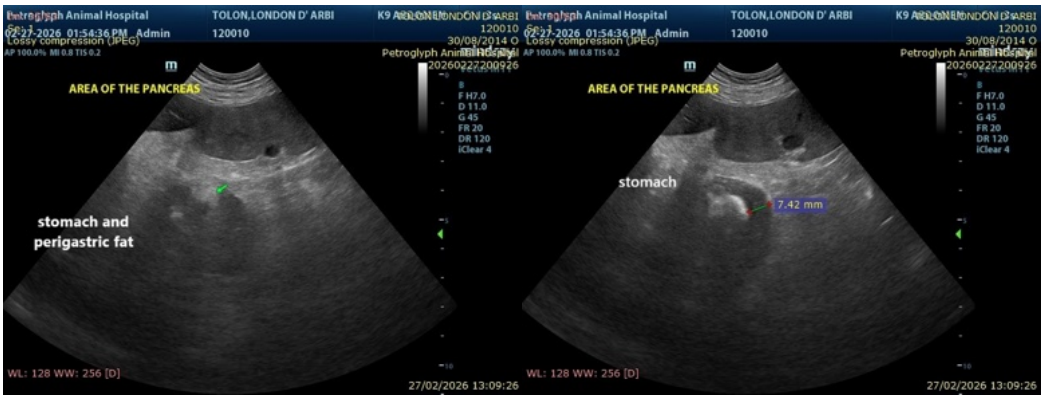
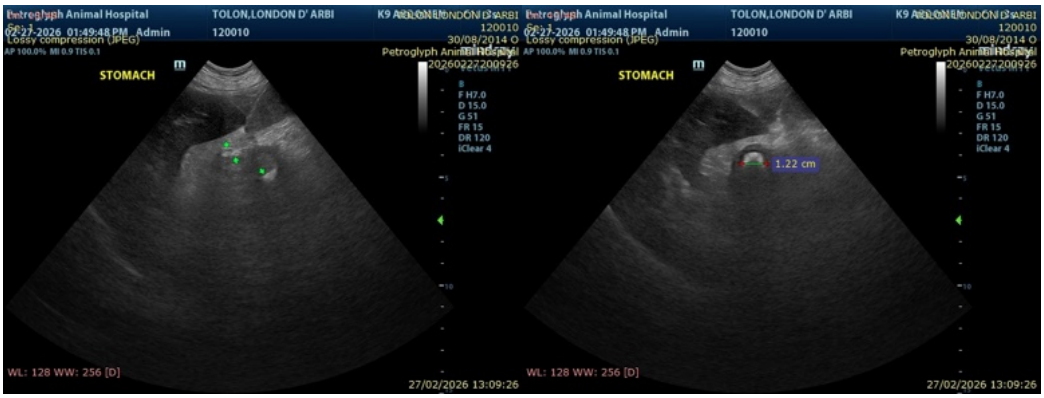
A 1.2 cm intraluminal echogenic structure with distal acoustic shadowing is present within the stomach. There is no associated obstructive pattern. This most likely represents ingested material and is considered incidental.

Recommendations

- Medical management for severe ulcerative gastritis is recommended, including aggressive gastroprotective therapy (proton pump inhibitor, sucralfate, and consideration of additional mucosal protective agents as clinically indicated).
- Close clinical monitoring is advised due to the degree of transmural inflammation and risk of progression to perforation.
- Although no ultrasonographic evidence of primary pancreatitis is identified in the visualized portions of the pancreas, pancreatic lipase testing may be considered at the discretion of the attending clinician if concurrent pancreatic involvement is clinically suspected.
- If clinical deterioration occurs, repeat imaging should be performed promptly to reassess for perforation.
- If vomiting persists despite aggressive medical therapy, endoscopic evaluation may be considered for direct assessment of ulcerative lesions.





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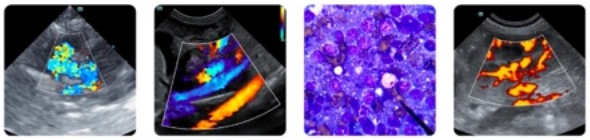

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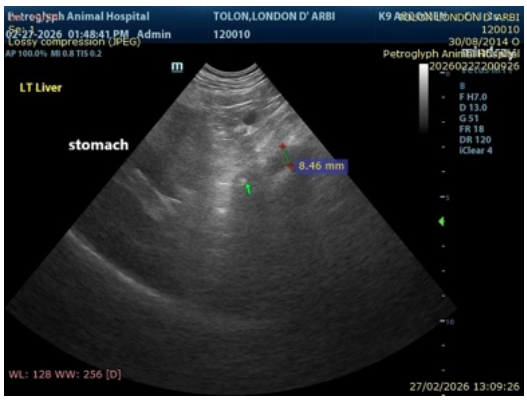

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com