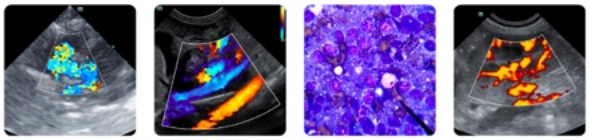


PATIENT

Chum Seaborn

SPECIES

Canine

BREED

Bull Terrier

SEX

Intact male

AGE

2 ½ years

WEIGHT

37.7 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

71362

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- ADR, lethargy, worsening, decreased drinking.
- Abdomen seems distended. Uncomfortable/unsettled
- History of aortic stenosis and msk pain
- PE: -tense on cranial abdominal palpation, hard swallows upon gentle palpation -mildly kyphotic stance -mildly painful on palpation of cranial ribs Chemistry: -mildly elevated albumin: r/o dehydration vs other -decreased ALP: r/o endocrine vs nutritional vs other -mildly elevated creatinine: r/o pre-renal vs other -mildy hyperglycemia: r/o stress vs other -all other values wnl CBC: WNL USG: 1.030 3 View TXR / AXR: -mild bronchointerstitial pattern perihilar region on lateral views -cardiac silhouette subjectively wnl -no overt foreign material / obstructive gas pattern -mildly decreased serosal detail cranial abdomen on VD with single dilated intestinal loop R cranial abdomen: r/o duodenum vs colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 6.93×3.54 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 7.96×3.66 cm, with a cortical thickness of 0.57 cm in the sagittal plane. Both kidneys demonstrate normal cortical echogenicity, preserved corticomedullary differentiation, and a normal corticomedullary ratio. No pyelectasia, nephroliths, or hydronephrosis are observed. Renal Doppler evaluation appears within normal limits.

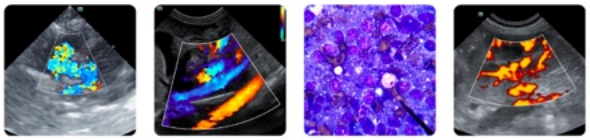
The prostate gland measures 3.15×2.63 cm and is homogeneously hyperechoic, consistent with a normal appearance for a young intact male dog. The testes appear normal.

Adrenal Glands

The left adrenal gland measures 0.40 cm at the cranial pole and 0.45 cm at the caudal pole.
The right adrenal gland measures 0.62 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness is 1.18 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture, without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in overall size, although one hepatic lobe demonstrates slightly more rounded margins compared to the others. The hepatic parenchyma appears mildly decreased in echogenicity relative to the falciform fat and renal cortex.

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

Gastrointestinal

The stomach is completely empty and folded, with preserved wall layering and a mural thickness of 2.32 mm. The pylorus measures 4.19 mm. The duodenum measures 3.66 mm.

The jejunum measures 2.60–2.79 mm, with preserved wall layering. No ultrasonographic evidence of inflammation, obstructive pattern, or foreign material is identified.

The transverse colon measures 1.21 mm and contains a small amount of soft fecal material. The descending colon measures 0.79 mm and contains formed feces.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed.
A lymph node measuring 1.37×0.74 cm is identified, with normal shape and echogenicity. Based on its ventral position relative to the pylorus and dorsal to the proximal duodenum, this lymph node is most consistent with a hepatic lymph node, although definitive identification cannot be assured. Iliac lymph nodes appear normal.

ULTRASONOGRAPHIC FINDINGS

- Mild relative hepatic hypoechogenicity compared to renal cortex and falciform fat.
- Mildly rounded margin of one hepatic lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no definitive ultrasonographic cause for the patient's clinical signs is identified. The hepatic changes are subtle and nonspecific, consistent with a reactive process.

An abdominal lymph node consistent with a hepatic lymph node is identified and appears within normal limits.

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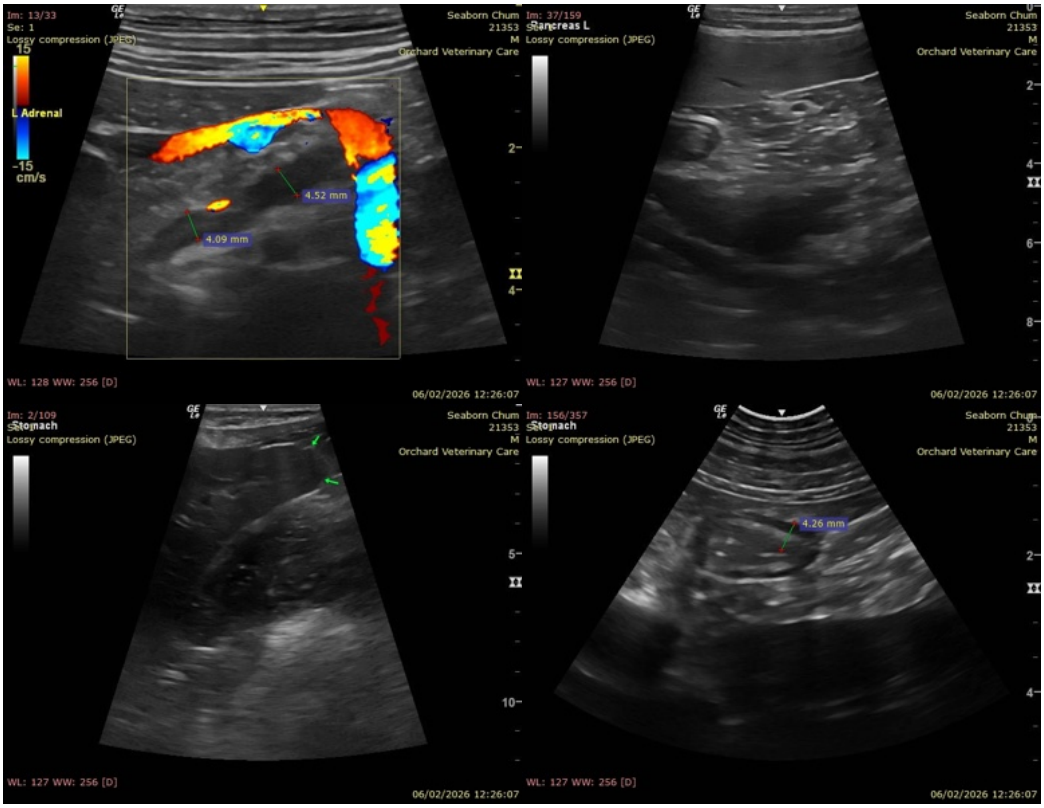
Recommendations

- Repeat laboratory evaluation following clinical stabilization may be useful to determine whether the mild biochemical abnormalities persist, resolve, or evolve over time.
- Appropriate analgesic therapy is advised, with assessment of the patient's clinical response, as pain may be contributing significantly to the presenting signs in the absence of definitive ultrasonographic abnormalities.
- If clinical signs persist or worsen, consideration should be given to non-abdominal sources of pain or disease, including musculoskeletal, neurologic, as abdominal ultrasonography does not identify a definitive primary cause at this time.
- Close clinical reassessment is recommended, with serial physical examinations to monitor progression or resolution of clinical signs.



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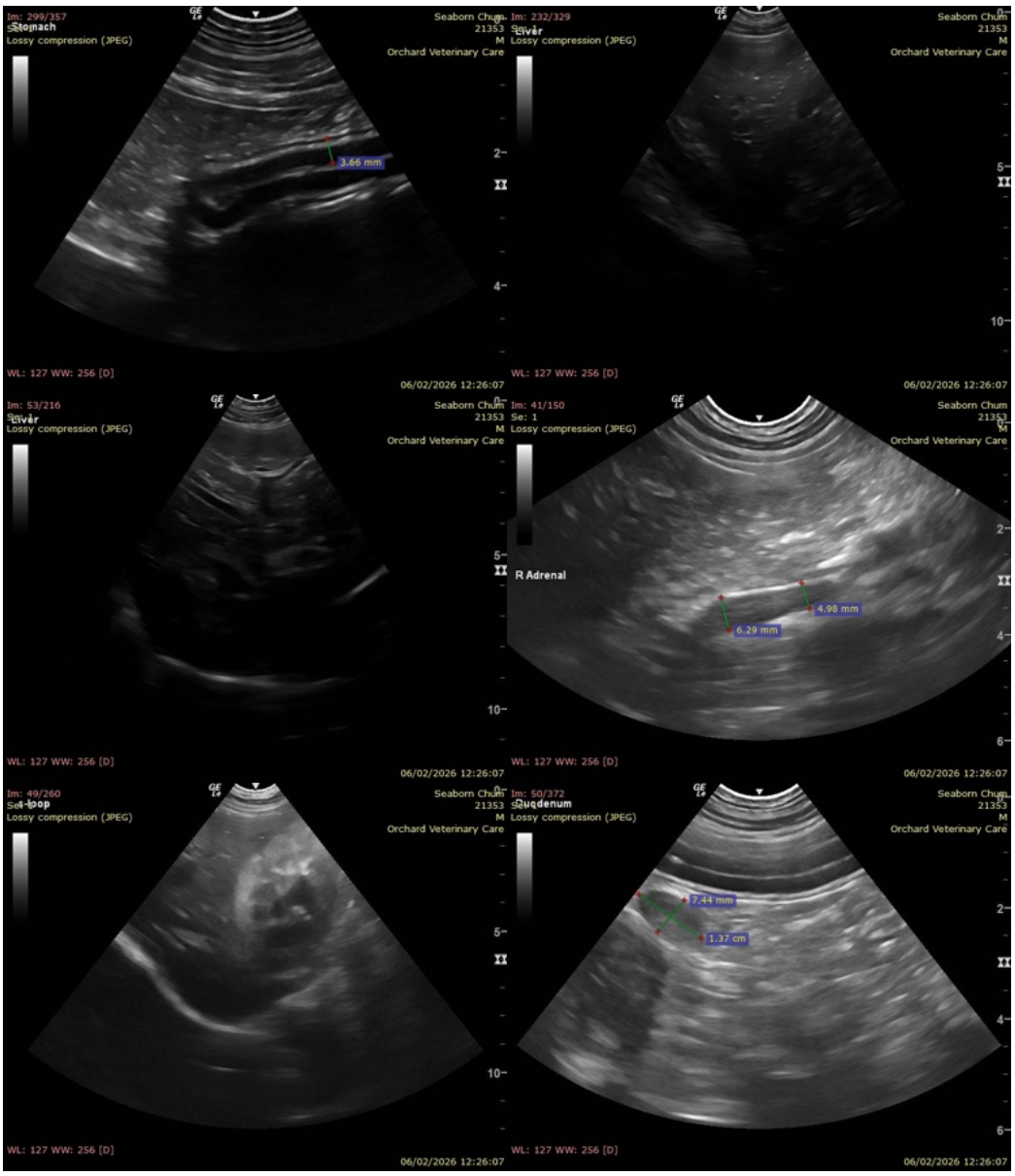

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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