



PATIENT

Rom Reed

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered male

AGE

5 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jenna Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Pinamonti

INVOICE

71405

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Intermittent bile vomiting and diarrhea- better on diet change but still occurs- R/O IBD vs EPI vs dietary hypersensitivity, otherwise healthy at this time on PE
- GI maldigestion panel and cortisol level done- WNL
- Previous parasite infection and UTI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 7.98×3.36 cm in the sagittal plane. Cortical thickness measures 0.61 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 7.95×3.59 cm in the sagittal plane. Cortical thickness measures 0.61 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.57 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland was not visualized.

Spleen

Splenic thickness measures 3.01 cm. The splenic parenchyma has normal echogenicity with mildly coarse echotexture. The splenic capsule is smooth and regular.

Liver

Only the visualized portions of the left hepatic lobes could be evaluated. Within these limits, the liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture.

The gallbladder was not visualized.



PATIENT

Rom Reed

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered male

AGE

5 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jenna Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Pinamonti

INVOICE

71405

DATE

2/9/26

Gastrointestinal

The stomach is empty and folded, with preserved wall layering. Pylorus was not observed.

The duodenum measures 2.58 mm in wall thickness. The jejunum measures between 2.88 and 3.31 mm, with mural components as follows: mucosa 1.83 mm, submucosa 0.72 mm, muscularis propria 0.35 mm. The ileum measures 2.0 mm, with mural components as follows: mucosa 0.76 mm, submucosa 0.69 mm, muscularis propria 0.50 mm. Wall layering is preserved throughout.

Several small intestinal segments contain a mild amount of luminal fluid and small amounts of undigested ingesta. Peristalsis appears increased. Correlation with fasting status is strongly recommended.

The transverse colon measures 1.07 mm in wall thickness and contains pasty fecal material without liquid content. The descending colon contains formed feces with mild distal acoustic shadowing.

Pancreas

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

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. The abdominal cavity otherwise appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

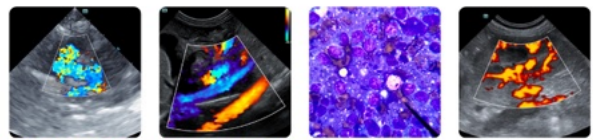
- Splenic enlargement with preserved architecture and slightly coarse echotexture.
- Increased small intestinal peristalsis with minimal luminal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal wall thicknesses are within expected limits for a large-breed dog, and wall layering is preserved throughout. No ultrasonographic evidence of intestinal lymphangiectasia is identified, and no mucosal abnormalities such as hyperechoic mucosal striations, focal mucosal defects, or loss of mucosal definition are observed. As such, there is no ultrasonographic support for inflammatory bowel disease, lymphoma, or other structural enteropathy.

The presence of mild luminal fluid, small amounts of undigested ingesta, and increased peristalsis is nonspecific and may reflect functional gastrointestinal hypermotility.

Mild splenic enlargement with slightly coarse echotexture and preserved architecture is identified. In dogs, the spleen functions as a dynamic blood reservoir and responds to sympathetic stimulation. Acute stress, excitement, or physical restraint can result in transient alterations in splenic volume and echotexture due to changes in splenic blood pooling and capsular tone. In the absence of focal splenic



PATIENT

Rom Reed

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered male

AGE

5 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jenna Smith CVT

HOSPITAL NAME

Annvile Cleona VA

REFERRING VET

Dr. Pinamonti

INVOICE

71405

DATE

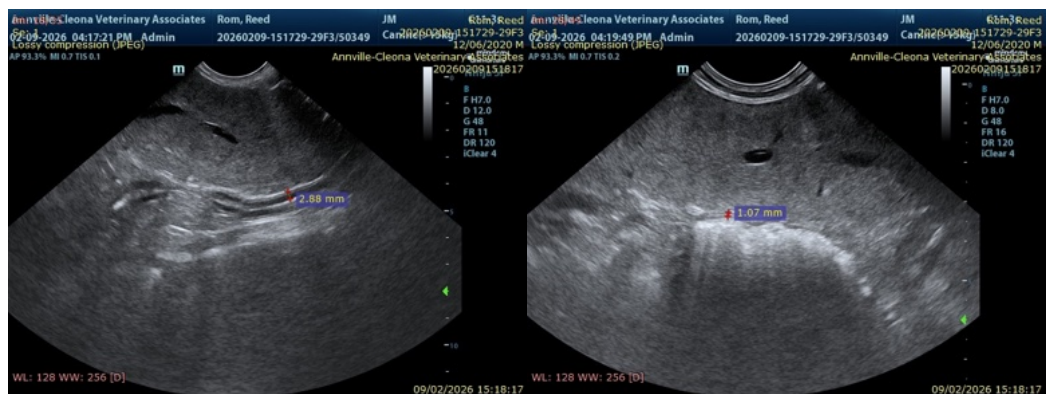
2/9/26

lesions, capsular irregularity, or associated abdominal abnormalities, this appearance is most consistent with a physiologic or reactive splenic change rather than primary splenic pathology.

Overall, the absence of structural disease on ultrasound does not exclude clinically significant gastrointestinal dysfunction. In the context of the patient's intermittent, diet-responsive clinical signs and previously unremarkable diagnostic testing, the findings are most consistent with a functional or diet-responsive enteropathy (including altered gastrointestinal motility, diet-related intolerance or hypersensitivity, and microbiota-associated dysregulation) rather than a surgically or structurally detectable condition.

Recommendations

- Interpret gastrointestinal signs as functional rather than structural, given the absence of supportive ultrasonographic abnormalities and previously normal GI maldigestion and cortisol testing.
- Consider dietary trials (novel protein or hydrolyzed) and/or empirical GI support.
- In the absence of weight loss, persistent diarrhea, or systemic illness, clinical response to dietary management should guide further decision-making rather than repeat imaging.





PATIENT

Rom Reed

SPECIES

Canine

BREED

Belgian Malinois

SEX

Neutered male

AGE

5 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jenna Smith CVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

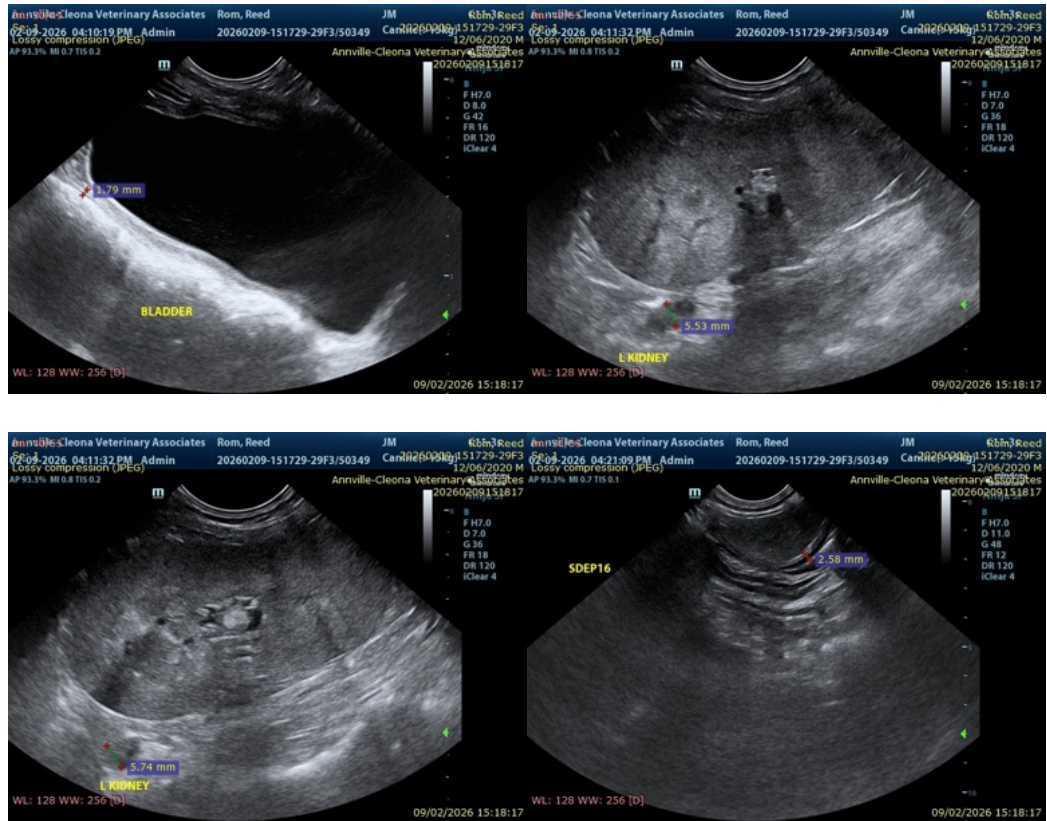
Dr. Pinamonti

INVOICE

71405

DATE

2/9/26



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