



PATIENT

Juno Cruz

SPECIES

Canine

BREED

Alaskan Husky

SEX

Intact Female

AGE

1 year

WEIGHT

34.8

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Christina Ramirez

INVOICE

11454

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- P was rescued last week and was infested with fleas. BW was performed and relatively normal with a negative tick panel. P dx with giardia and started on panacur. P began to intermittently vomit even with oral cerenia. P stopped eating on saturday, parvo, pancreatitis test negative. Barium study normal with no obvious obstruction.

Abnormal PE/Chem/CBC/UA Results: 3/4/16: neutrophils: 10.7 Monocytes: 1.29 Potassium: 3.5 Na: K Ratio : 43 3/10/26: MCV: 60.3 Reticulocyte Hemoglobin: 18.4 mpv: 13.44

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is almost completely empty, and therefore the bladder wall cannot be reliably evaluated. The small amount of urine present appears anechoic.

The left kidney is normal in shape and size: 5.79×2.96 cm, and the thickness of the cortex is 0.57 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 5.56×2.91 cm, and the thickness of the cortex is 0.60 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, 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 0.54 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

Splenic thickness is 2.10 cm. The parenchyma demonstrates normal echogenicity and a 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 dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded with a gas pattern, mural thickness (3.06 mm) and preserved wall layering. The pylorus measures 6.21 mm.



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Duodenum: 3.07 mm

Jejunum: 4.53 mm, with preserved wall layering.

No ultrasonographic signs of inflammation, ileus, obstruction, or foreign material are identified.

Colon: lumen contains formed feces within the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract demonstrates normal wall thickness and preserved mural layering throughout the evaluated segments, with no ultrasonographic evidence of obstruction, foreign material, ileus, or focal inflammatory changes. The stomach is empty and gas-filled, which may be consistent with recent vomiting or decreased food intake.

The pancreas, liver, spleen, kidneys, adrenal glands, and peritoneal cavity do not demonstrate clinically significant abnormalities.

Overall, no structural abdominal abnormality is identified that would explain the patient's vomiting. It should be noted that several causes of vomiting—particularly acute gastritis, enteritis associated with parasitic or infectious disease, dietary indiscretion, or early inflammatory gastrointestinal disease—may occur without detectable ultrasonographic abnormalities.

Given the patient's recent diagnosis of giardiasis, a functional or inflammatory gastrointestinal process remains a reasonable clinical consideration.

Recommendations

Correlation with clinical signs and ongoing medical management is recommended.

If vomiting persists despite treatment for giardiasis and supportive therapy, further evaluation may include:

- Repeat fecal testing to confirm resolution of parasitic infection.
- Gastrointestinal medical management and dietary modification at the discretion of the attending clinician.



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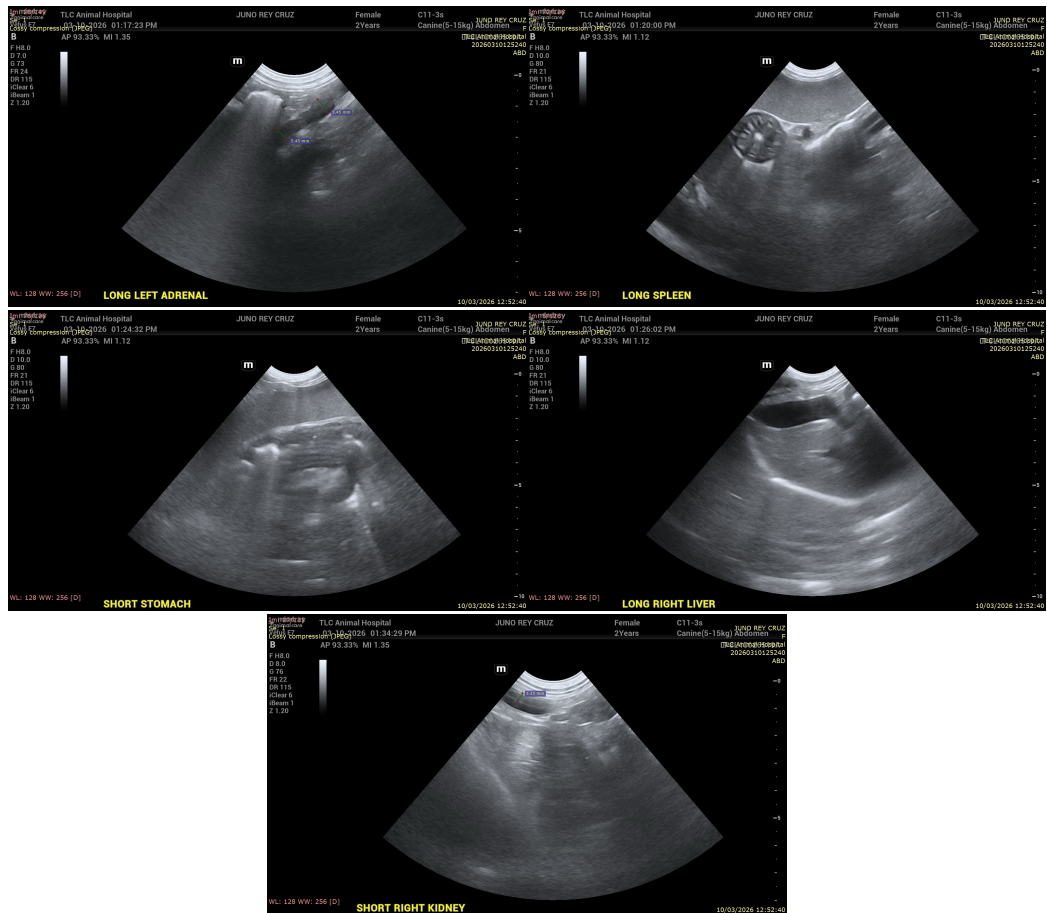
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com