



PATIENT

Loki Conley

SPECIES

Canine

BREED

Pointer Mix

SEX

Neutered male

AGE

8 years

WEIGHT

52.7 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brittney Beigel

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Sims

INVOICE

73411

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Distended abdomen on PE, concern for free fluid
- P was fasted for US scan
- No sedation needed
- BW--hypoalbuminemia, severe anemia, azotemia, monocytosis, lymphocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.96×3.13 cm, and the thickness of the cortex is 0.69 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.

The right kidney is normal in shape and size: 6.87×3.31 cm, and the thickness of the cortex is 0.61 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland was not clearly visualized at the cranial pole and measures 0.61 cm at the caudal pole. The right adrenal gland measures 0.65 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

Splenic thickness is 1.44 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a myelolipoma measuring 0.83×0.98 cm. The splenic capsule is smooth and regular.

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.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering. The pylorus measures 5 mm.

The duodenum measures approximately 3 mm. The jejunum measures 4.3 mm, with mucosa measuring 2.68 mm, submucosa 0.59 mm, and muscularis propria 0.22 mm. The ileum measures approximately 1.9 mm, with preserved wall layering.

No hyperechoic mucosal striations, lacteal dilation, or architectural abnormalities of the intestinal wall are identified.

The colon measures 0.82 mm, with formed feces present in the descending segment.

Pancreas

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

Peritoneal Cavity

Large amount of anechoic abdominal effusion is observed. No evidence of peritonitis or lymphadenomegaly is identified. The lymph node at the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Peritoneal effusion
- Mild jejunal wall thickening (4.3 mm) with mucosal predominance.
- Splenic myelolipoma (0.83×0.98 cm), incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunum measures 4.3 mm in wall thickness, which is mildly increased, with thickening predominantly affecting the mucosal layer while mural layering remains preserved. Although subtle, this pattern may be compatible with mucosal inflammatory or infiltrative intestinal disease.

When interpreted together with the laboratory findings (moderate to severe anemia, hypoalbuminemia, azotemia, and inflammatory leukogram), the findings raise concern for chronic systemic disease with possible gastrointestinal involvement. Differential considerations include chronic inflammatory enteropathy, protein-losing enteropathy, or early infiltrative intestinal disease (less likely with minimal ultrasonographic changes but it cannot be definitively ruled out).

No ultrasonographic signs of intestinal lymphangiectasia or lymphadenopathy are identified.

The combination of hypoalbuminemia with low-normal total protein suggests protein loss or chronic inflammatory disease rather than primary hepatic dysfunction, particularly as the liver appears ultrasonographically normal.

The kidneys appear structurally normal despite the azotemia, which may suggest a prerenal component related to dehydration or systemic illness.



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Overall, the ultrasound findings are subtle and nonspecific, but in the context of the laboratory abnormalities they may support underlying chronic gastrointestinal disease, even though early mucosal disease may produce minimal or no detectable ultrasonographic changes.

Recommendations

- Complete gastrointestinal workup, including fecal testing for occult blood and parasites if not already performed.
- Serum cobalamin and folate concentrations, which may help identify malabsorptive enteropathy or dysbiosis.
- Urinalysis and urine specific gravity to help further characterize the azotemia.
- Definitive diagnosis of the underlying intestinal disease would require intestinal biopsy. If the patient stabilizes clinically, intestinal biopsy may be considered, as histopathology remains the only way to definitively differentiate chronic inflammatory enteropathy, protein-losing enteropathy, and infiltrative disease.





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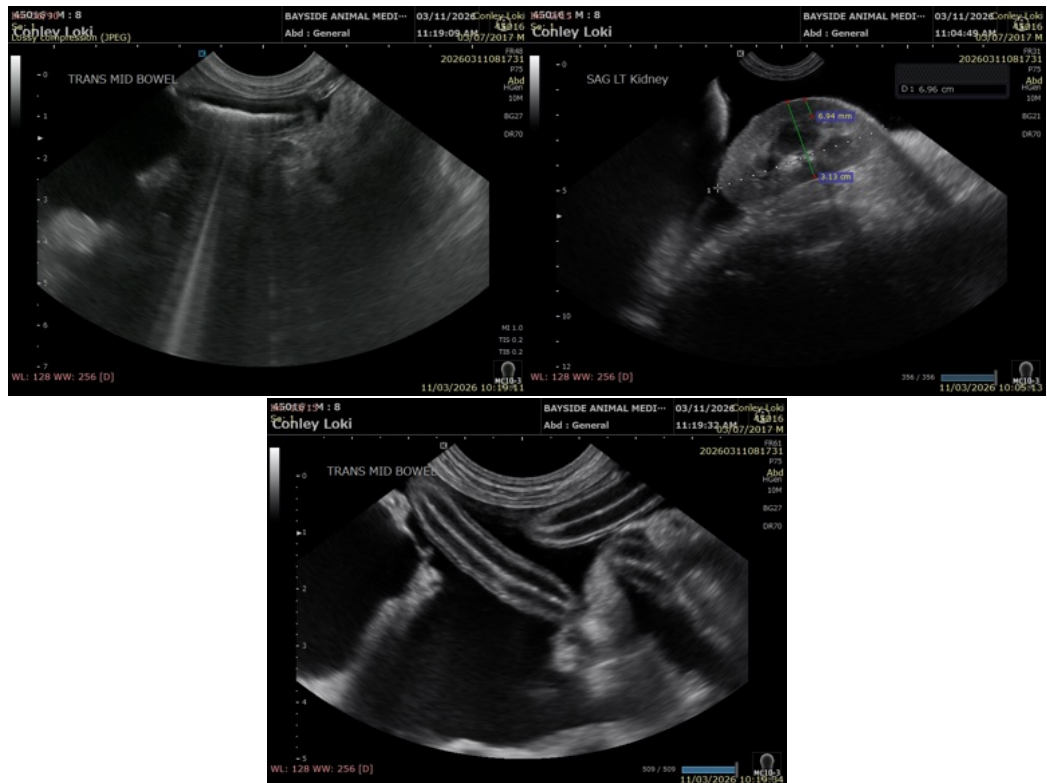
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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