



PATIENT

Badger Warnke

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered male

AGE

5 years

WEIGHT

80.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

73637

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Dog has been ADR for 2-3 days with decreased energy, inappetance and vomiting for 2 days with large amounts of frank blood present and softer stools. Physical exam WNL.
- CBC, Chemistry and Pancreatic Lipase WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 5.82×3.85 cm, with a cortical thickness of 0.54 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures 6.02×3.89 cm, with a cortical thickness of 0.59 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.58 cm at the caudal pole, and the right adrenal gland measures 0.60 cm at the caudal pole. Both glands appear normal in shape and echogenicity.

Spleen

Splenic thickness ranges from 1.51–2.18 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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



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Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid and gas. Gastric wall thickness is 4.2 mm, with preserved wall layering.

The pylorus measures 7.75 mm. Duodenum: 4.70 mm. Jejunum: 3.30–3.90 mm. Wall layering is preserved throughout. No evidence of obstruction, ileus, or foreign material is identified.

Colon measures 1.64 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions show no evidence of inflammation or neoplastic disease.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate gastric wall thickening (4.2 mm).
- Mild duodenal thickening (4.70 mm).
- Mild pyloric thickening (7.75 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric wall thickness (4.2 mm) and duodenal thickness (4.70 mm) are mildly increased for a dog of this size (expected gastric wall typically <3–3.5 mm when adequately distended; duodenum generally <4–4.5 mm), supporting a mild inflammatory process. The pyloric thickness is also mildly increased, which can be seen in the context of acute gastritis or pyloric spasm. In a patient with acute vomiting and hematemesis, this pattern is most consistent with acute inflammatory gastrointestinal disease, such as gastritis or gastroenteritis.

Evaluation of the gastric wall is suboptimal due to limited visualization; therefore, mucosal detail cannot be adequately assessed, and ulceration cannot be excluded. No evidence of regional peritoneal reaction or focal effusion is identified to suggest perforation.

Evaluation of the pancreas is limited, but no overt abnormalities are identified in the regions visualized.

Recommendations

- Gastroprotective therapy (proton pump inhibitors, mucosal protectants) may be considered given the history of hematemesis.



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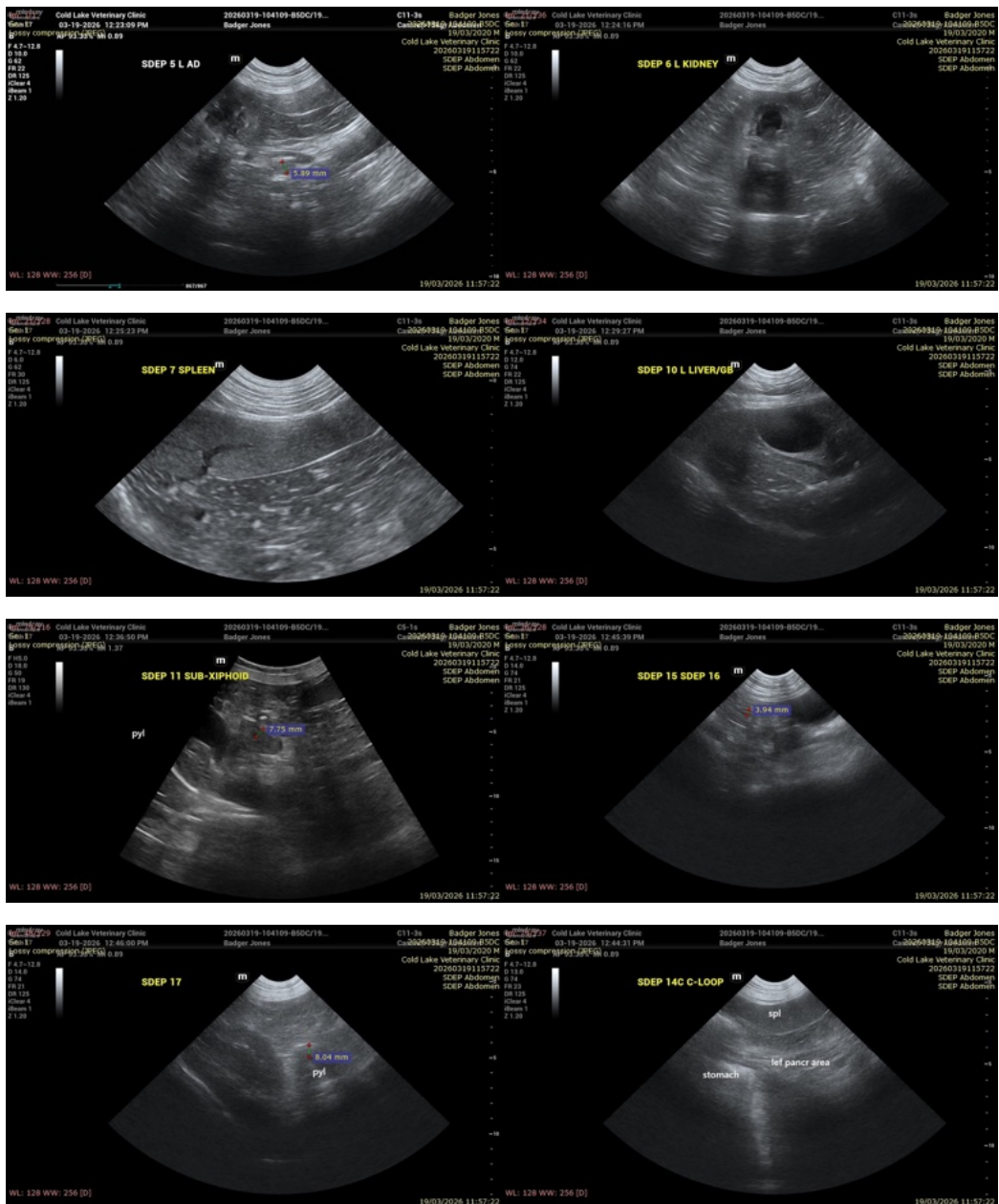
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- Clinical monitoring is recommended. Endoscopic evaluation may be considered if clinical signs are severe or refractory, to assess for ulceration or mucosal disease.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.



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.



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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