



PATIENT

Harper Cornfield

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

8 Years 6 Months

WEIGHT

77.5 Pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Kaplan

INVOICE

36315

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- Pet vomited food 1x last week, nothing since then
- E & d normally, no diarrhea, on LF dry food
- On Carprofen 75mg 1tBID, Dasuquin SID, Forti Flora SA
- Abnormal PE/Chem/CBC/UA Results: Suspected OA coxofemoral ROM BW WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately 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; measurements are not provided, and the thickness of the cortex is not provided in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size; measurements are not provided, and the thickness of the cortex is not provided in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (largest of two measurements): the left adrenal gland measures 0.52 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.62 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

Splenic thickness is 2.21 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. 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 is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents contain a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is predominantly empty, containing a mild to moderate amount of fluid and minimal food material. Mural thickness measures 2.73–2.93 mm with preserved wall layering. No mucosal ulceration or perigastric reaction is identified. The pyloroduodenal junction could not be visualized.

Duodenum: 4.75 mm.

Jejunum: 3.14–3.73 mm.

Ileum: 2.26 mm. Normal wall layering is preserved throughout. No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.23 cm, with formed feces in the descending segment.

Pancreas

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

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- The stomach contains fluid and minimal residual ingesta
- Moderate biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an overall unremarkable abdominal ultrasound, with no evidence of clinically significant gastrointestinal, pancreatic, or obstructive disease to explain the reported single episode of vomiting.

The gastrointestinal tract appears within normal limits, with wall thicknesses within accepted canine reference ranges (generally <3–5 mm depending on segment) and preserved layering. These findings do not support ultrasonographic evidence of inflammatory or infiltrative gastrointestinal disease. A small amount of gastric fluid is present, which, in the context of recent vomiting, it could reflect mild or transient delayed gastric emptying. The pyloroduodenal junction was not clearly visualized, likely due to technical limitations in a large breed dog; however, in the absence of secondary changes, there is no sonographic evidence to support obstruction.

The moderate amount of biliary sludge is a common incidental finding and may reflect biliary stasis, potentially associated with recent decreased intake or transient gastrointestinal disturbance. In the absence of gallbladder wall changes or biliary dilation, it is unlikely to be clinically significant.

Recommendations

- Empirical gastric support therapy may be considered if clinical signs persist or recur.
- Clinical monitoring.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment.



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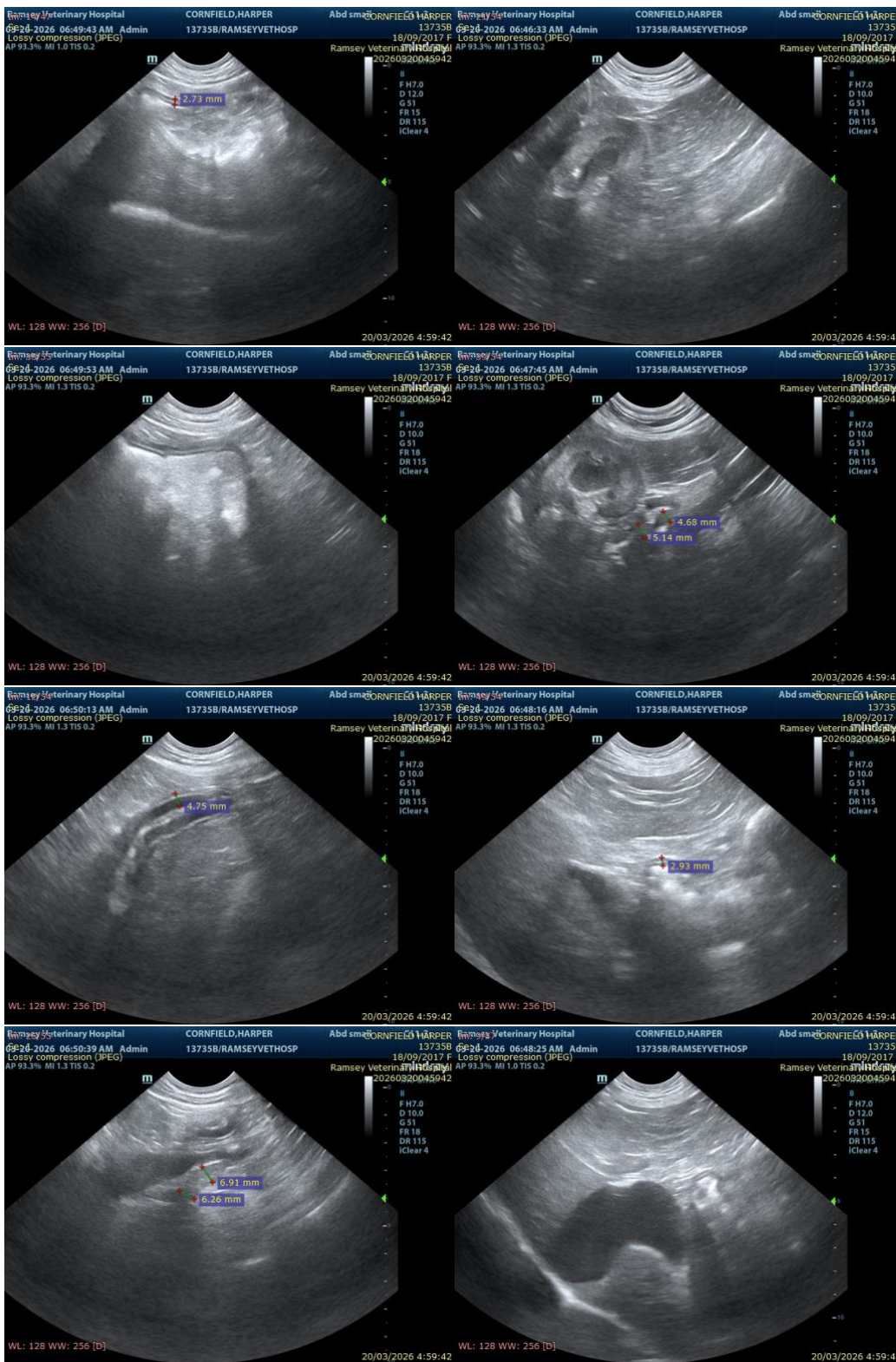
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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