



PATIENT

Madee Stoldt

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

3 Years

WEIGHT

18.4 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Nicole Kelper

INVOICE

73859

DATE

3/20/26

PRESENTING CLINICAL SIGNS

P presented 3/16/26 for continued anorexia, occasional diarrhea. Radiograph shows material in stomach- cannot discern from radiograph if food vs material. P treated as outpatient with Cerenia. P came back today for ultrasound- symptoms mostly resolved, p is eating better and stools are normal, no vomiting.

Abnormal PE/Chem/CBC/UA Results: 3/16/26 Chem/lytes- AMYL 399 U/L (500 - 1500) cPL- 30 U/L CBC- LYM 5.13 K/uL (1.05 - 5.10), PDW 8.3 fL (9.1 - 19.4), Rest of CBC/chem/lytes WNL

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: 3.55×2.07 cm, and the thickness of the cortex is 0.46 cm in the sagittal plane.

The right kidney is normal in shape and size: 3.70×2.03 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane.

In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.39 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 1.27 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 normally 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.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering (mural thickness not provided). The pylorus measures 4.84 mm.

Duodenum: measurement not provided. Jejunum: 2.22 mm. Ileum: 1.95 mm. Normal wall layering is



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preserved. No signs of inflammation, ileus, or foreign material are identified. Colon: 1.11 cm, with a small amount of fecal material 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

- Medullary rim sign.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an overall unremarkable abdominal ultrasound with no evidence of gastrointestinal obstruction or clinically significant inflammatory or infiltrative disease, which is consistent with the patient's improving clinical signs.

The gastrointestinal tract is within normal limits, with wall thicknesses falling within accepted canine reference ranges (generally <3–5 mm depending on segment) and preserved layering, making clinically relevant enteropathy unlikely.

A medullary rim sign is present in both kidneys. This is a nonspecific finding that can be seen in both normal dogs and in association with various conditions (dehydration, early renal change, or incidental variation), and in the absence of additional renal abnormalities or biochemical changes, it is of uncertain clinical significance.

Moderate biliary sludge is identified, which is a common incidental finding and may reflect transient biliary stasis; in the absence of gallbladder wall changes or biliary dilation, it is unlikely to be clinically relevant.

Overall, findings are most consistent with a resolved or resolving transient gastrointestinal disturbance, with no current evidence of clinically significant abdominal disease.





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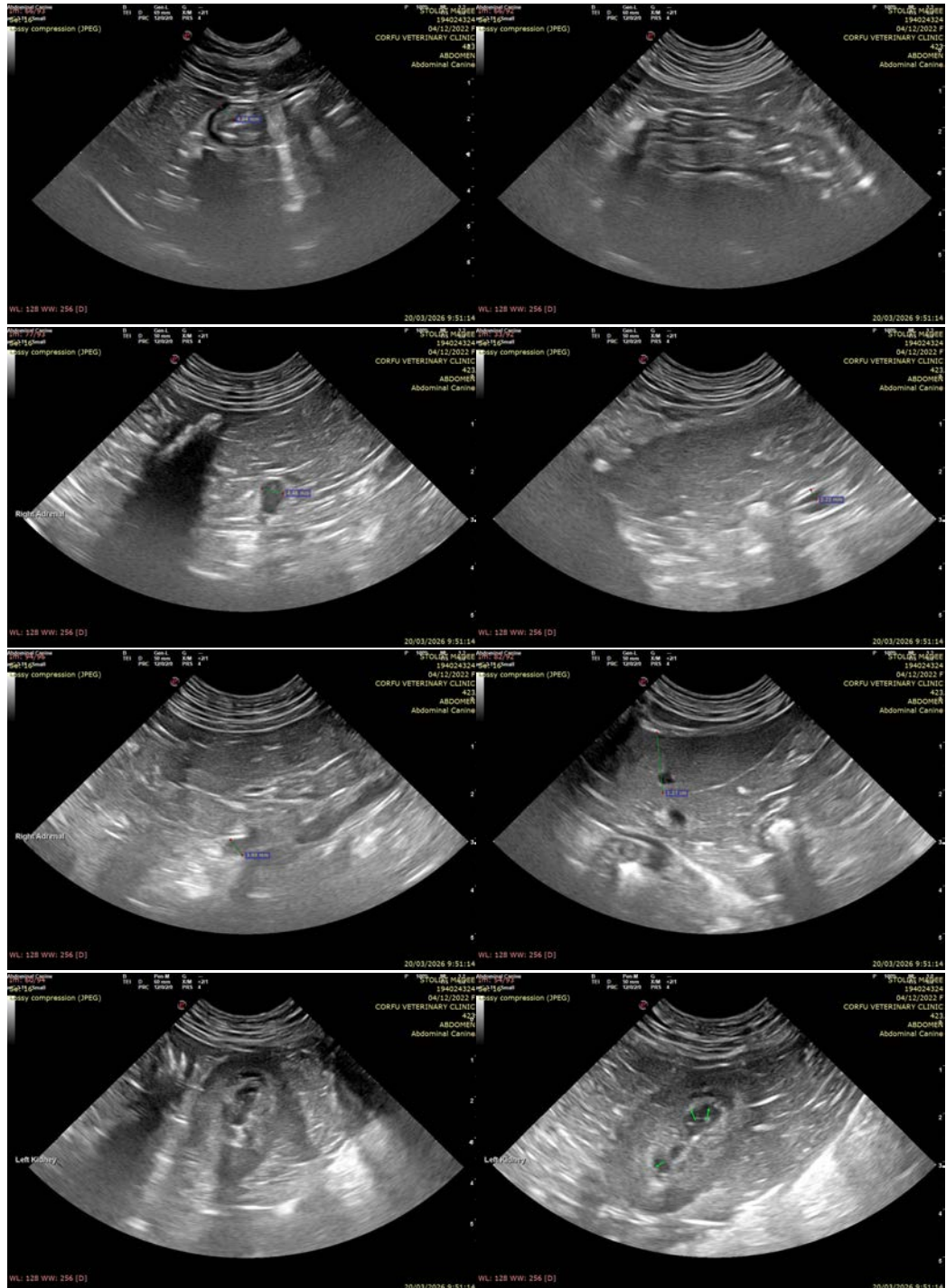
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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