

PATIENT

Hemi Beck

SPECIES

Canine

BREED

Chihuahua Dachshund
Mix

SEX

Neutered male

AGE

11 years

WEIGHT

15 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

73711

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Purpose of AUS is for chronic intermittent diarrhea.
- Responds to metronidazole. Current diet: chicken and rice mixed with Purina EN
- History of IVDD. Currently managed on Gabapentin.
- CBC/CHEM were wnl GI panel pending accuplex pending

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: 4.19×2.46 cm, and the thickness of the cortex is 0.35 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. Two small cortical cysts are present, measuring 1.60×2.32 mm and 2.36×2.90 mm. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size: 4.58×2.67 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. A small cortical cyst measuring 1.83×2.73 mm is present. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

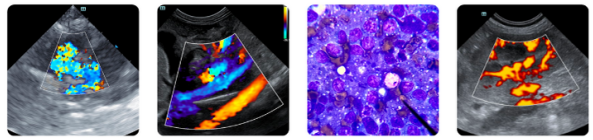
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.44 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.10 cm. The parenchyma demonstrates normal echogenicity and 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 is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is partially empty, containing a small amount of ingesta, with mural thickness (1.86–2.32 mm) and preserved wall layering. The pylorus measurement is not provided.

Duodenum: 3.05 mm. Jejunum: 2.94 mm (mucosa: 1.92 mm; submucosa: 0.71 mm; muscularis propria: 0.40 mm). Ileum: 2.02 mm, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified.

Colon: transverse colon 0.79 cm with minimal content; descending colon 0.83 cm with formed feces in the lumen.

Pancreas

The evaluated pancreatic regions show no 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

- Small bilateral renal cortical cysts (incidental).

SECONDARY FINDINGS

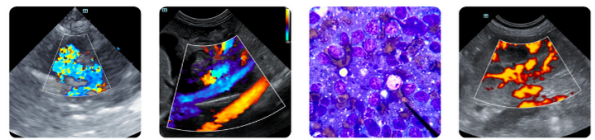
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal limits, with wall thicknesses within accepted canine reference ranges, and preserved layering, with no ultrasonographic evidence of inflammatory or infiltrative enteropathy.

Given the history of chronic intermittent diarrhea with response to metronidazole, findings are most consistent with a functional or inflammatory process such as dysbiosis or antibiotic-responsive enteropathy, rather than structural disease.

Small bilateral renal cortical cysts are identified, which are common incidental findings and of no clinical significance.



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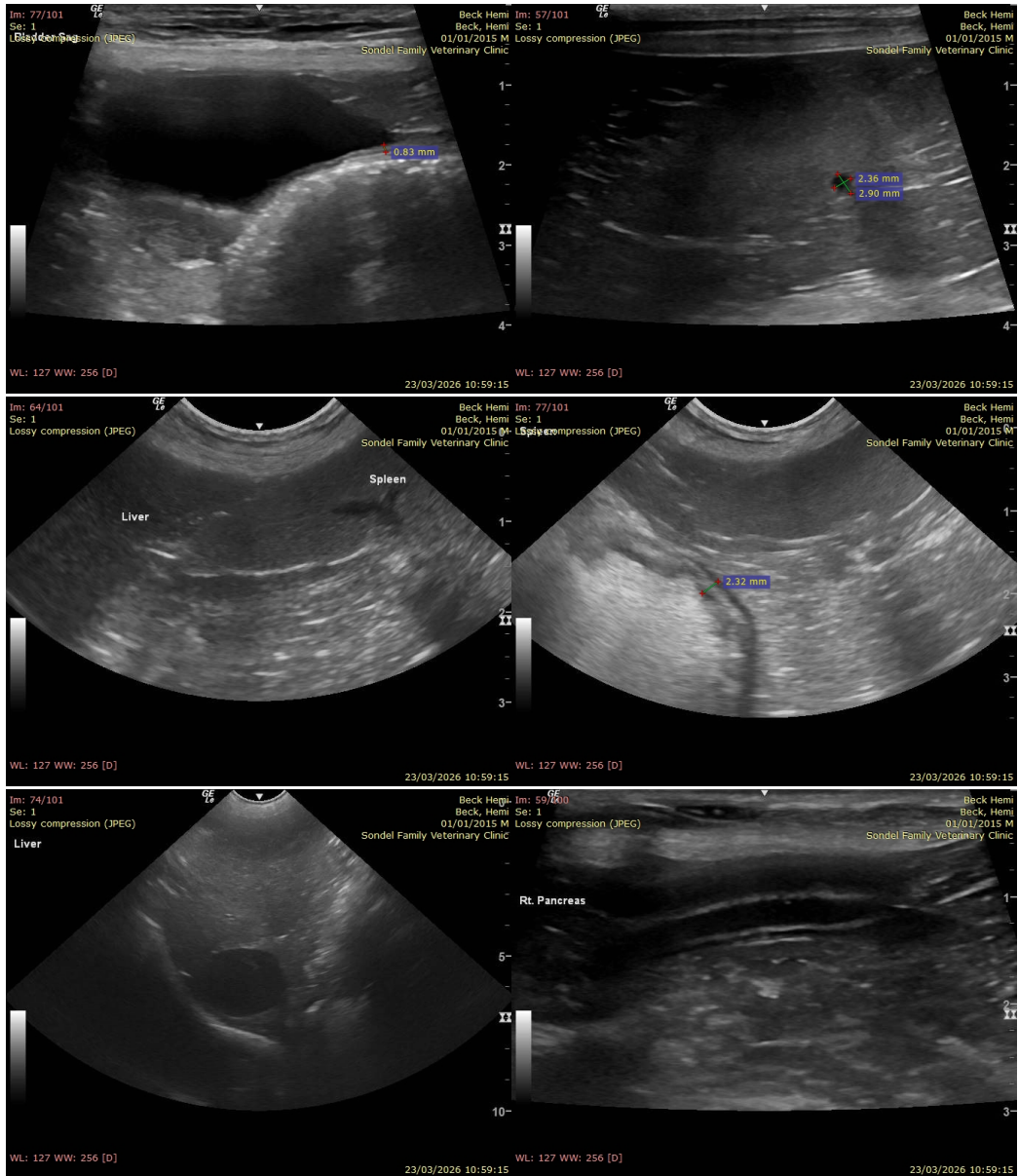
Dr. Wallisch

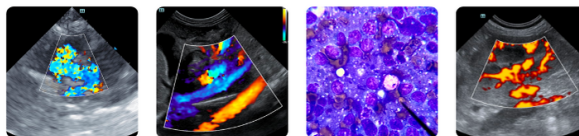
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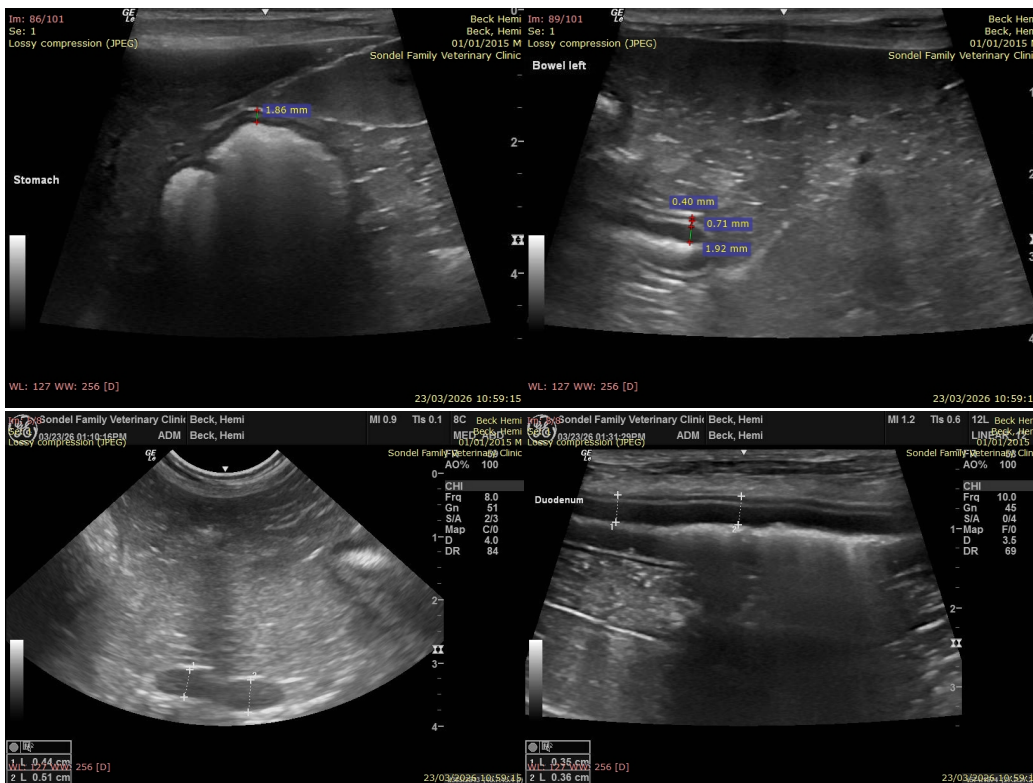
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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