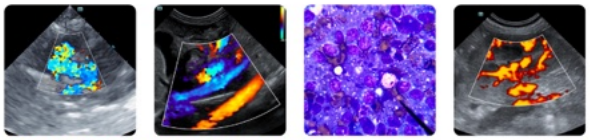


PATIENT

Bear O'Neal

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered male

AGE

14 years

WEIGHT

9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Brenner

INVOICE

73822

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Inappetence for past month. Losing weight
- Hx megaesophagus - fed elevated, gruel consistency diet TID
- Treated with Thyro tabs 0.1mg/kg BID since 2022.
- Regurgitates, coughs - not daily
- No v/d
- PE: Murmur grade 4/6 (first noted 12/2024). Pulse/Rhythm WNL. Lungs clear. Tense on abdominal palpation. Quiet GI sounds. Normal rectal exam, normal feces. CBC/Chem/cPL: All WRI Chest Rads: VHS now 11.2 (was 8.6 in 2024). Elevation of carina, Increased ST density (ill-defined) at mediastinum cranial to carina. Tracheal/bronchial narrowing there. Interstitial pattern lungs perihilar. No vascular dilation noted. Gas noted within esophagus, slight dilated. Abdominal Rads: Gas stomach, SI. Liver small. Not see kidneys. Loss detail caudal to stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall appears thin and smooth, with very mild dilation of the proximal urethra. The urine is anechoic. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.21×1.51 cm. Cortical thickness is 0.31 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler shows a normal vascular pattern.

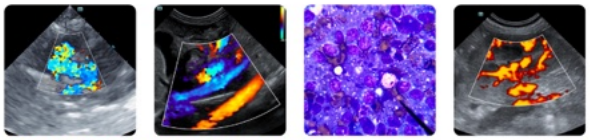
The right kidney is normal in shape and size, measuring 3.59×1.82 cm. Cortical thickness is 0.34 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters in the sagittal plane: the left adrenal gland measures 0.39 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the caudal pole; the cranial pole was not fully visualized, which may limit measurement accuracy.

Spleen

Splenic thickness is 1.04 cm. The parenchyma shows normal echogenicity and fine homogeneous echotexture, with a small hyperechoic nodule measuring 3.42×5.04 mm. The capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

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

The gallbladder is moderately distended. The wall is thin. The lumen contains a moderate amount of non-shadowing echogenic material consistent with biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains ingesta, with a wall thickness of 2.30–2.82 mm and preserved layering. The pylorus measures 5.93–7.99 mm.

The duodenum measures 2.57–3.15 mm and contains a small amount of luminal fluid. The jejunum measures 2.99 mm, with preserved wall layering.

The colon measures 0.77 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures 0.90 cm in thickness. The parenchyma is isoechoic relative to surrounding mesenteric fat and mildly heterogeneous. No peripancreatic inflammatory changes are identified.

Free Abdomen

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

PRIMARY FINDINGS

- The pyloric region is at the upper limits of normal.
- Moderate biliary sludge.

SECONDARY FINDINGS

- Small hyperechoic splenic nodule.
- Mild pancreatic heterogeneity.
- Small amount of duodenal luminal fluid (likely physiologic/postprandial).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric region measures up to 7.99 mm, which is at the upper limits of normal. This may reflect physiologic contraction, particularly in the context of gastric content and patient tension. No masses or lymphadenopathy are observed.

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Ultrasonography is more sensitive for detecting parenchymal changes, whereas radiography is more reliable for assessing global hepatic size, particularly in cases of suspected microhepatia. In this study, no convincing evidence of microhepatia is identified, although ultrasonographic assessment of liver size is inherently limited. Biliary sludge is present without evidence of obstruction or cholecystitis. This may be associated with mild biliary stasis.

The small hyperechoic splenic nodule is most consistent with a benign nodular change (nodular hyperplasia or myelolipoma), commonly incidental in older dogs.

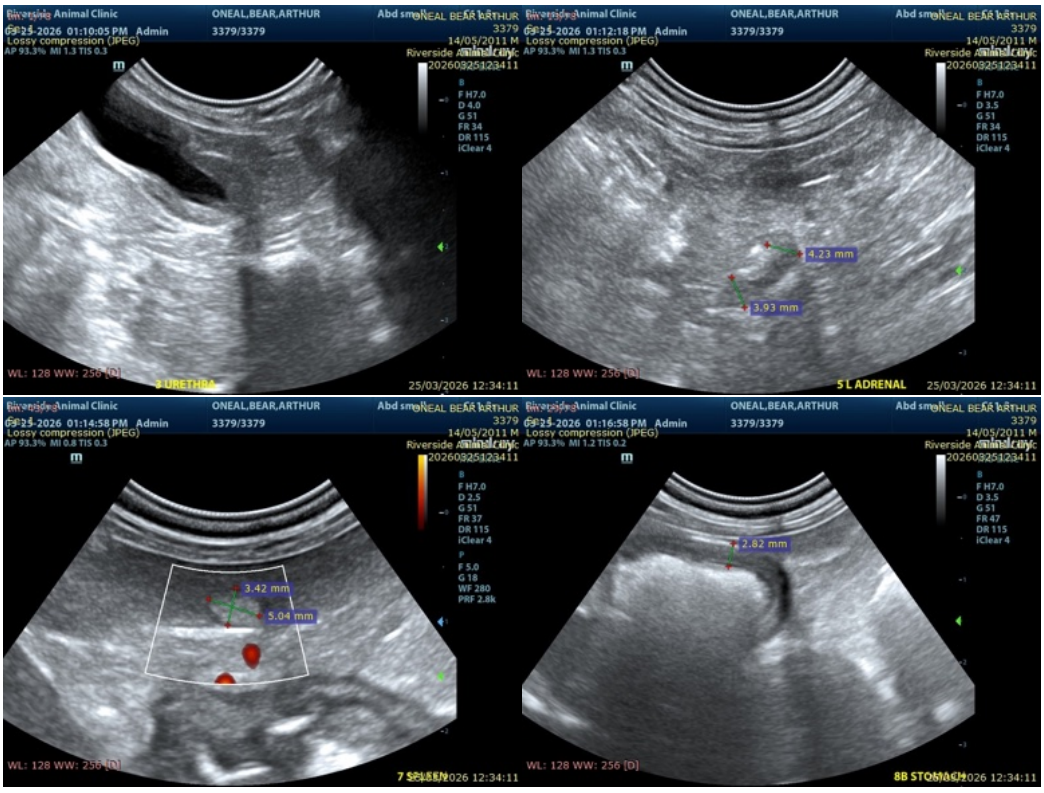
Mild pancreatic heterogeneity is nonspecific and may reflect age-related or chronic change, without evidence of active pancreatitis.

Overall, there is no ultrasonographic evidence of a significant abdominal cause for the patient's clinical signs. Given the abnormal thoracic imaging (mediastinal changes, esophageal dilation), a primary thoracic process remains a major concern and may better explain the clinical presentation.

Recommendations

- Hepatoprotective therapy may be considered as supportive care, although no primary hepatic disease is identified.
- Clinical management should prioritize thoracic disease and megaesophagus-related complications.

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



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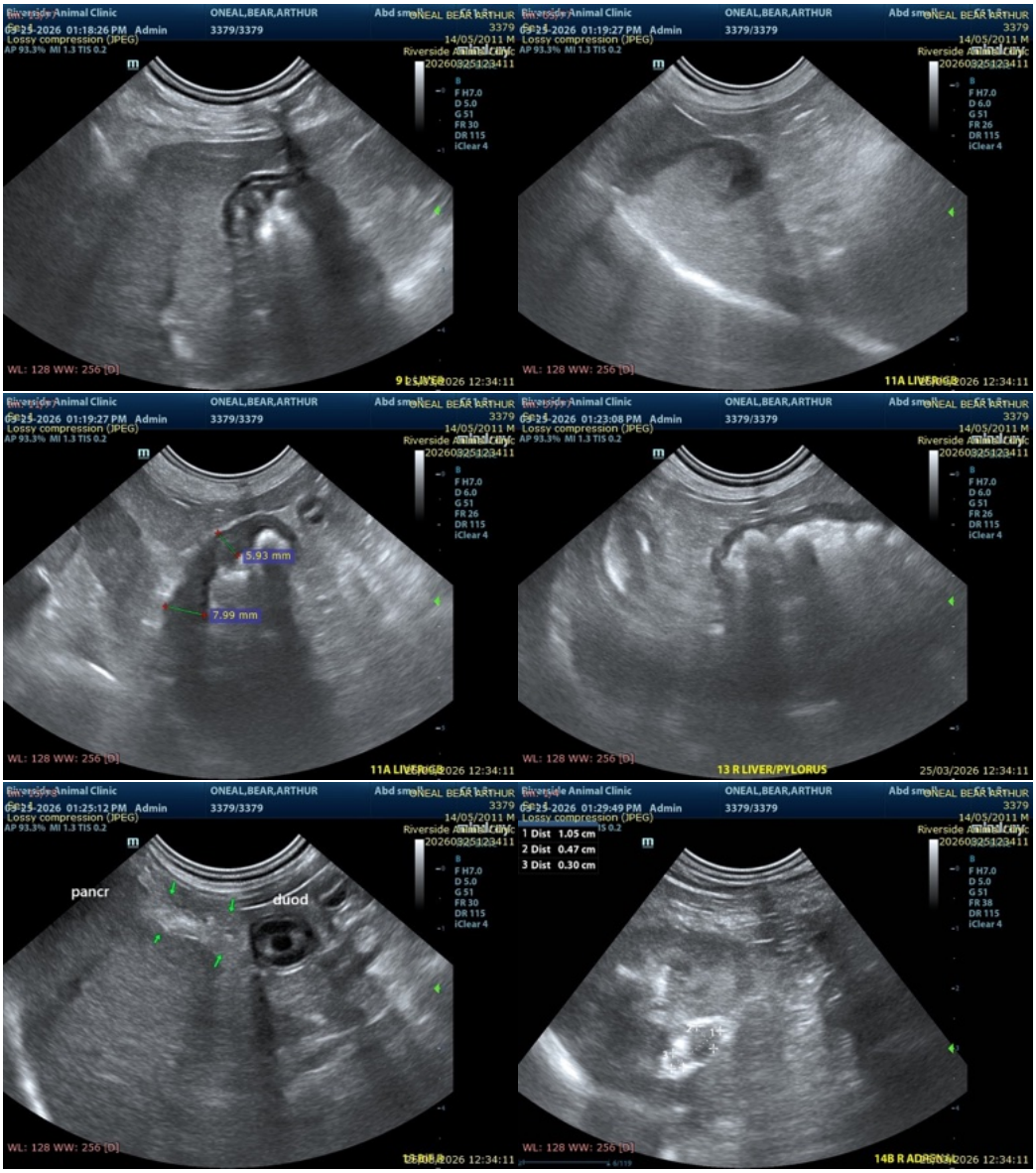

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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