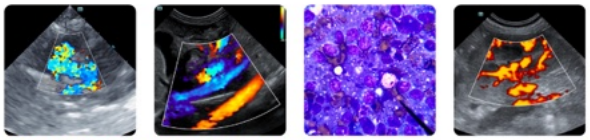


PATIENT

Tessa Oxborrow

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

13 years

WEIGHT

21.94 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

78352

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Patient is a 13yr 3mo FS presented for bloody diarrhea. P began having bloody diarrhea Tuesday night after restarting Ps galliprant. Yesterday P was having soft stools in the morning without blood and in the evening the blood recurred. This morning P having squirts of diarrhea with blood present including accidents in the house. P has also been a little lethargic. No vomiting has been seen but P has been licking her lips a lot. P had a similar episode at the beginning of this month and was taken to VEG where xrays and bloodwork were performed. Xrays were reportedly unremarkable and bloodwork showed rising ALP compared to panel in January. O concerned symptoms may be a result of the galliprant but P was on galliprant for a month long course in January and had no issues. Ps symptoms resolved earlier this month with metronidazole, proviable forte and proviable fiber. P has continued the proviable daily, O gave dose of cerenia yesterday, cosequin in the evenings and gabapentin is given PRN. Yesterday P was given a kong toy containing two milkbones and a tiny but of cereal. Current diet: Royal Canin selected protein and hydrolyzed canned food.
- Owner reports no vomiting, coughing, or sneezing.
- Patient has no recent travel history.
- Past pertinent medical history: historic ALP elevation
- Concern for caudal abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.43×2.53 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

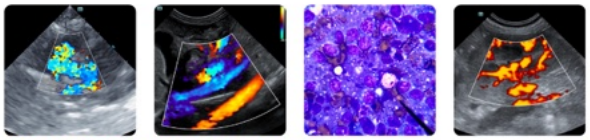
The right kidney is normal in shape and size: 4.42×2.72 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.45 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

Splenic thickness is 1.58 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

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

The gallbladder is normally distended. The wall shows mild changes consistent with early mucinous gland hyperplasia. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.44 mm and preserved wall layering. The pylorus measures 4.05 mm. The duodenum measures 3.11 mm.

The jejunum measures 3.21 mm, with preserved wall layering (mucosa: 0.95 mm; submucosa: 0.95 mm; muscularis propria: 1.75 mm). The ileum measures 1.95 mm, with normal wall layering. The ileocecal junction appears normal. No signs of obstruction, ileus, or foreign material are identified.

The colon shows mild fluid content: ascending colon 1.45 mm with luminal fluid, transverse colon 1.31 mm with small amounts of semi-liquid content and gas, and descending colon 1.43 mm with scant fecal material and mild distal acoustic shadowing. Wall layering is preserved throughout.

Pancreas

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

Free Abdomen

A trace amount of abdominal effusion is present. Mild increased echogenicity and thickening of the mesenteric fat is noted, consistent with reactive change.

A well-defined, homogeneous, hyperechoic mass measuring approximately 6.5×4 cm is identified between the urinary bladder and the iliac trifurcation region, most consistent with a lipoma.
No sonographic evidence of lymphadenomegaly is identified. The iliac trifurcation appears otherwise normal.

PRIMARY FINDINGS

- Mild mesenteric fat reactivity
- Trace abdominal effusion
- Mild colonic fluid content
- Subtle jejunal muscularis thickening
- Gallbladder mucinous gland hyperplasia with mild sludge.
- Caudal hyperechoic mass, most consistent with lipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon contains fluid with preserved wall layering, and there is mild mesenteric fat reactivity with trace abdominal effusion. Mild jejunal changes are also present. In combination, these findings support acute enterocolitis, likely inflammatory or dietary in origin. Given the clinical history, a drug-associated gastrointestinal reaction (NSAID-related) should also be considered as a potential contributing factor. The mesenteric fat changes are considered reactive and are consistent with an early or mild inflammatory process.

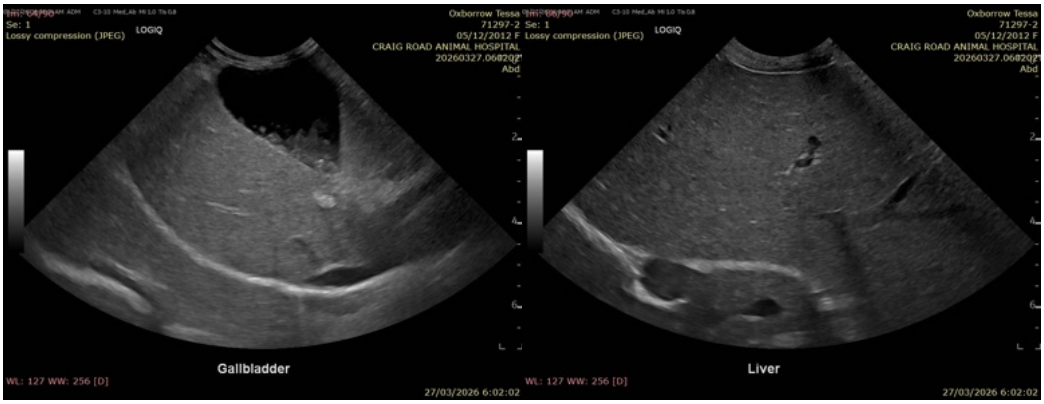
The gallbladder shows early mucinous gland hyperplasia with mild sludge. In the absence of distension, wall thickening, or immobile content, there is no evidence of mucocele formation or biliary obstruction. The liver is sonographically normal. In this context, the marked ALP elevation is most consistent with a functional or inducible process, such as steroid/drug-induced enzyme induction or cholestatic enzyme induction associated with chronic gallbladder disease, rather than primary structural hepatic disease.

A well-defined hyperechoic mass in the caudal abdomen is most consistent with a lipoma, likely incidental and not related to the current clinical presentation.

Recommendations

- Supportive medical management for acute enterocolitis is appropriate. Further diagnostics are not indicated unless clinical signs persist or worsen.
- Hepatobiliary periodic monitoring is recommended. Consider medical management (choleretics) if clinically indicated.

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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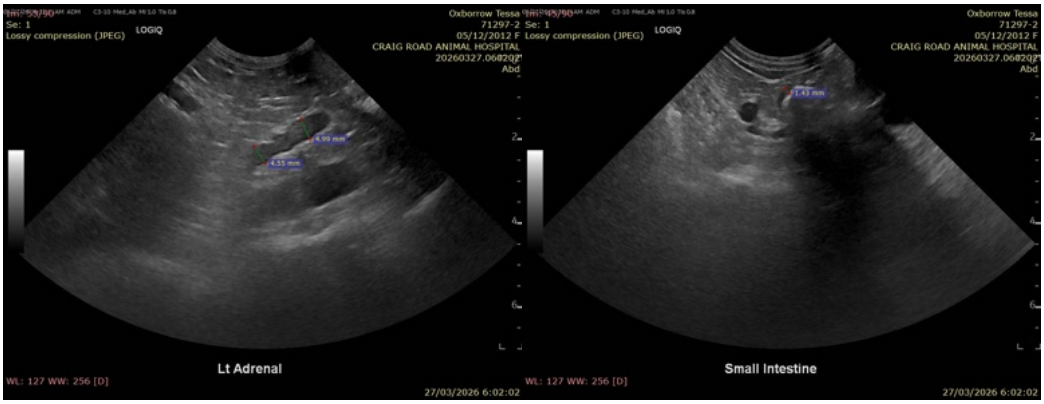

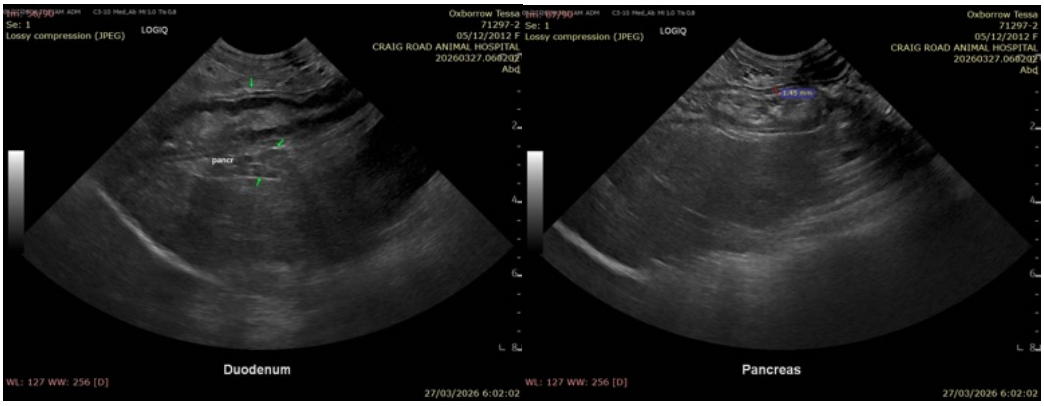

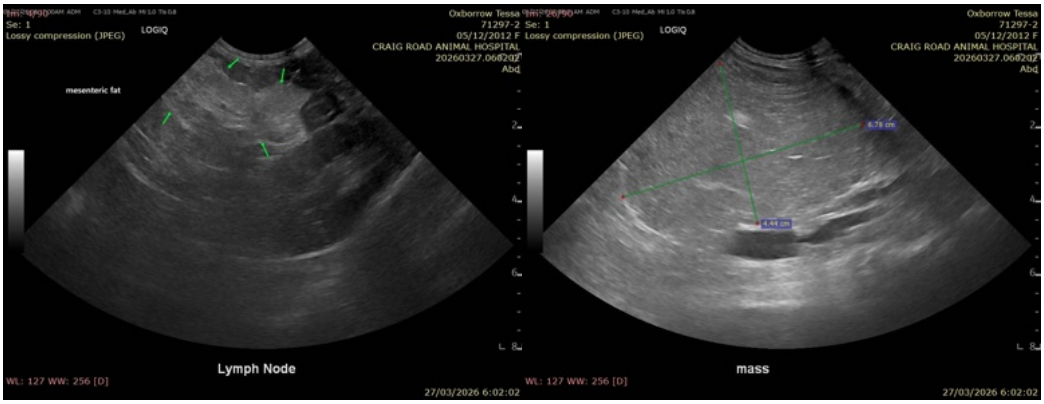

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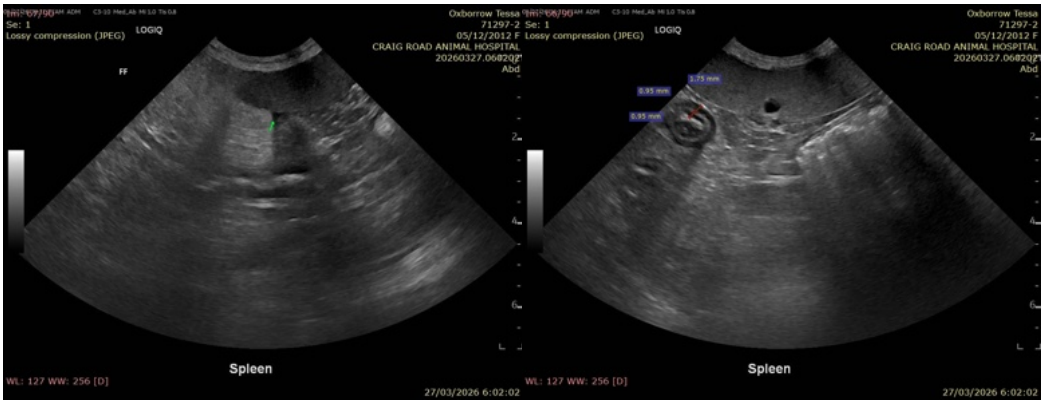

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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