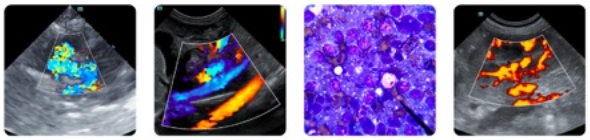


PATIENT

Quill Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

87 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Dr. Fritz

INVOICE

74431

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: P presented for wellness exam and testing. P has history of pu/pd and had a full AUS done when he was 1yr of age with nsf. He is doing well but has intermittent RH limb lameness and is newly anaplasma positive. No recent v/d/c/s. No urinary accidents. Good appetite and energy.
Abnormal PE/Chem/CBC/UA Results: CBC - wnl Chem - wnl UA - USG 1.013, pH 6.5 4dx - anaplasma pos Fecal - NOS Chest xrays - nsf X-rays of hind limbs - mild stifle joint inflammation bilaterally. Normal coxofemoral joints.

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 are unremarkable. No uroliths or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (5.58×3.12 cm), with cortical thickness measuring 0.57 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size (5.37×2.99 cm), with cortical thickness measuring 0.51 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color shows a normal vascular pattern.

Prostate

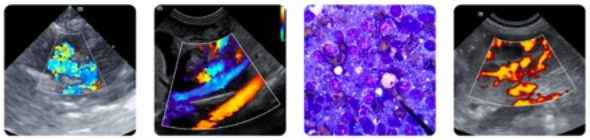
Small, hypoechoic, and homogeneous, compatible with post-castration atrophy.

Adrenal Glands

The left adrenal gland measures 0.52 cm in dorsoventral diameter. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 2.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



PATIENT

Quill Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

87 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Dr. Fritz

INVOICE

74431

DATE

4/13/26

Liver

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

The gallbladder is normally distended. A focal region of the wall shows localized mural edema. The contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 3.13 mm and preserved wall layering (within normal limits). The pylorus measures 8.35 mm (within normal limits). The jejunum measures 2.80–3.54 mm, within normal limits, with preserved wall layering. Within one jejunal segment, a round intraluminal structure measuring 0.99 cm is identified, producing marked distal acoustic shadowing, consistent with mineralized or dense foreign material. There is minimal focal dilation immediately oral to this structure, but no evidence of obstructive pattern, and adjacent bowel loops are otherwise normal in caliber. The colon measures 0.99–1.68 cm in diameter, containing a small amount of formed fecal material.

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.

Thoracic cavity

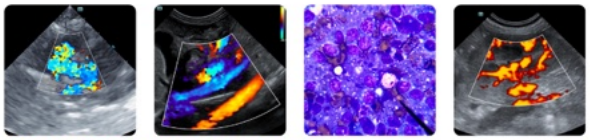
A minimal amount of free fluid is noted between the diaphragm and thoracic cavity.

PRIMARY FINDINGS

- Small intraluminal jejunal structure with acoustic shadowing (consistent with foreign material), without obstructive pattern.
- Focal gallbladder wall thickening (suspected localized edema).
- Minimal apparent pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland is partially visualized within normal limits; however, the right adrenal gland was not confidently visualized, which limits complete evaluation.



PATIENT

Quill Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

87 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Dr. Fritz

INVOICE

74431

DATE

4/13/26

An incidental intraluminal structure within the jejunum, producing distal acoustic shadowing, is most consistent with ingested foreign material. The absence of a segmental obstructive pattern, normal wall layering, and only minimal focal dilation suggest that this is non-obstructive at this time and may pass spontaneously.

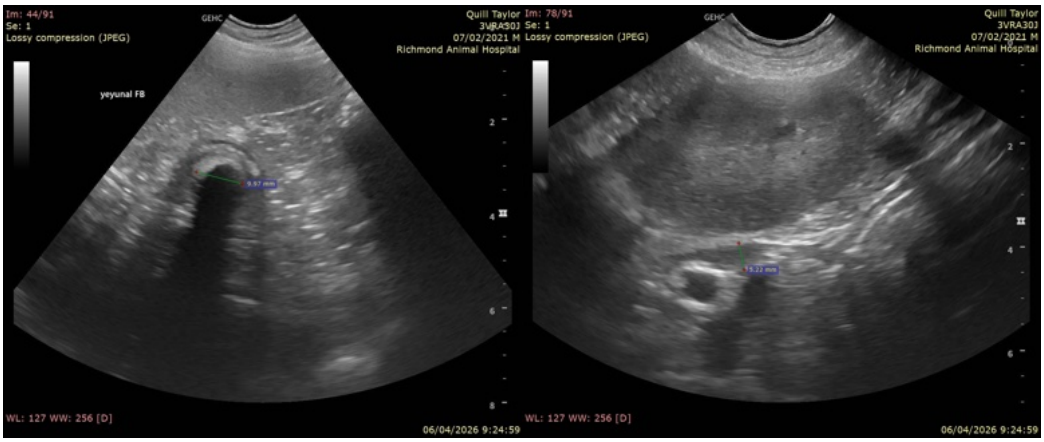
A focal area of mild gallbladder wall thickening and a minimal amount of pleural fluid are noted. In the absence of additional supporting findings (effusion, hypoalbuminemia, or hepatobiliary abnormalities), these changes are considered mild and of uncertain clinical significance and may be related to transient hemodynamic variation or sedation.

Overall, this study does not reveal a structural explanation for the patient's PU/PD, and a functional or metabolic cause remains most likely.

Recommendations

- Clinical management should primarily focus on further investigation of the PU/PD, as imaging findings are not explanatory. Consideration may be given to endocrine testing (as clinically indicated), including evaluation for hyperadrenocorticism, as well as assessment for less common causes such as diabetes insipidus or primary polydipsia.
- Monitoring for progression of gastrointestinal signs is advised. If vomiting, anorexia, or abdominal pain develop, repeat imaging or further evaluation of the suspected foreign material may be warranted.
- The gallbladder and minimal thoracic fluid can be re-evaluated on follow-up ultrasound 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.



PATIENT

Quill Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

87 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

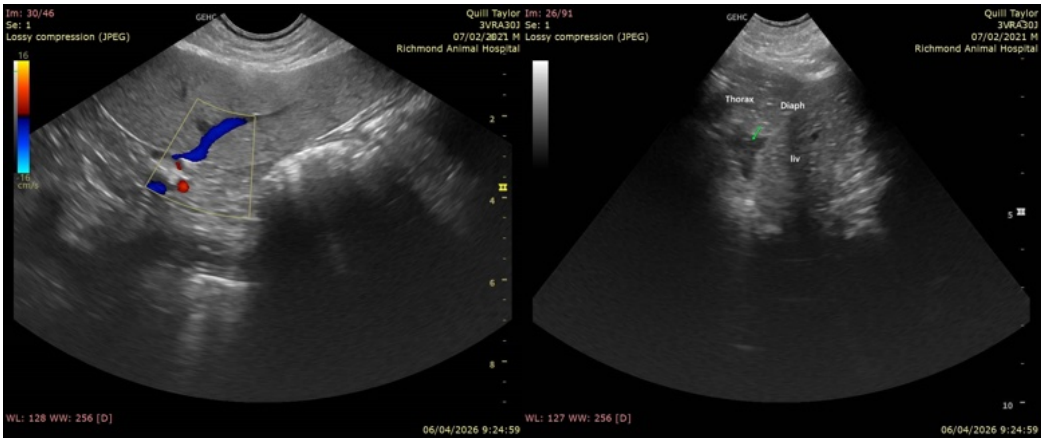
Dr. Fritz

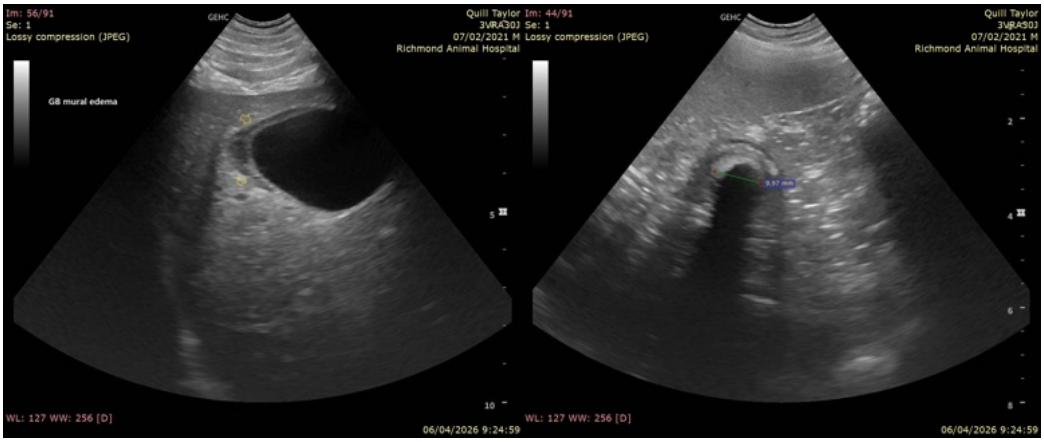
INVOICE

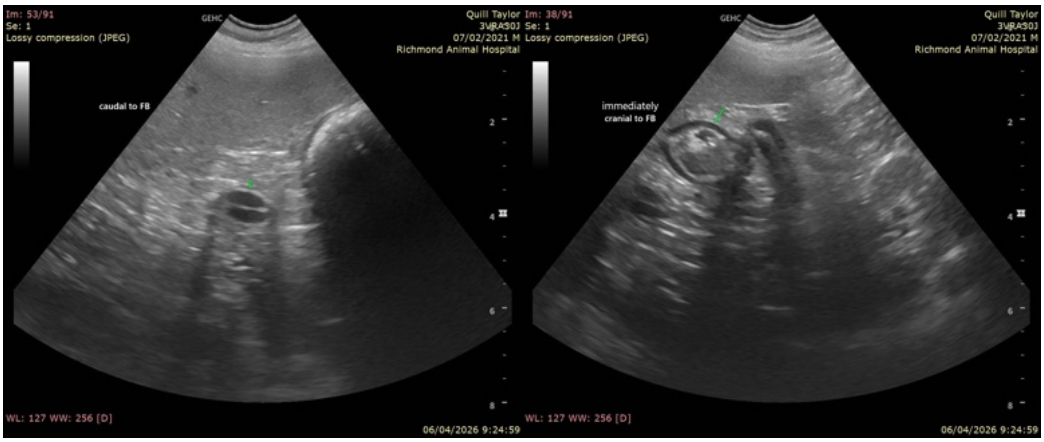
74431

DATE

4/13/26







PATIENT

Quill Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 years

WEIGHT

87 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

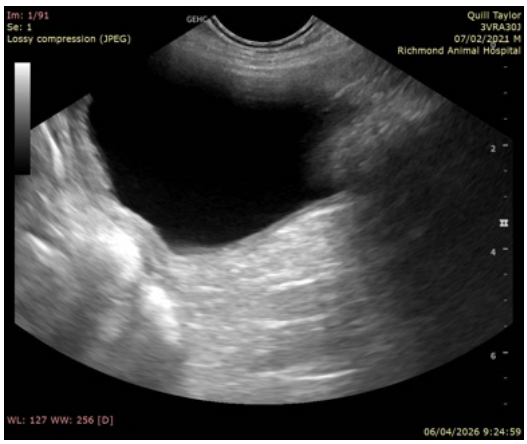
Dr. Fritz

INVOICE

74431

DATE

4/13/26



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