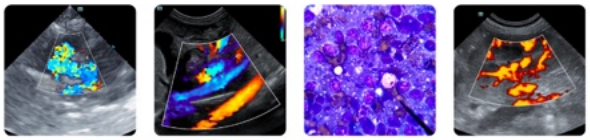


PATIENT

Maui Edwards

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed femlae

AGE

15 years

WEIGHT

8.36 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. DeJesus

INVOICE

74081

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient presented on emergency for anorexia, vomiting, and lethargy. P is a historic IMTP patient, managed with prednisone 2.5mg PO q5days. Recent bloodwork showed liver enzyme elevation, most likely due to chronic steroid use, and pred was discontinued as platelets with adequate. O reports P has not been eating for 3 days, vomited bile twice since sunday. O reports P has been drinking more water than normal.
- Owner reports no vomiting, diarrhea, coughing, or sneezing.
- Eating and drinking behavior has remained unchanged and is normal per the owner.
- Current medications: None, discontinued Prednisone 2.5mg PO q5d.
- Patient has no recent travel history.
- Past pertinent medical history: IMTP, hepatic enzyme elevations
- There are no known vaccine or medication allergies.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.12×1.98 cm in the sagittal plane. Cortical thickness is 0.35 cm. The right kidney is normal in shape and size, measuring 3.14×1.70 cm in the sagittal plane. Cortical thickness is 0.37 cm.

Both kidneys show cortical echogenicity within normal limits (isoechoic relative to hepatic parenchyma). The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is very mild left renal pyelectasia (0.98 mm). No nephrolithiasis or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

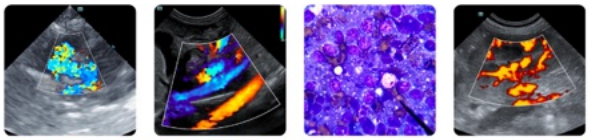
Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.61 cm at the cranial pole and 0.53 cm at the caudal pole; the right adrenal gland measures 0.42 cm at the cranial pole and 0.43 cm at the caudal pole.

Both adrenal glands are within normal size limits for a dog of this size (generally <0.7 cm). The left adrenal gland contains small, well-defined hyperechoic foci that do not distort gland shape, most consistent with incidental changes such as lipid deposition.

Spleen

Splenic thickness is 0.90 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 margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and regular. The lumen contains 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 wall thickness of 1.75 mm and preserved layering.
The pylorus measures 5.54 mm. Within the pyloric region, there are one or more small, well-defined, hyperechoic, mucosal-based protrusions with a polypoid appearance, the largest measuring approximately 0.8×0.9 mm. These do not disrupt wall layering and have smooth margins.

Duodenum: 3.84–4.08 mm, mildly corrugated. Jejunum: 3.90 mm, with mucosa 1.60 mm, submucosa 0.87 mm, and muscularis propria 0.86 mm. Ileum: 1.51 mm. Wall layering is preserved throughout. No obstructive pattern or focal mass effect is identified.

Colon: 1.47 mm, minimally distended.

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 appears normal.

PRIMARY FINDINGS

- Mild jejunal thickening with increased muscularis proportion.
- Mild duodenal corrugation.
- Small pyloric mucosal polypoid lesion.

SECONDARY FINDINGS

- Minimal biliary sludge.
- Minimal left renal pyelectasia (0.98 mm)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are most consistent with mild chronic enteropathy with superimposed acute gastrointestinal upset, and incidental gastric mucosal hyperplasia/polypoid changes.

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No ultrasonographic evidence of obstructive disease, pancreatitis, or neoplasia is identified. The duodenal corrugation supports a component of functional or inflammatory gastrointestinal disturbance, which may be acute (dietary indiscretion, enteritis) superimposed on a more chronic process.

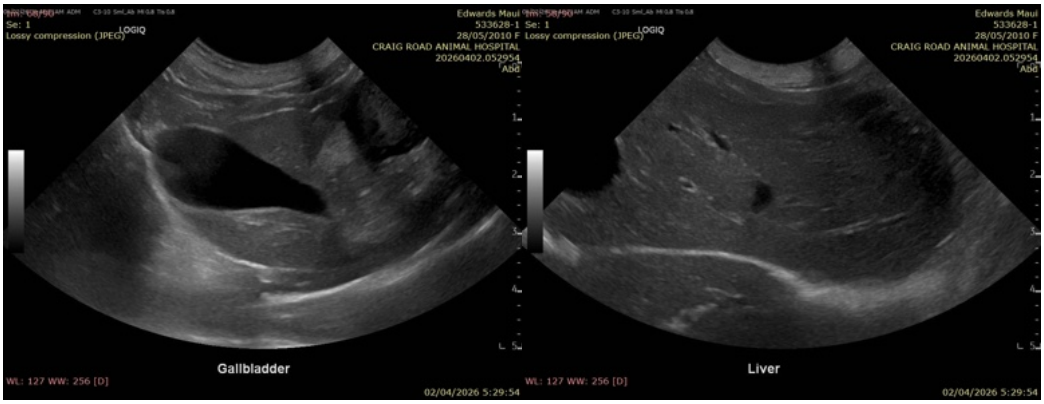
Despite the marked elevation in liver enzymes on bloodwork, the liver appears ultrasonographically normal. This discrepancy is well recognized in cases of:

- Vacuolar hepatopathy including steroid-induced (prednisolone).
- Early or functional hepatocellular injury.

Recommendations

- Supportive GI management.
- Hepatoprotectants.
- Recheck ALT/ALP after clinical stabilization.
- Consider endoscopic evaluation of pyloric region to characterize mucosal lesions.
- Chronic enteropathy approach (if signs persist):
    - Dietary trial.
    - Given the history of corticosteroid use and associated hepatopathy, escalation to anti-inflammatory therapy is not immediately recommended, although it may be reconsidered in the presence of persistent or progressive clinical signs after initial management.

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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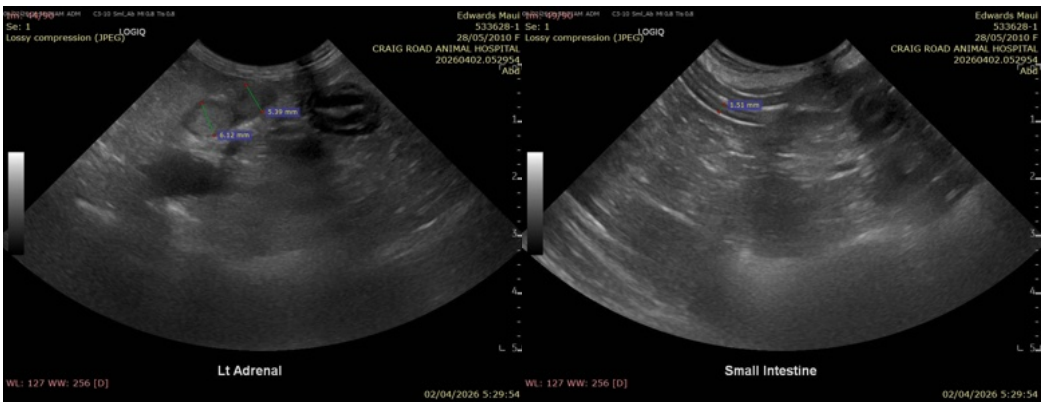

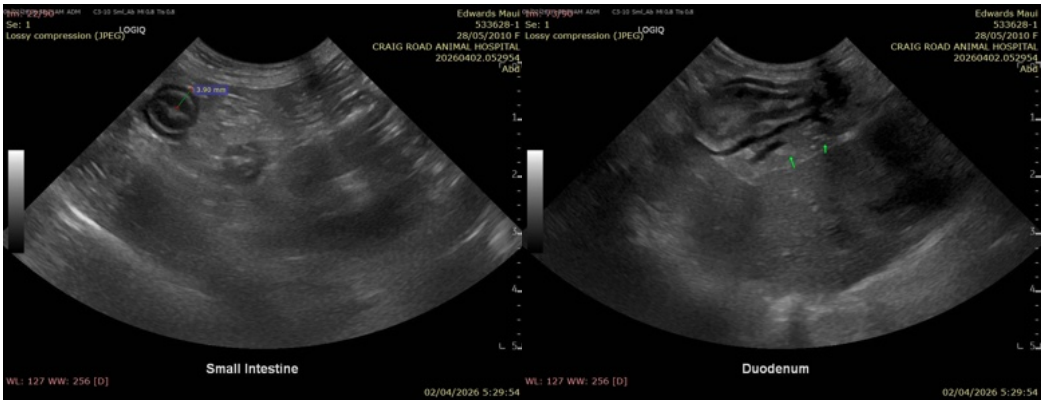

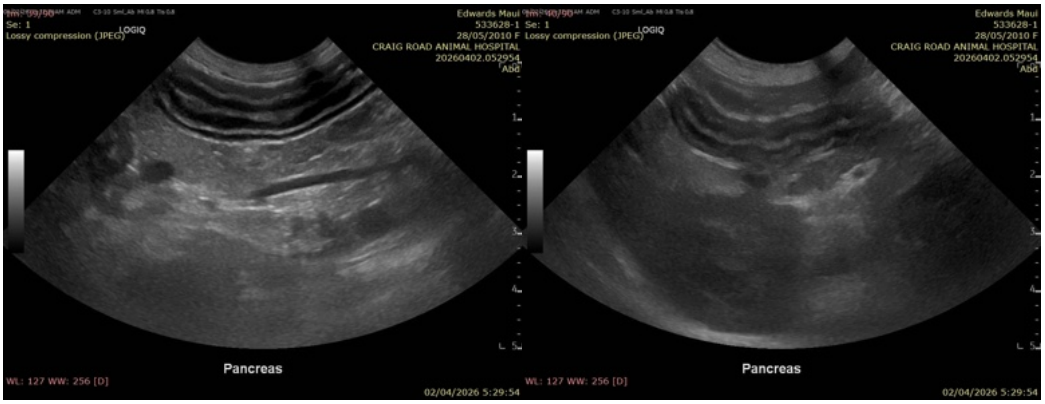

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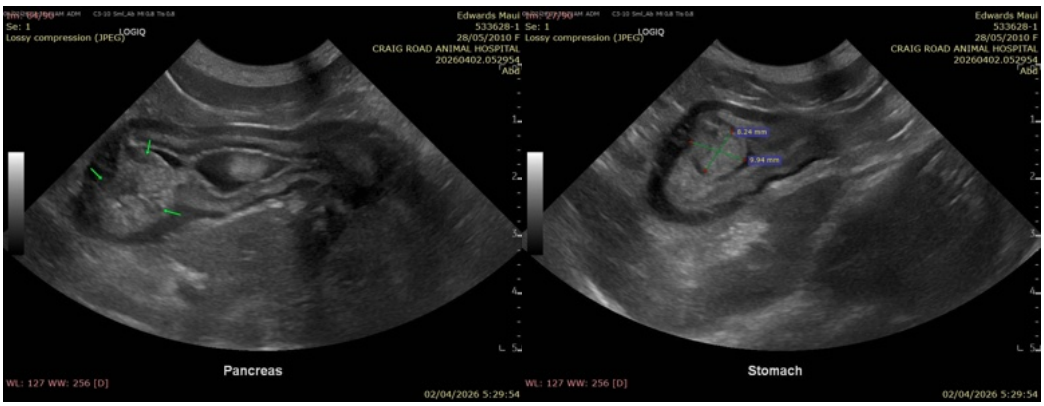

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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