



PATIENT

Remy Marzano

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

3

WEIGHT

10.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Danielle Shemanski
DVM MA

HOSPITAL NAME

Western NY Vet Svc

REFERRING VET

Jessica Demers, DVM

INVOICE

22913

DATE

4-23-26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL:

Remy is a 3-year-old, 10.9 lb, intact male Yorkshire Terrier presented for evaluation of chronic, recurrent colitis requiring repeated metronidazole therapy. Episodes occur approximately monthly and are characterized by bloody diarrhea that transitions to more formed stool with a bland (boiled chicken) diet. Occasional vomiting and mild lethargy are reported during episodes. Previous cPL testing has been within normal limits. Serial bloodwork demonstrates a progressive increase in liver enzyme activity (ALT: 41 in 07/2024, 118 in 08/2025, and 480 in 03/2026).

CLINICAL SIGNS: chronic cyclic vomit and diarrhea

- Previous medications:

- Pepcid was tried but was not helpful.

- Metronidazole is used frequently for episodes.

- Tylan (tylosin) liquid was given for one month and was reportedly helpful. He did not vomit at all while on the medication. He is no longer on it.

- Recent episode: Owner gave a small amount of whipped cream last week. Remy vomited bile the next day.

- Owner reports he is very sensitive and cannot eat anything other than his regular food.

MEDICATIONS: Tylosin 100mg/ml- 0.75ml BID for 30 days. Probiotic. Pre-ultrasound medication: 0.1 mL butorphanol IM for sedation.

Abnormal PE/Chem/CBC/UA Results: March 2, 2026 ALT/SGPT HIGH 480 U/L BUN HIGH 35 mg/dL CREAT 0.9mg/dL WBC 10.23 10³/μL (4.000-16.530) Neutrophil 6.14 10³/μL (2.880-11.720) Lymphocyte 3.08 10³/μL (0.830-4.910) Monocyte 0.47 10³/μL (0.140-1.020) Eosinophil 0.54 10³/μL (0.040-1.620) (no stress leukogram)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is poorly distended, and the wall cannot be reliably assessed due to under-distension. The luminal contents are anechoic. No uroliths are identified.

The left kidney measures 3.77×1.95 cm, with a cortical thickness of 0.34 cm.

The right kidney measures 3.09×1.83 cm, with a cortical thickness of 0.39 cm.

Both kidneys are normal in shape and size for a dog of this size (typical ~3–4.5 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Reproductive System

The prostate measures 1.95×1.99 cm, is homogeneous, and within normal limits for an intact dog of this size. The testes appear normal.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.31 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland is not confidently visualized.



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Spleen

Splenic thickness is 1.39 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

Gallbladder

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

Gastrointestinal

The stomach is empty and folded with a mild gas pattern. Wall thickness is 2.52 mm with preserved layering (within normal limits).

The pylorus measures 3.91 mm, within normal limits.

Duodenum: 2.92 mm.

Jejunum: 2.23 mm (mucosa 1.71 mm, submucosa 0.50 mm, muscularis 0.29 mm). The muscularis-to-mucosa ratio is approximately 0.17, well within normal limits (<0.3–0.4 in dogs), with preserved layering.

No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon wall thickness ranges from 0.74–0.97 mm, within normal limits, with heterogeneous fecal material producing mild distal acoustic shadowing.

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 is normal.

PRIMARY FINDINGS

- Essentially unremarkable study
- Minimal biliary sludge (incidental)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal ultrasonographic limits, including normal wall thickness, preserved layering, and no mucosal abnormalities. In dogs, and particularly in cases of large bowel-predominant disease, this does not exclude clinically significant enteropathy, as conditions such as antibiotic-responsive enteropathy, food-responsive enteropathy, and early inflammatory bowel disease may occur with normal imaging findings.

Given the clinical history—young Yorkshire Terrier, cyclic hematochezia, strong response to tylosin, and dietary sensitivity—the most likely underlying condition is antibiotic-responsive enteropathy (dysbiosis-associated colitis), potentially with a concurrent food-responsive component. This interpretation is strongly supported by the documented clinical response to tylosin and recurrence after discontinuation.



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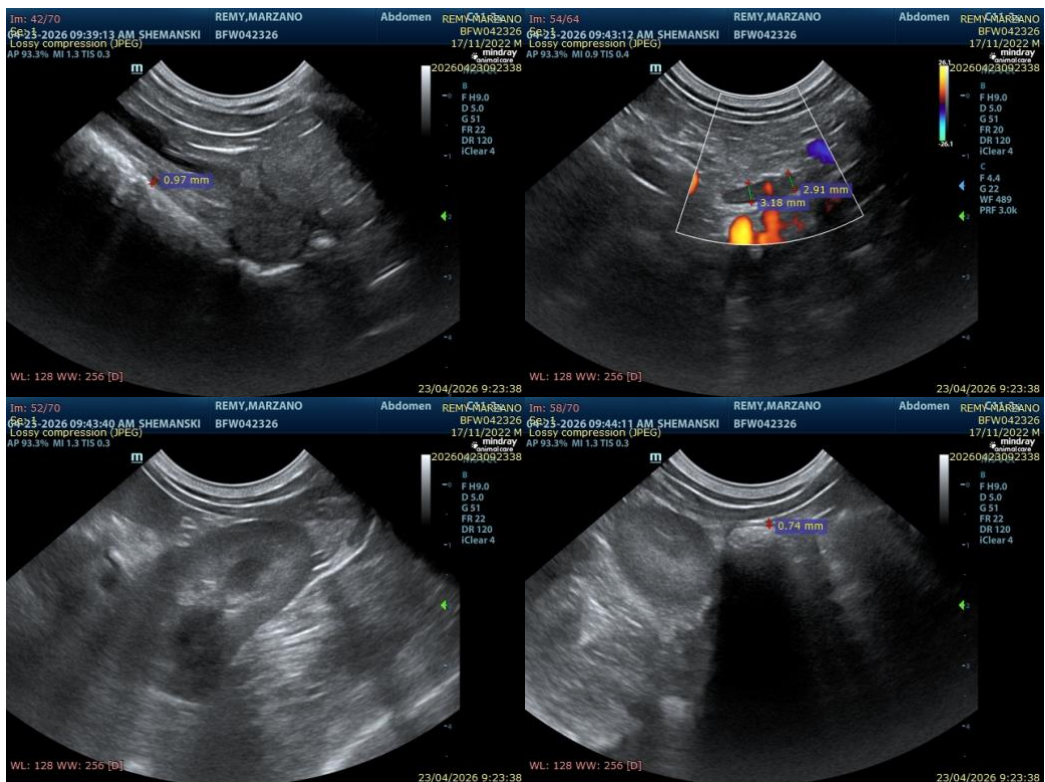
The progressive ALT elevation is not explained by the current ultrasound findings. In the absence of structural hepatic changes, this most likely represents a reactive hepatopathy or secondary hepatocellular enzyme induction, potentially related to chronic gastrointestinal disease, intermittent inflammation, or prior medication exposure (metronidazole or corticosteroids). Primary hepatobiliary disease is considered less likely based on imaging but cannot be entirely excluded.

Overall, this case is most consistent with a functional or inflammatory enteropathy rather than a structural gastrointestinal or neoplastic process, with concurrent mild to moderate hepatocellular enzyme elevation of uncertain but likely secondary origin.

Recommendations

- Continuation or reintroduction of Tylosin therapy is reasonable given the previously documented clinical response.
- A strict, controlled dietary trial (hydrolyzed or novel protein) is recommended if not already performed in a consistent manner.
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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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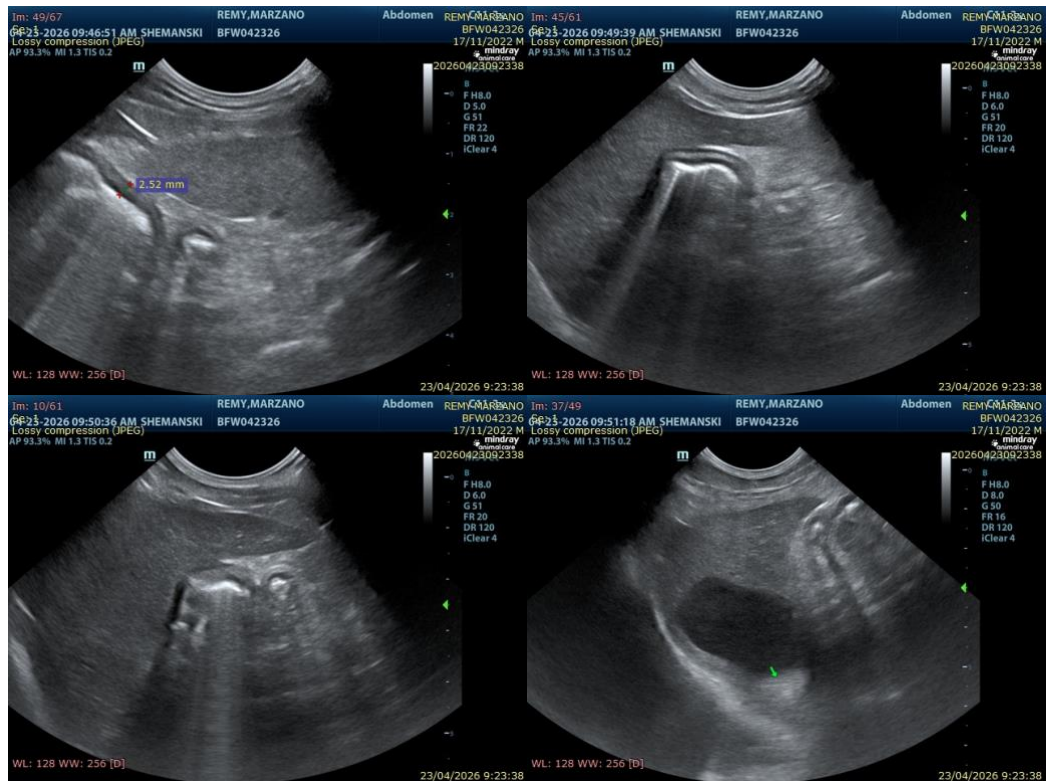
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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