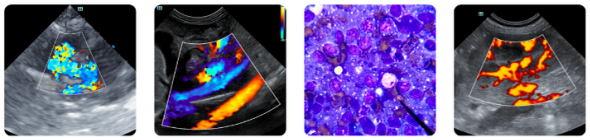


PATIENT

Darwin Perez

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

33.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

M Santiago

HOSPITAL NAME

Alison AH

REFERRING VET

Dr. Vinitsky

INVOICE

74810

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Pt is presented for AUS. Pt has a HX of pancreatitis going back to January 2026. CX vomiting began at the end of 2025. PLI today was slight elevated 238 (<200 WNL). Weight loss of 4 pounds since January 2026. Pt is still slightly overweight. T4 1.2 (1.0-4.0 wnl). Normal appetite. No diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 5.15×3.44 cm, with a cortical thickness of 0.41 cm in the sagittal plane. The right kidney measures 4.97×3.01 cm, with a cortical thickness of 0.39 cm. Both kidneys are normal in shape and size for a dog of this size. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.46 cm (cranial pole) and 0.56 cm (caudal pole), within normal limits for a dog of this size (typically ≤0.6–0.7 cm). The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 1.81 cm, within normal limits. The parenchyma is mildly heterogeneous with a slightly patchy echotexture and scattered small hypoechoic foci (<1 cm). The splenic capsule is smooth.

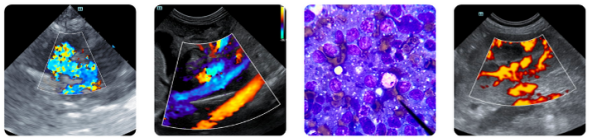
Liver

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

The gallbladder was not adequately assessed in the available images.

Gastrointestinal

The stomach is collapsed. Subjectively, the wall may appear mildly thickened (approximately 4 mm), but this may be artifactual due to contraction; layering is preserved. The pylorus and pyloroduodenal junction are not adequately visualized. Duodenum: 3.07 mm (within normal limits). Jejunum: 2.64 mm overall, with preserved wall layering. One small intestinal segment (limited visualization) measures up to approximately 4 mm in thickness, with mucosa 0.82 mm, submucosa 0.86 mm, and muscularis 1.86 mm.



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This results in a muscularis-to-mucosa ratio >2. No ultrasonographic evidence of ileus, obstruction, or foreign material is identified. Colon wall thickness is 0.93 mm, within normal limits, with formed feces present.

Pancreas

The pancreas is not confidently visualized. The surrounding regions do not demonstrate overt evidence of peripancreatic inflammation.

Free Abdomen

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

PRIMARY FINDINGS

- Focally thickened small intestinal segment with marked muscularis hypertrophy (limited assessment)
- Mildly heterogeneous splenic parenchyma with small hypoechoic foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, this study identifies findings that may be clinically relevant, including a focal small intestinal segment with marked muscularis thickening and a subjectively abnormal gastric appearance, although assessment is limited. These changes may be compatible with chronic inflammatory gastrointestinal disease.

Additionally, given the incomplete evaluation of the pancreas, clinically relevant pancreatic disease cannot be excluded.

The splenic findings (mild heterogeneity with small hypoechoic foci) in an older dog, are most consistent with benign processes such as nodular hyperplasia or extramedullary hematopoiesis, with no features strongly suggestive of aggressive neoplasia.

Recommendations

- A complete gastrointestinal panel is recommended, including cobalamin, folate, TLI, and repeat/spec cPLI.
- A strict therapeutic diet trial should be considered if not already performed consistently, ideally using a hydrolyzed or novel protein diet, without treats or additional foods.
- Repeat abdominal ultrasound is recommended in approximately 4-8 weeks, ideally with targeted evaluation of the pyloroduodenal region, pancreas, liver and gallbladder, and the abnormal small intestinal segment.
- If clinical signs persist, weight loss continues, or the focal intestinal abnormality is confirmed or progresses, gastrointestinal endoscopy and/or full-thickness intestinal biopsies should be

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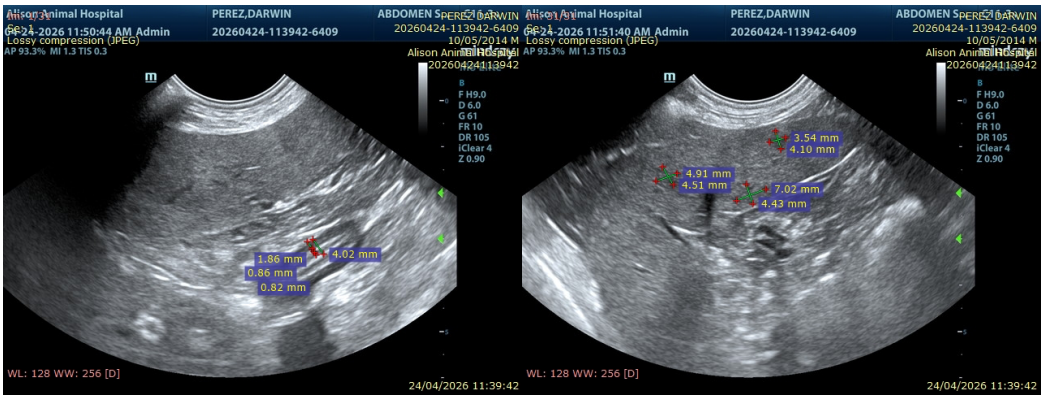
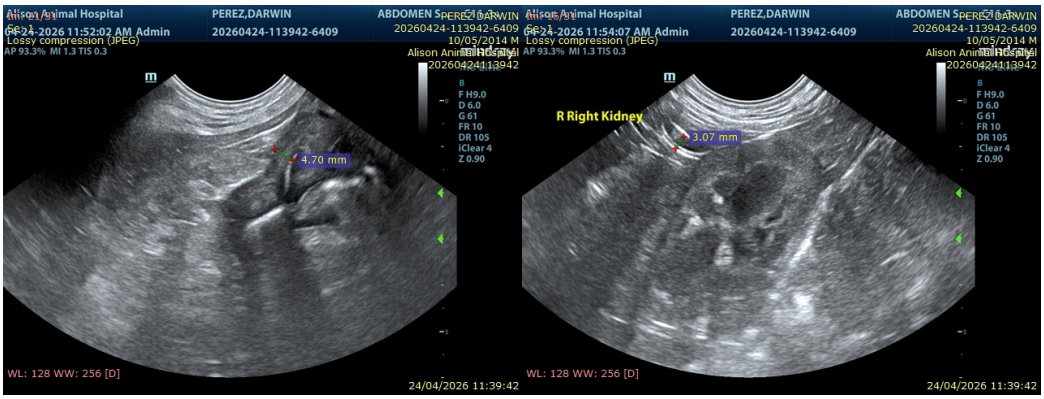
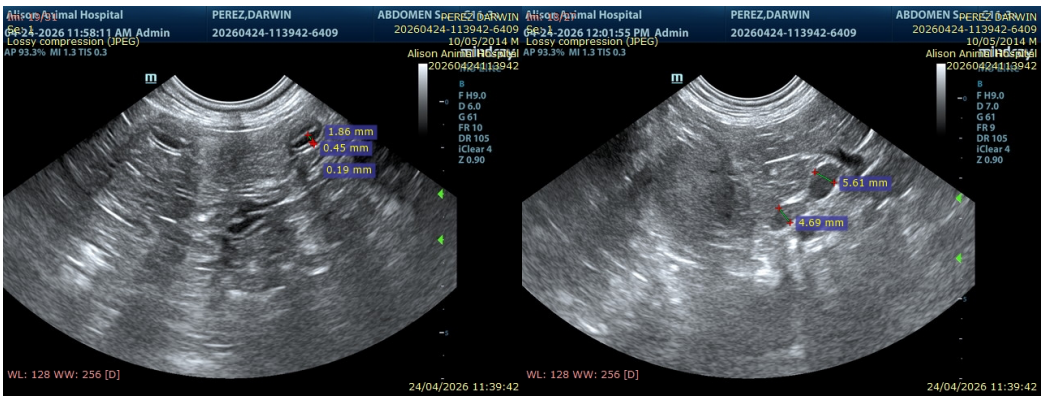
considered to characterize chronic inflammatory enteropathy and exclude less common infiltrative disease.

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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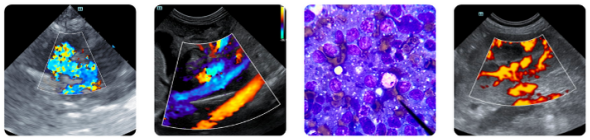

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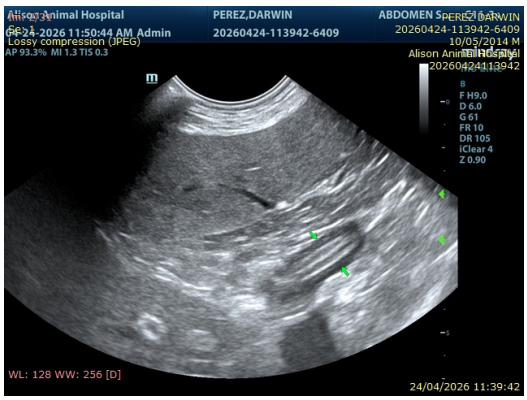

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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