

## PATIENT

Dixie Pandolfino

## SPECIES

Canine

## BREED

English Bulldog

## SEX

Spayed female

## AGE

7 years

## WEIGHT

46.6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Beatty

## INVOICE

74854

## DATE

4/27/26

## PRESENTING CLINICAL SIGNS

History: P presented for annual exam on 2/23/26. Screening bw submitted to Idexx primarily because p is on carprofen. Albumin levels low, globulin low normal. O elected to repeat bw in one month. New bw showed a normal globulin level and a further decreased albumin level. Ultrasound to scan for evidence of PLE/Lymphangectasia. Recent UA showed no protein in urine, so PLN is considered less likely. Next BW recheck is 5/11/26.

Abnormal PE/Chem/CBC/UA Results: 2/24/26 CBC- MCV 77fL, MCH 27.1 pg, Retic-Hgb 28.5pg  
Chem- TP 4.7g/dL, ALB 2.5 g/dL, Glob 2.2 g/dL 4/14/26 CBC- MCV 77 fL, MCH 27.4 pg, PLT 437 k/uL  
Chem- Glu 115mg/dL, TP 5.1g/dL, ALB 2.3 g/dL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.5×2.66 cm, with a cortical thickness of 0.66 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.93×2.56 cm, with a cortical thickness of 0.51 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, 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 0.53 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measures 0.51 cm at the cranial pole and 0.50 cm at the caudal pole.

### Spleen

Splenic thickness is 1.76 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.



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

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### *Gastrointestinal*

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The stomach is completely collapsed and folded, which limits accurate measurement; mural thickness is estimated at 4.34 mm, with preserved wall layering. The pylorus measures 7.6 mm and is also markedly folded. Duodenum: 4.66 mm. Jejunum: 4.47–4.79 mm. Mucosal thickness: 3.13–3.6 mm. In some segments, the mucosa appears subjectively increased in echogenicity. Submucosa: 0.65 mm. Muscularis propria: 0.31 mm. Wall layering is preserved. Colon: 1.10–1.82 mm, containing a small amount of fecal material.

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### *Pancreas*

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

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### *Free Abdomen*

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes measure 7.18 mm in thickness, with normal shape and echogenicity. The region of the iliac trifurcation appears normal.

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### PRIMARY FINDINGS

- Mild diffuse small intestinal thickening (jejunum up to 4.79 mm; duodenum 4.66 mm).
- Subjectively increased mucosal echogenicity in segments of the jejunum.

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### SECONDARY FINDINGS

- Mild biliary sludge.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal wall thickness is at the upper limit of normal to mildly increased for a dog of this size (generally  $\leq 4.5$ – $5.0$  mm), with preserved wall layering.

## INVOICE

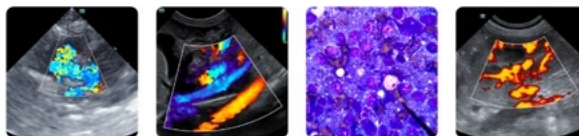
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The segmental increase in mucosal echogenicity is a nonspecific feature but can be associated with mucosal lipid or lacteal dilation (lymphangiectasia), or chronic inflammatory change. Closely spaced hyperechoic striations (representing dilated lacteals) may, under suboptimal resolution or depth, appear as a diffusely hyperechoic mucosa rather than discrete striations.

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Importantly, there are no definitive ultrasonographic signs of mesenteric edema, or effusion. Likewise, there is no lymphadenomegaly or loss of wall layering to suggest infiltrative neoplasia. However, the



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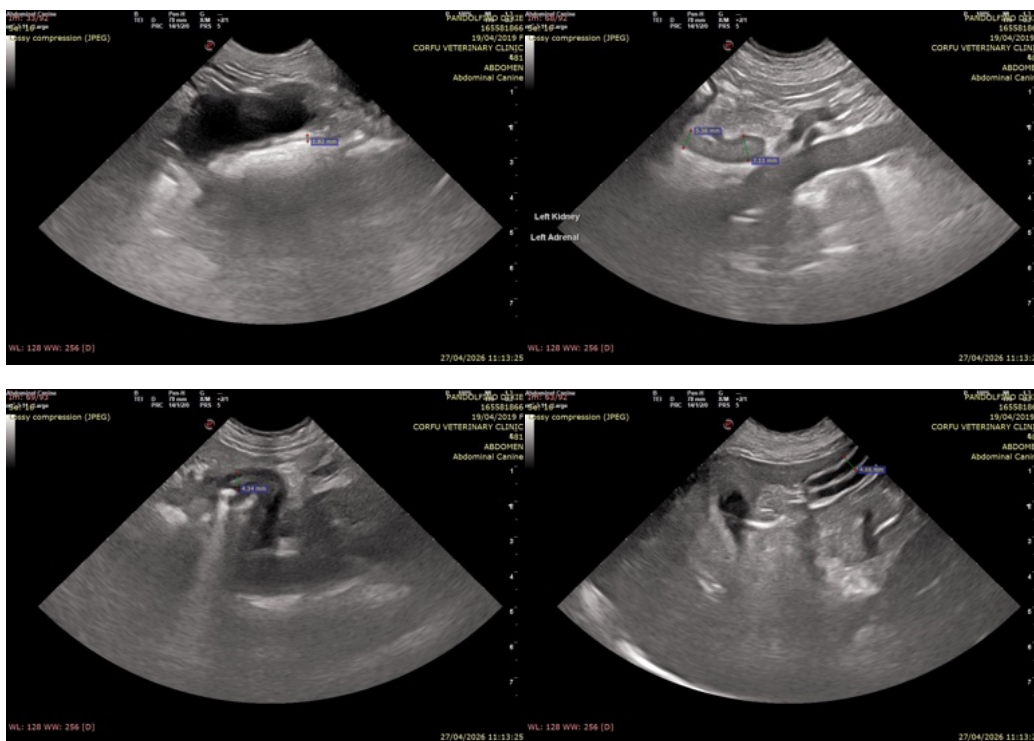
4/27/26

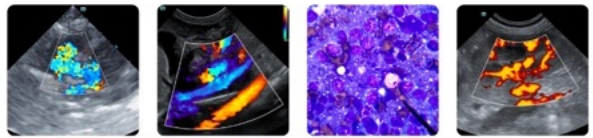
combination of persistent hypoalbuminemia, absence of proteinuria, and subtle mucosal changes remains compatible with early or mild protein-losing enteropathy, including chronic inflammatory enteropathy or lymphangiectasia.

## Recommendations

- Canine GI panel (including TLI, PLI).
- A dietary trial (ultra-low fat diet) is a reasonable, non-invasive first step.
- Consider discontinuation or reassessment of carprofen, as NSAID-associated enteropathy could contribute.
- Ultrasound follow-up may help determine progression or evolution of intestinal changes.
- If clinical suspicion remains high, intestinal biopsies are required for a definitive diagnosis.

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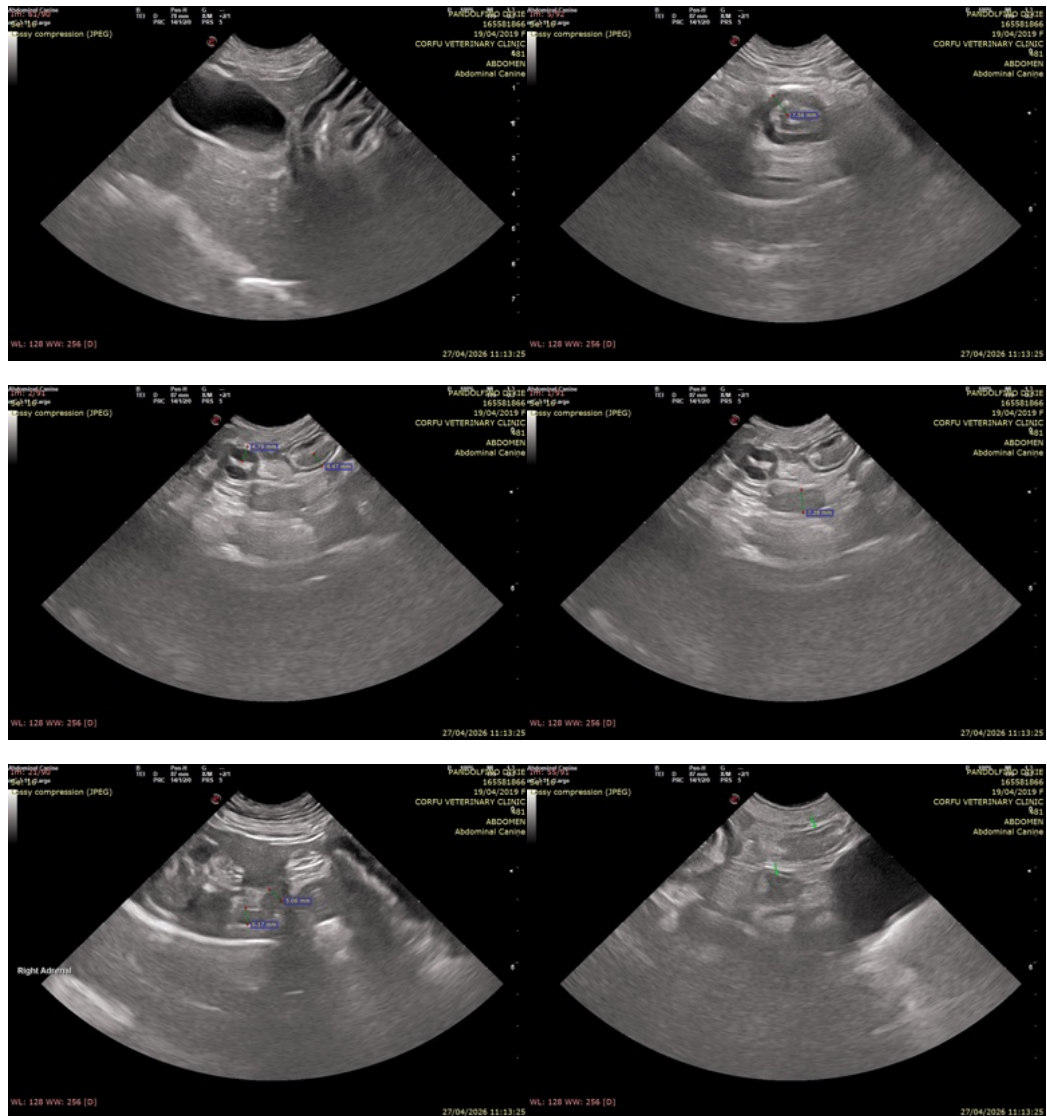
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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