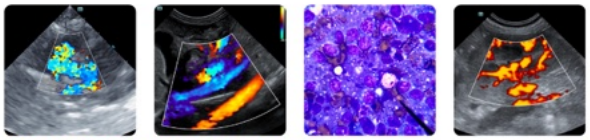


PATIENT

Moxie Dennison

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

49 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

74851

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Was at the emergency facility over weekend , Radiographs suggested possible FB, was placed on IV fluids x 24 hours and the FB concerned appeared to have resolved on radiographs. Still anorexic now after returning home.
Abnormal PE/Chem/CBC/UA Results: Temp 104.5, HR 124 min, Mild sensitivity GI cranial palpation, Rectal normal Glob 5.0 g/dL ALT : 141 U/L , ALKP: 378 U/L, Amylase Lipase very slightly increased Was normal dec 25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin, smooth wall. The urine is predominantly anechoic with scant suspended echoes. 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 6.50×3.97 cm, with a cortical thickness of 0.65 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.81×3.91 cm, with a cortical thickness of 0.67 cm in the sagittal plane. In both kidneys, 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 0.83 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland measures 0.75 cm at the caudal pole.

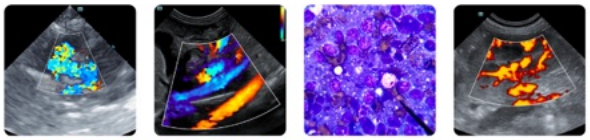
Spleen

Splenic thickness is 2.41–2.50 cm, with mildly rounded margins. The parenchyma is isoechoic relative to the liver and demonstrates a mildly coarse echotexture. 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.

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

The stomach contains a small amount of ingesta; no ultrasonographic evidence of a foreign body is identified. Mural thickness is 2.34 mm with preserved wall layering. The pylorus measures 5.73 mm. Duodenum: 4.93 mm. Jejunum: 3.68–4.46 mm, with normal wall layering. The ileocecal junction was not visualized. No ultrasonographic evidence of obstruction, ileus, focal inflammation, or foreign material is identified. Colon: 1.44 mm, containing formed feces in the descending segment.

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 abdominal lymphadenomegaly is identified. The left medial iliac lymph node measures 7.6 mm in thickness, with normal shape and echogenicity.

PRIMARY FINDINGS

- Mild splenomegaly with rounded margins and mildly coarse echotexture.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic evidence of a persistent gastrointestinal foreign body, mechanical obstruction, or focal intestinal lesion. Intestinal wall thicknesses are within normal limits (duodenum up to 4.93 mm; jejunum up to 4.46 mm, consistent with accepted reference ranges ≤4–5 mm in dogs), and wall layering is preserved, arguing against infiltrative or severe inflammatory enteropathy. Additionally, there is no evidence of ileus, plication, or segmental distension to suggest a residual obstructive process.

The pancreatic regions appears unremarkable; however, as expected, ultrasound has limited sensitivity for early or mild pancreatitis, and the absence of peripancreatic fat changes does not exclude the condition. Given the clinical findings (fever, cranial abdominal discomfort, mild enzyme elevation), pancreatitis remains a differential despite the normal sonographic appearance.

The spleen is mildly enlarged (up to 2.50 cm) with rounded margins and a mildly coarse echotexture. In the context of fever and hyperglobulinemia, this most likely reflects reactive splenic change secondary to systemic inflammation or antigenic stimulation, rather than primary splenic disease.

No free abdominal fluid, no mesenteric inflammatory changes, and no lymphadenomegaly are identified, which makes septic peritonitis or overt focal abdominal infection unlikely at the time of examination.

The adrenal glands are within normal limits in shape and echogenicity. Measurements are at the upper limits of normal to mildly increased for a dog of this size (left up to 0.83 cm; right 0.75 cm; expected ≤0.75–0.80 cm), representing a mild, nonspecific finding. In the absence of clinical or biochemical

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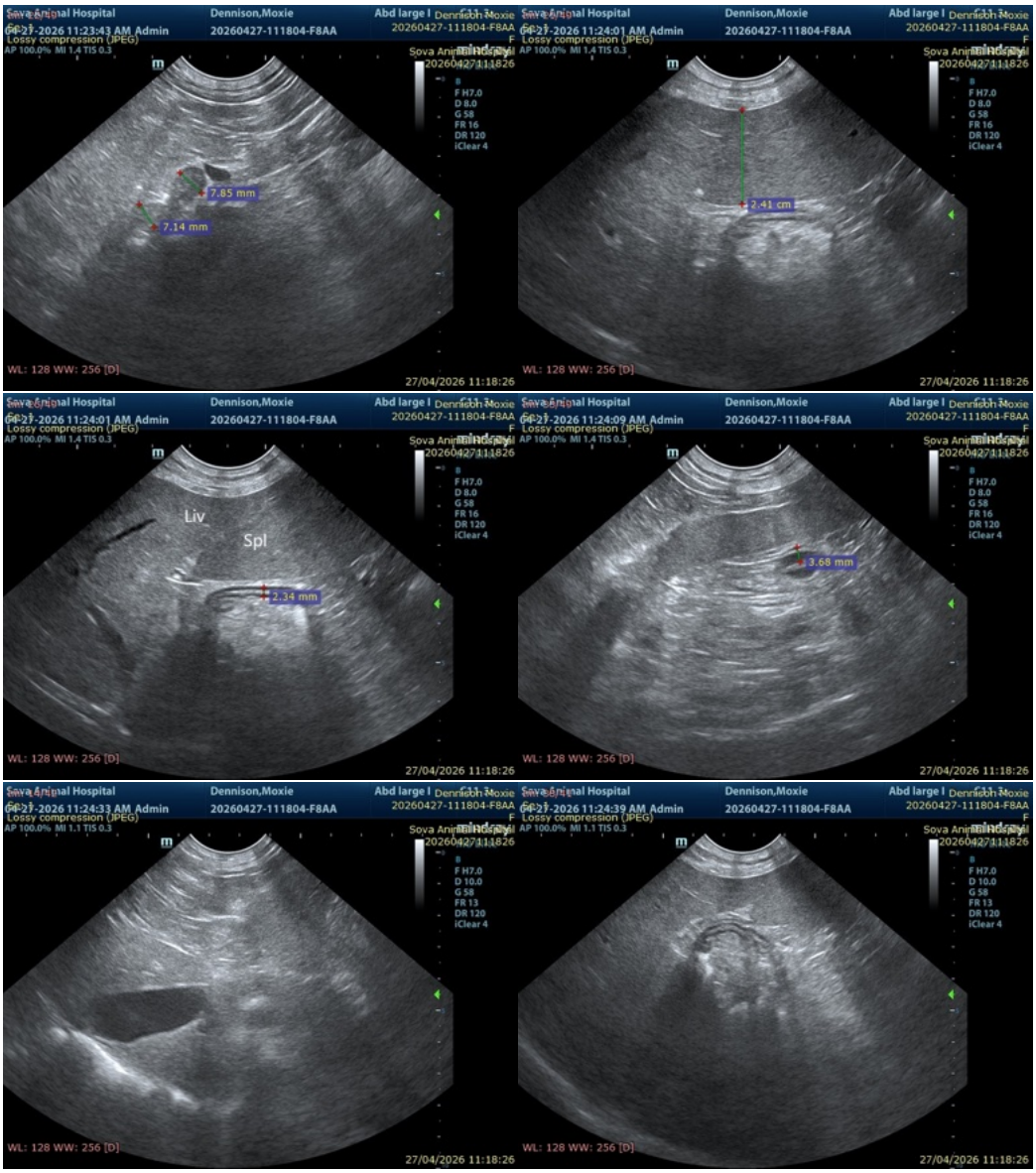
evidence of adrenal disease, this is considered of doubtful clinical significance.

Recommendations

- Consider canine pancreatic lipase (cPLI) to further assess pancreatitis.
- Repeat CBC/chemistry to monitor inflammatory trends.
- If fever persists without localization, consider infectious disease workup or additional imaging (thoracic reassessment).

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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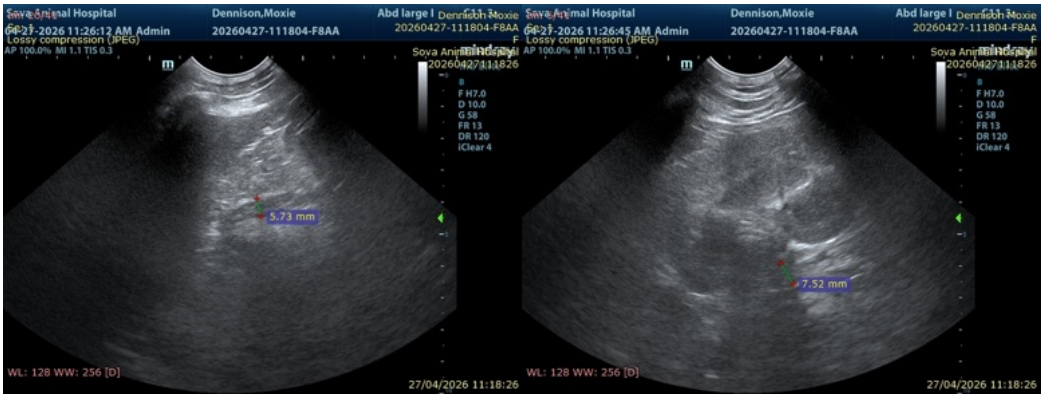

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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