



PATIENT

Ace Kimmel

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

3 ½ years

WEIGHT

63.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

74968

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomit, constipation reported with bland diet
Normal labwork urine still pending.
4/25/26 - normal cbc/chem/lytes/A4, negative fecal urine pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The wall measures 3.07 mm and appears slightly irregular in the cranial region; however, this may be artifactual due to underdistension, and wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified.

The left kidney measures 5.05×3.03 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The right kidney measures 5.40×3.02 cm (cortical thickness not recorded). Both kidneys are normal in shape and size for a dog of this body weight (expected length approximately 5.0–7.0 cm). The cortex is isoechoic relative to the liver parenchyma. Corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is 1.29 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.

The gallbladder is distended, with a thin wall. There is a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering (thickness not recorded). The pylorus is not visualized. The duodenum measures 3.58 mm, within normal limits. The jejunum measures 4.06 mm, which is at the upper end of normal to mildly increased (reference ~2–4 mm), with preserved wall layering. Layer measurements: mucosa 2.95 mm, submucosa 0.47 mm, muscularis propria 0.35 mm. The



PATIENT

Ace Kimmel

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

3 ½ years

WEIGHT

63.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

74968

DATE

4/29/26

muscularis-to-mucosa ratio is approximately 0.12, which is within normal limits. No ultrasonographic evidence of mucosal disruption, lymphangiectasia, ileus, or foreign material is identified. The colon measures 1.18 mm (transverse) and 1.02 mm (descending), within normal limits, with a small amount of very soft fecal material.

Pancreas

The right pancreatic limb is not visualized. The evaluated left pancreatic regions show no evidence of inflammation or mass lesions.

Free Abdomen

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

PRIMARY FINDINGS

- Mildly increased jejunal wall thickness at the upper limit of normal, with preserved layering and normal muscularis-to-mucosa ratio
- Moderate biliary sludge

SECONDARY FINDINGS

- Mild apparent bladder wall thickening (likely artifactual due to underdistension)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound with only mild and nonspecific findings. The jejunum is at the upper limit of normal thickness, but wall layering is preserved and the mucosa remains within normal limits. This pattern does not support infiltrative disease or significant structural enteropathy. In the absence of additional findings such as lymphadenopathy, loss of layering, or focal lesions, these changes are best interpreted as mild and nonspecific and may fall within normal variation or reflect a low-grade functional or inflammatory process.

Moderate biliary sludge is present and is considered a common incidental finding, particularly in the absence of clinical or biochemical evidence of hepatobiliary disease.

Overall, there is no convincing ultrasonographic evidence of a structural cause for the patient's chronic intermittent vomiting. The findings are most consistent with functional or mild inflammatory gastrointestinal disorder, such as food-responsive enteropathy. Other differentials include chronic low-grade enteropathy, early pancreatitis (not excluded on ultrasound), and less commonly hypoadrenocorticism.

Recommendations

- A dietary trial (highly digestible or hydrolyzed diet) is recommended if not already performed,



PATIENT

Ace Kimmel

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

3 ½ years

WEIGHT

63.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Reist

INVOICE

74968

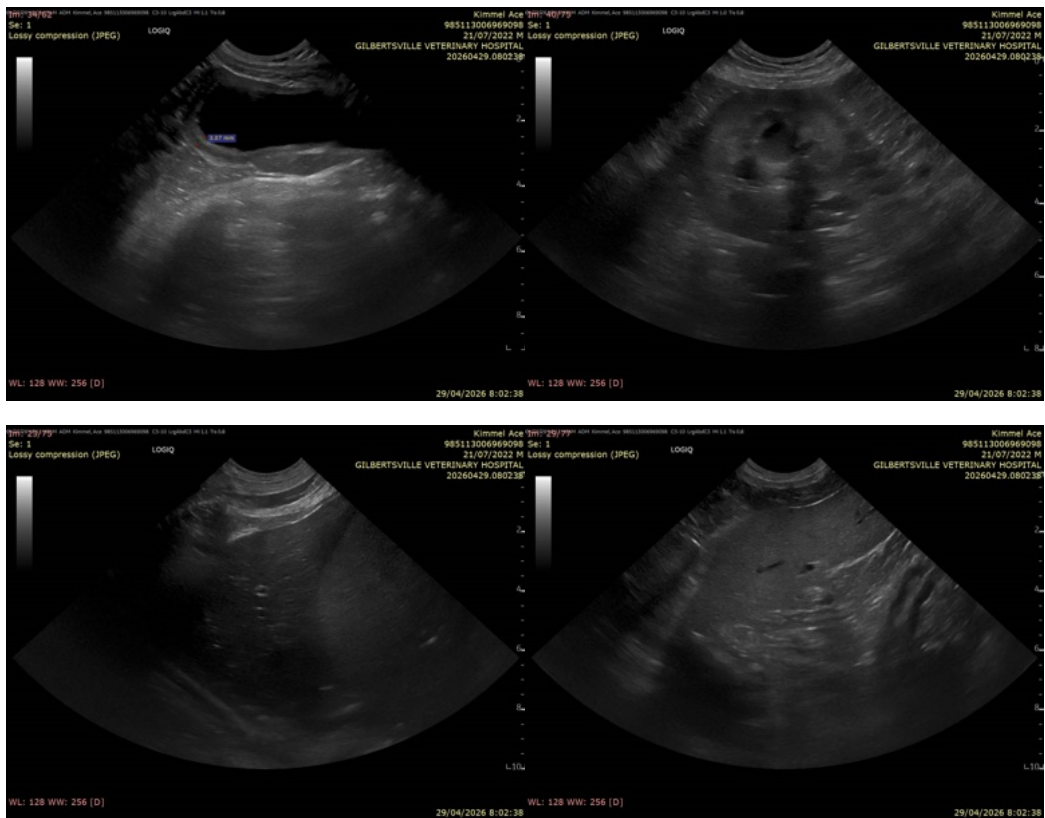
DATE

4/29/26

as food-responsive enteropathy is a leading consideration.

- Complete GI panel.
- Monitoring clinical response is essential; if signs persist or worsen, further diagnostics (endoscopy or biopsy) may be considered.
- While not classically predisposed by breed, screening for hypoadrenocorticism may be considered in selected cases, particularly in patients with chronic, intermittent gastrointestinal signs and otherwise unremarkable imaging and routine laboratory findings.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





PATIENT

Ace Kimmel

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

3 ½ years

WEIGHT

63.9 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

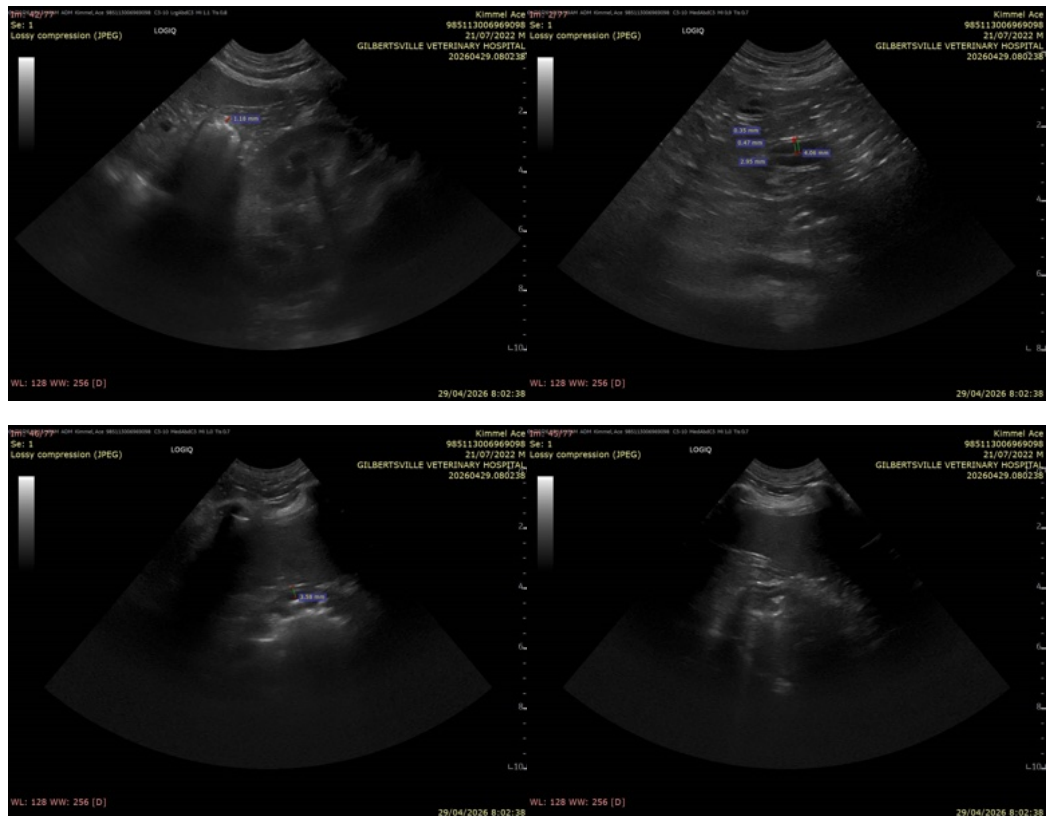
Dr. Reist

INVOICE

74968

DATE

4/29/26



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