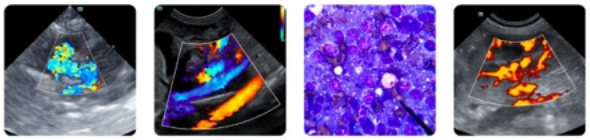


PATIENT

Lucy Paris

SPECIES

Canine

BREED

English Setter

SEX

Spayed female

AGE

4 years

WEIGHT

40 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Bucha VMD

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. Bucha

INVOICE

74379

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Lucy vomits lately and seems to be very nauseous lately. Lucy also has diarrhea for past few days. Lucy seems to be lethargic and have very low energy compared to her normal activity.
Abnormal PE/Chem/CBC/UA Results: Urinalysis and recent notes included

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 5.11×3.01 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic 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 5.50×3.04 cm, with a cortical thickness of 0.44 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic 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 0.52 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.51 cm at the caudal pole.

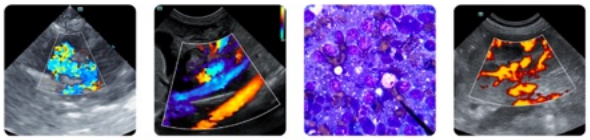
Spleen

Splenic thickness is 2.21 cm. The parenchyma demonstrates mild 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 very 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 is empty and folded, with a wall thickness of 2.87 mm and preserved layering. The pylorus is not clearly visualized. The duodenum measures 3.50 mm and contains a small amount of fluid. The jejunum measures 1.60–1.90 mm, and the ileum 1.28 mm. Wall layering is preserved throughout. No evidence of obstruction, ileus, or foreign material is identified. The colon measures 1.04 mm, with formed feces present 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 lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Duodenum at upper limit of normal thickness (3.50 mm) with mild luminal fluid.

SECONDARY FINDINGS

- Mildly coarse splenic echotexture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The duodenal thickness of 3.50 mm is at the upper end of normal for a dog of this size, with preserved wall layering and no mucosal abnormalities. In the absence of segmental changes, this does not support infiltrative disease and is more consistent with mild, likely acute or reactive enteropathy. The presence of a small amount of luminal fluid further supports a functional or inflammatory process.

The pancreatic areas recorded appear normal; however, it is important to recognize that pancreatitis can be present despite normal ultrasonographic findings, particularly in early or mild cases.

Mild splenic coarsening is a mild, nonspecific splenic echotextural change, likely reactive.

Overall, the study does not identify a structural cause for the clinical signs. The findings are most compatible with:

- Acute gastroenteritis (dietary, inflammatory, or infectious).
- Early or mild pancreatitis.
- Functional gastrointestinal disease.

Hypoadrenocorticism is considered less likely based on current imaging findings and lack of supportive clinical indicators but cannot be excluded and may be reasonably screened if clinical signs persist.

Recommendations

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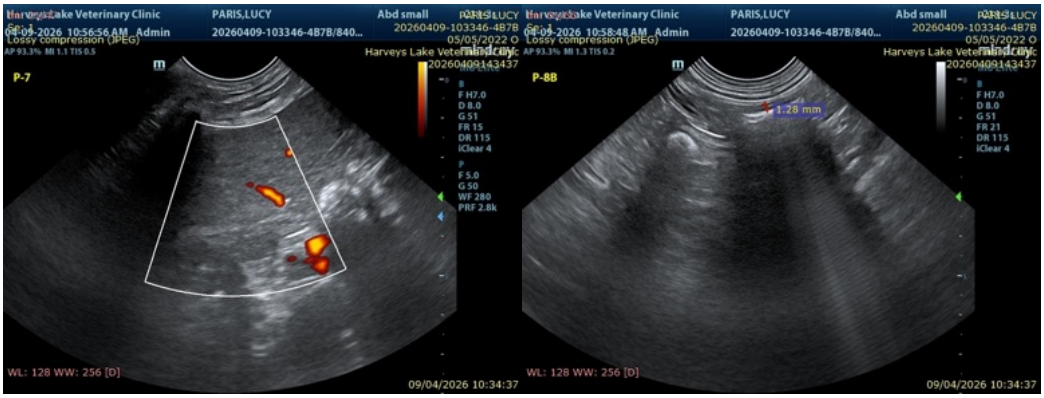
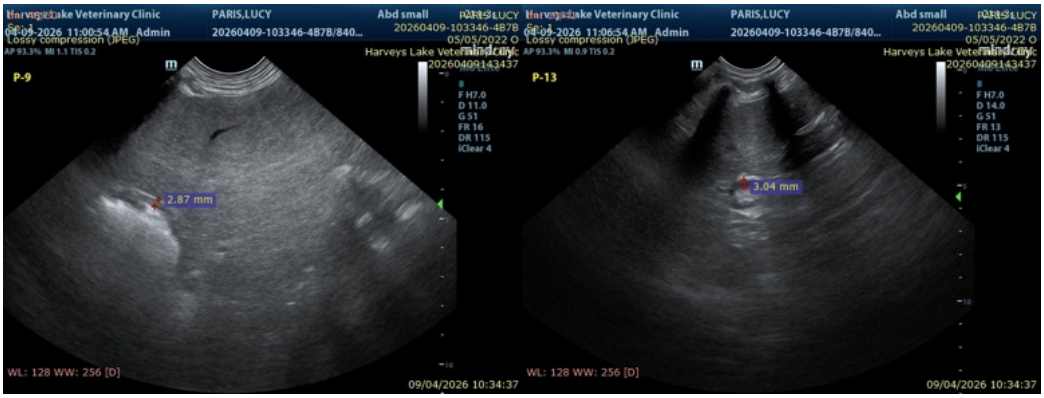
- Symptomatic and supportive therapy.
- Consider canine pancreatic lipase (Spec cPL), as ultrasound may be normal in early disease.
- If clinical signs persist or worsen, measurement of basal cortisol may be warranted, as hypoadrenocorticism can present with vomiting, diarrhea, and lethargy in young female dogs despite nonspecific imaging 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.





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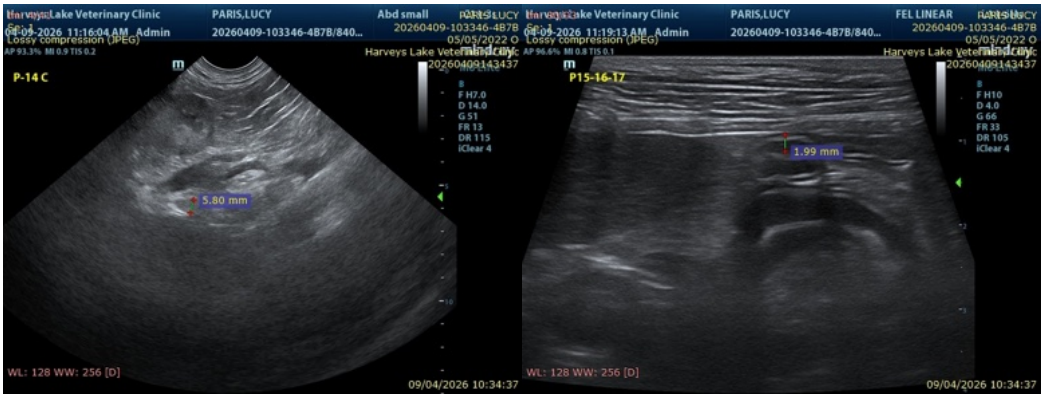

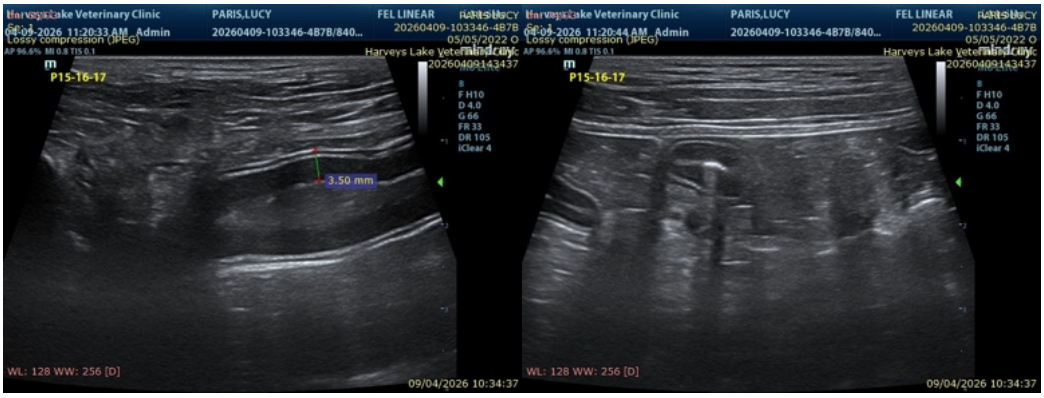

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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