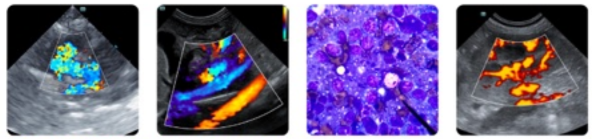




**PATIENT**
Banks Geoghegan

**SPECIES**
Canine

**BREED**
Bernadoodle

**SEX**
Intact male

**AGE**
5 months

**WEIGHT**
27.4 lbs

**INTERPRETED BY**
Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**
Saum Hadi

**HOSPITAL NAME**
Nimbus PH

**REFERRING VET**
Dr. Hadi

**INVOICE**
75331

**DATE**
5/11/26

## PRESENTING CLINICAL SIGNS

History: P presents for persistent diarrhea. Minimal improvement on novel protein diet. Multiple negative fecal results. Total health + UA through IDEXX, Texas GI panel pending.
Abnormal PE/Chem/CBC/UA Results: Total health + UA through IDEXX, Texas GI panel pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is mildly underdistended, and the urinary bladder wall measures 2.10 mm in thickness and appears smooth. Due to underdistension, wall thickness may be mildly overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 5.03×2.77 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The right kidney is incompletely measured on the provided images/videos; however, the visualized portions appear normal in architecture. Both kidneys demonstrate cortical echogenicity similar to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. 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 0.40 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.46 cm at the caudal pole.

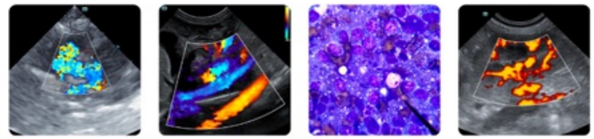
### *Spleen*

Splenic thickness is 1.39 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 lumen is moderately distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.





**PATIENT**

Banks Geoghegan

**SPECIES**

Canine

**BREED**

Bernadoodle

**SEX**

Intact male

**AGE**

5 months

**WEIGHT**

27.4 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Nimbus PH

**REFERRING VET**

Dr. Hadi

**INVOICE**

75331

**DATE**

5/11/26

### *Gastrointestinal Tract*

The stomach is empty and folded, with mural thickness measuring 2.86 mm and preserved wall layering. The pylorus measures 6.30 mm. The duodenum measures 4.52 mm. The jejunum measures approximately 4.30 mm in thickness, with preserved wall layering. The mucosa measures 3.27 mm, the submucosa 0.68 mm, and the muscularis propria 0.37 mm. The muscularis-to-mucosa ratio is approximately 0.11, which is within normal limits. The ileum measures 1.86 mm in thickness with preserved wall layering. The ileocecal junction is not visualized. No ultrasonographic evidence of mucosal infiltrates, lacteal dilation/lymphangiectasia, obstructive foreign material, or mechanical ileus is identified. Moderate luminal gas is present throughout portions of the gastrointestinal tract. The ascending colon measures 1.12 mm in thickness with scant luminal contents. The transverse colon measures 1.12 mm in thickness with scant luminal contents and gas. The descending colon measures 1.23 mm in thickness with scant fecal material causing mild distal acoustic shadowing. Colonic wall layering is preserved throughout all evaluated segments.

### *Pancreas*

The pancreas measures 9.87 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active peripancreatic inflammation is identified.

### *Free Abdomen*

No abdominal effusion or evidence of peritonitis is identified. The cranial mesenteric lymph nodes measure up to 6.22 mm in thickness and maintain normal shape and echogenicity, with a mild peripheral hypoechoic halo. The iliac trifurcation region is unremarkable.

### PRIMARY FINDINGS

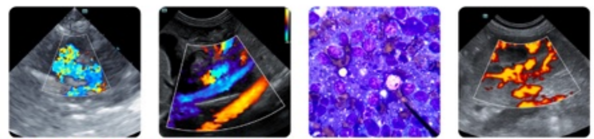
- Mild gas pattern.
- Mild prominence of cranial mesenteric lymph nodes with subtle peripheral hypoechoic halo.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination does not identify a severe or overt structural gastrointestinal abnormality to explain the patient's chronic diarrhea. Intestinal wall layering is preserved throughout the evaluated gastrointestinal tract, without evidence of infiltrative enteropathy, foreign material, focal mass lesion, or ultrasonographic protein-losing enteropathy. No ultrasonographic evidence of lacteal dilation/lymphangiectasia is identified.

The jejunal wall measurements are at the upper limits of normal for a puppy of this age and size; however, mural stratification remains normal. Mild diffuse gaseous intestinal distension likely reflects nonspecific gastrointestinal irritation, dysbiosis, altered motility, or dietary enteropathy.

The cranial mesenteric lymph nodes are mildly prominent but maintain normal shape and overall echogenicity. A subtle peripheral hypoechoic halo is present, which is a relatively common





**PATIENT**
Banks Geoghegan

**SPECIES**
Canine

**BREED**
Bernadoodle

**SEX**
Intact male

**AGE**
5 months

**WEIGHT**
27.4 lbs

**INTERPRETED BY**
Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**
Saum Hadi

**HOSPITAL NAME**
Nimbus PH

**REFERRING VET**
Dr. Hadi

**INVOICE**
75331

**DATE**
5/11/26

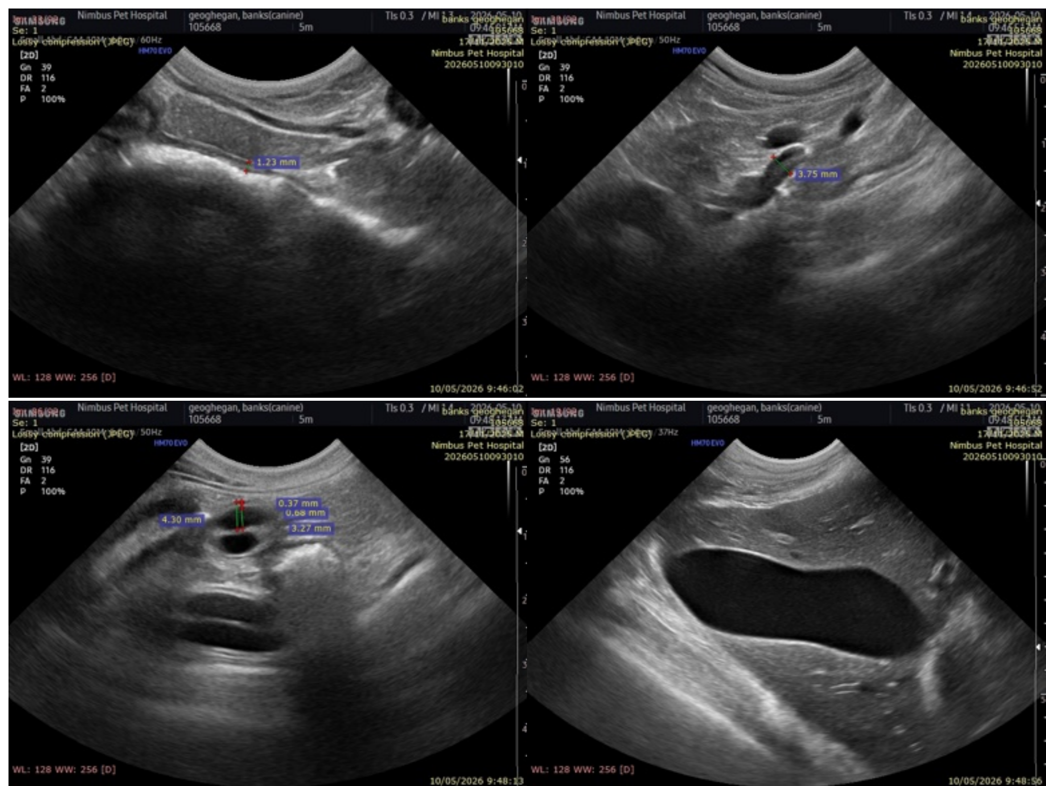
reactive/physiologic finding in puppies and young dogs and may reflect mild intestinal antigenic stimulation, reactive lymphoid hyperplasia, or age-related immune activity associated with the developing gastrointestinal immune system. No ultrasonographic features strongly suggestive of clinically significant lymphadenopathy are identified.

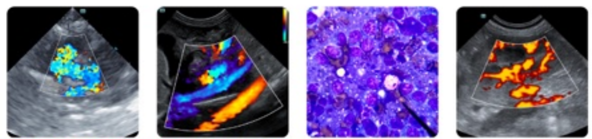
Overall, in a puppy of this age, the ultrasonographic appearance would be most compatible with mild functional or inflammatory enteropathy, dietary-responsive disease, dysbiosis, or other nonstructural gastrointestinal disease.

Recommendations

- Correlation with the pending Texas GI panel is recommended.
- Continued investigation for dietary-responsive enteropathy, dysbiosis, occult parasitism/protozoal disease, or juvenile inflammatory enteropathy may be appropriate depending on clinical progression.
- Despite previous negative fecal testing, repeat fecal PCR/parasitology and empirical antiparasitic therapy may still be clinically reasonable in a young dog with chronic diarrhea.

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**
Banks Geoghegan

**SPECIES**
Canine

**BREED**
Bernadoodle

**SEX**
Intact male

**AGE**
5 months

**WEIGHT**
27.4 lbs

**INTERPRETED BY**
Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**
Saum Hadi

**HOSPITAL NAME**
Nimbus PH

**REFERRING VET**
Dr. Hadi

**INVOICE**
75331

**DATE**
5/11/26

**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