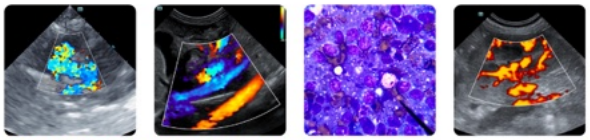


PATIENT

Teddy Russo

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

5 years

WEIGHT

20 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Stewart

INVOICE

77642

DATE

5/18/26

PRESENTING CLINICAL SIGNS

History: Chronic vomiting vs regurgitation starting in March. First improved with tx for GERD following hospitalization. Started regurgitating again when owner ran out of medications. On and off since then. Has been on LF diet since March. 6lb weight loss since Dec '25 (unintentional). Intermittent diarrhea also noted (not current).
Abnormal PE/Chem/CBC/UA Results: - Cortisol taken at ER during 1 of the episodes. 1.45. ACTH Stim performed at GP and came back not indicative of hypoadrenocorticism. CBC/Chem previously normal. Chemistry repeated today- wnl. - Maldigestion panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic mural disease.

The left kidney is normal in shape and size, measuring 4.00×2.26 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 3.92×2.66 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

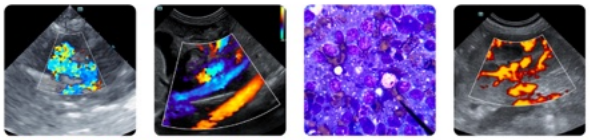
Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.32 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.35 cm at the caudal pole. Both adrenal glands are within normal size limits for a dog of this size.

Spleen

Splenic thickness is 0.98 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 margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



PATIENT

Teddy Russo

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

5 years

WEIGHT

20 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Stewart

INVOICE

77642

DATE

5/18/26

The gallbladder lumen is normally distended. The wall is thin. A very small amount of non-shadowing biliary sludge is present within the lumen. No ultrasonographic evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal

The stomach is empty and folded, containing a moderate amount of intraluminal gas. Gastric wall layering is preserved, with mural thickness measuring approximately 2.12 mm. The pylorus measures 4.16 mm. The duodenum measures 3.18 mm. The jejunum measures 2.52 mm with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, obstructive disease, ileus, or foreign material is identified. The colon measures approximately 0.89-0.94 mm and contains formed fecal material throughout the evaluated segments.

Pancreas

The evaluated pancreatic regions 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 is normal.

PRIMARY FINDINGS

- The abdominal ultrasound examination is largely unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of recurrent vomiting versus regurgitation that reportedly previously improved with anti-reflux therapy, together with the absence of significant abdominal ultrasonographic abnormalities, an upper gastrointestinal functional disorder remains a strong clinical consideration. In particular, chronic gastroesophageal reflux disease, intermittent hiatal hernia/sliding hiatal instability, brachycephalic-associated reflux disease, or esophageal dysmotility cannot be excluded, as these conditions may occur despite a structurally unremarkable abdominal ultrasound examination.

Mild chronic inflammatory or functional gastrointestinal disease also cannot be completely excluded, although there is currently no convincing ultrasonographic evidence of moderate-to-severe enteropathy or transmural infiltrative intestinal disease.

Although both adrenal glands measure within the lower end of normal size ranges for a dog of this size, the previously reported ACTH stimulation test was reportedly not supportive of hypoadrenocorticism, nor were other typical biochemical abnormalities commonly associated with Addison's disease identified.

PATIENT

Teddy Russo

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

5 years

WEIGHT

20 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Stewart

INVOICE

77642

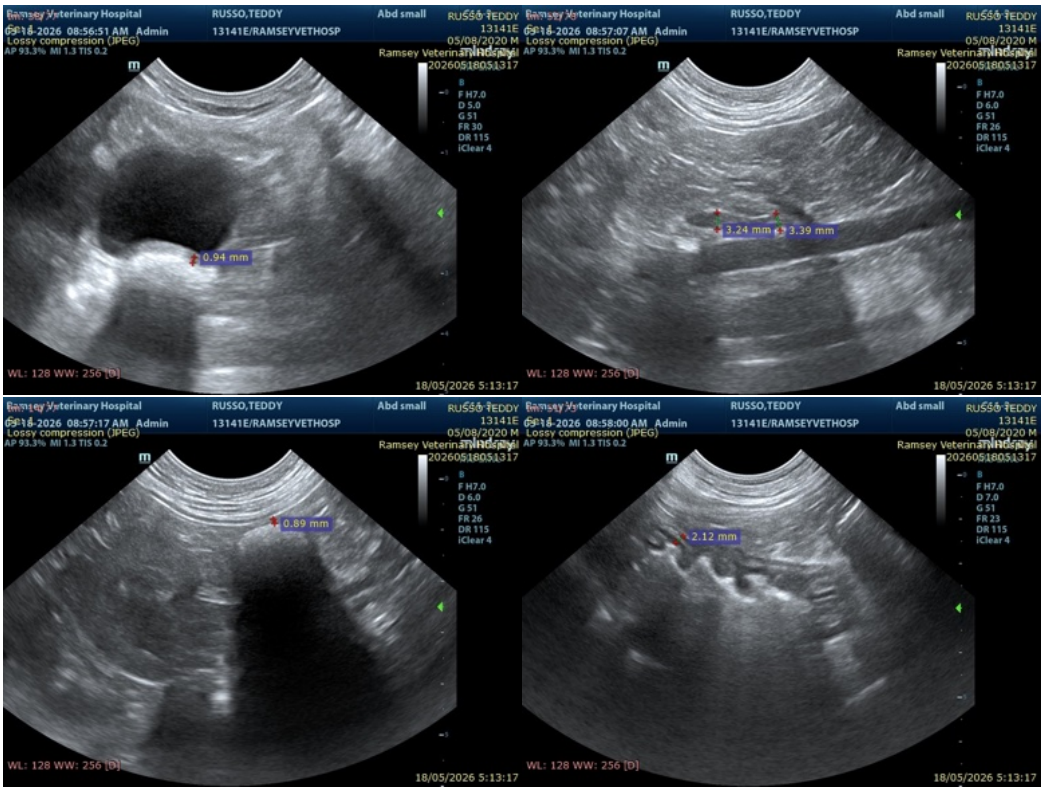
DATE

5/18/26

Recommendations

- Correlation with the pending maldigestion panel is recommended.
- If clinical signs persist, further upper gastrointestinal evaluation could be considered, including thoracic radiographs, fluoroscopy, contrast esophagram, or upper gastrointestinal endoscopy depending on clinical suspicion and progression.
- Continued medical management for reflux/gastroesophageal disease may be reasonable given the previous reported clinical response.
- Clinical monitoring of body weight and progression of gastrointestinal signs.

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

Teddy Russo

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

5 years

WEIGHT

20 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

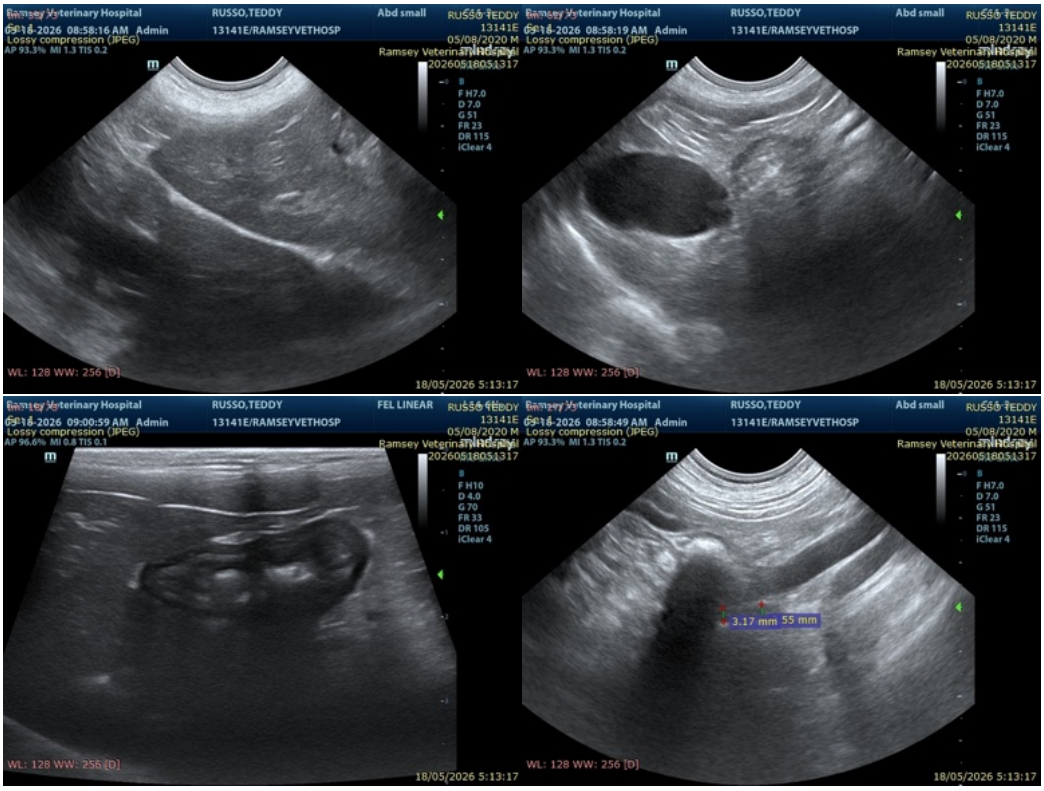
Dr. Stewart

INVOICE

77642

DATE

5/18/26



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