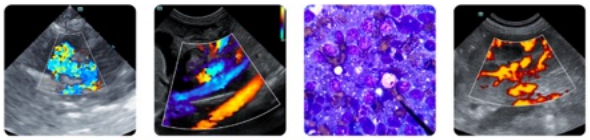


PATIENT

Suminsis Lagarda

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

8 years

WEIGHT

14.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Mario V

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Giles

INVOICE

78026

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: referral from adobe animal hospital (Dr. Giles); re-occuring GI issues; intermittent vomiting; history of seizures and bronchitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.84×2.20 cm, with cortical thickness measuring 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.26×2.29 cm, with cortical thickness measuring 0.30 cm in the sagittal plane. Both renal cortices are isoechoic relative to the hepatic parenchyma. The corticomedullary ratio remains within normal limits and corticomedullary definition is preserved. Mild early medullary nephrocalcinosis/mineralization is present bilaterally. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.38 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.41 cm at the caudal pole.

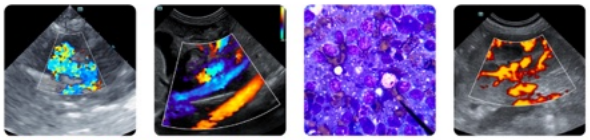
Spleen

Splenic thickness is 0.90 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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 tract

The stomach is largely empty with a small amount of fluid present. Gastric wall thickness measures approximately 2.70 mm with preserved wall layering. In some regions of the gastric body, the mucosal layer subjectively appears mildly thickened, measuring up to approximately 4 mm. However, these measurements are obtained near prominent gastric folds, where mild overestimation is possible. Wall layering remains preserved, and no visible ulcerative lesions, perigastric inflammatory change, or regional lymphadenopathy are identified. The pylorus measures 4.54 mm in wall thickness. The duodenum measures 3.38 mm in wall thickness. The jejunum measures 2.45 mm in wall thickness with preserved mural layering. No intestinal ileus, obstructive pattern, or foreign material is identified. The colon measures 0.82 mm in wall thickness and contains a small amount of luminal content within the descending segment.

Pancreas

The right pancreatic limb measures approximately 7.15 mm in thickness and maintains a regular contour. The pancreatic parenchyma is isoechoic relative to the surrounding mesenteric fat. No convincing ultrasonographic evidence of active pancreatitis or peripancreatic inflammatory change is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild subjective gastric mucosal prominence within portions of the gastric body

SECONDARY FINDINGS

- Small amount of biliary sludge.
- Mild bilateral medullary nephrocalcinosis/mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasonographic examination is largely unremarkable and does not demonstrate evidence of obstructive gastrointestinal disease, clinically significant pancreatitis, abdominal mass lesion, or diffuse infiltrative enteropathy.

Questionable mild focal gastric mucosal thickening is noted within portions of the gastric body. However, these measurements are obtained adjacent to gastric folds, where mild overestimation is possible, and the preserved wall layering, absence of perigastric reaction, and lack of regional lymphadenopathy are somewhat reassuring. Mild chronic gastritis or low-grade gastric mucosal inflammatory change could be considered given the history of intermittent vomiting.

Mild biliary sludge accumulation is likely incidental/chronic in nature without evidence of biliary

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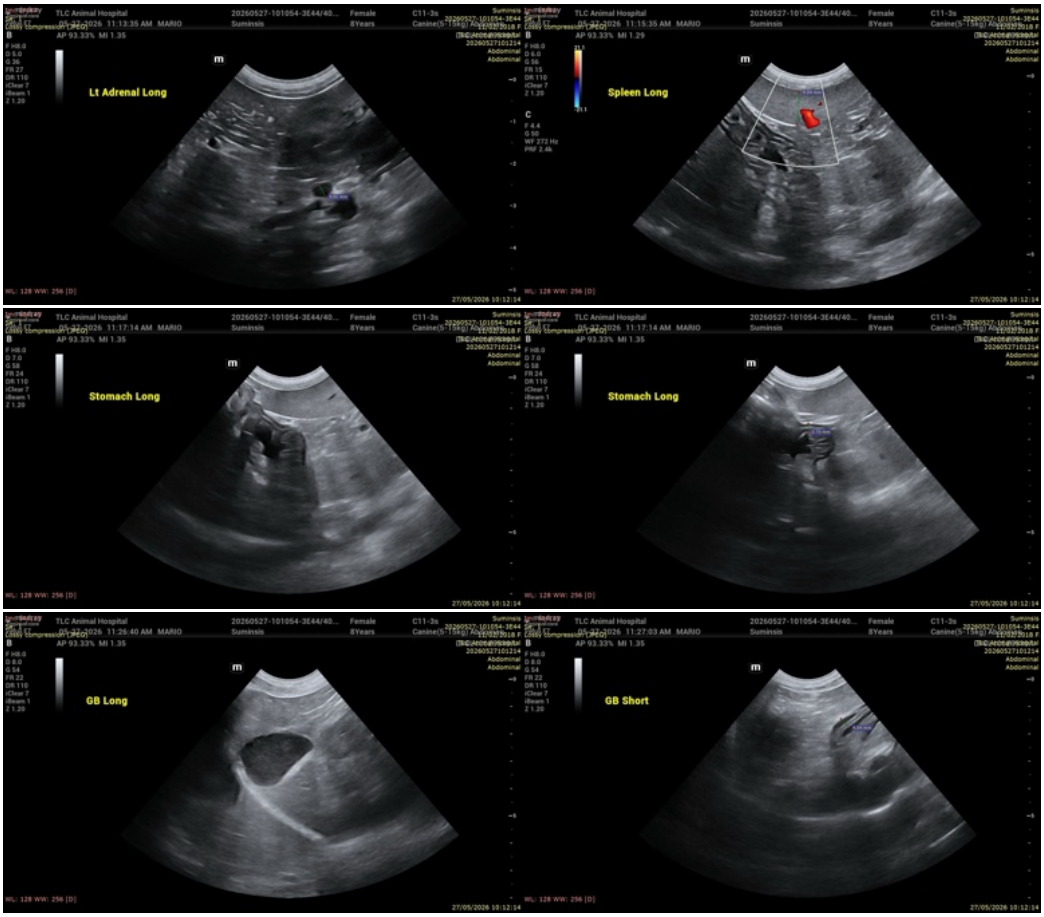
obstruction or significant hepatobiliary inflammation.

Mild bilateral medullary nephrocalcinosis likely reflects early chronic renal mineralization/remodeling change.

Recommendations
• Correlation with CBC, serum biochemistry, and current medication history is recommended if not already performed.
• Empiric medical management directed toward chronic gastritis may be reasonable depending on clinical progression and attending clinician preference.
• If vomiting persists or progresses despite therapy, repeat abdominal ultrasound, upper gastrointestinal endoscopy, or gastric mucosal biopsy could be considered for further characterization.

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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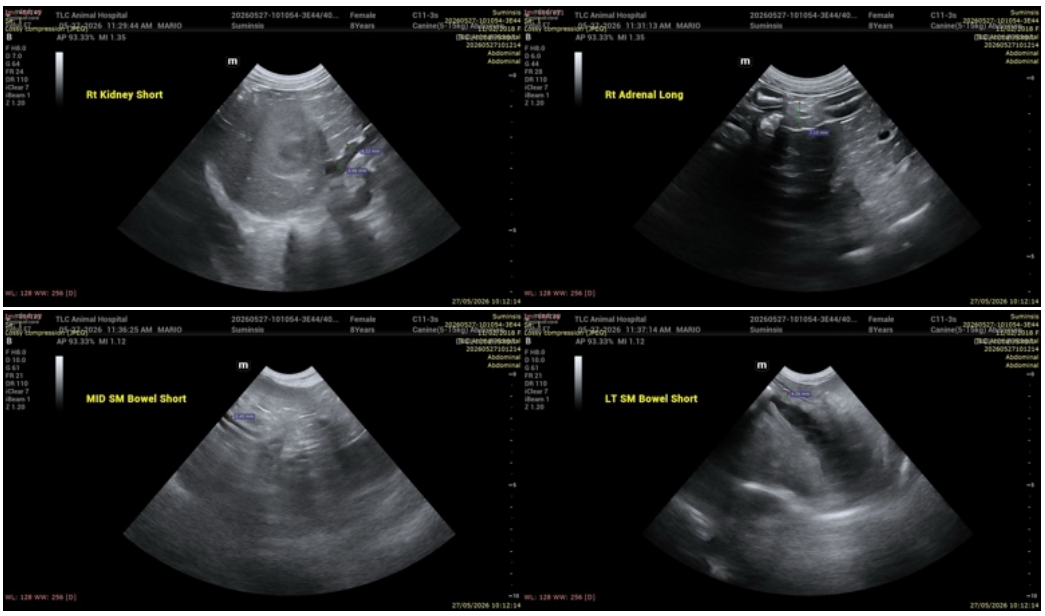

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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