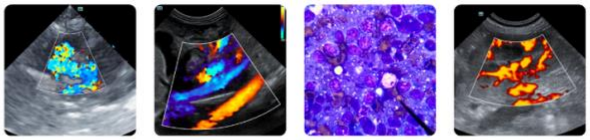


PATIENT

Jenny Phillips

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

42.4 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Michlanski

INVOICE

37270

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Ongoing unexplained weight loss. Lost 8 lbs in a year and a half, some low appetite. On May 19th exam- BCS 3/9; ideal weight range 50-52lbs (39.2 lb today, down 2.4 lb from 2 months ago). No vomiting or diarrhea. Physical exam unremarkable. Labwork pursued to evaluate for hypothyroidism, EPI, etc. - overall normal expect for mildly low folate of 7.4

Abnormal PE/Chem/CBC/UA Results: 5/26/26 Cobalamin 380, Folate 7.4, TLI >50.0, PLI 176 CBC/Chem/UA/T4 4DX WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 5.87 × 3.23 cm. The cortical thickness measures 0.52 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.76 × 3.41 cm. The cortical thickness measures 0.49 cm in the sagittal plane.

Both renal cortices are isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.49 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 2.36 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

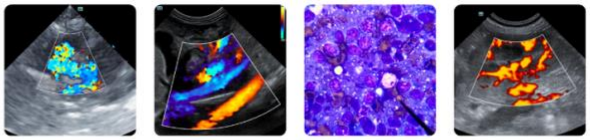
Liver

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 normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 3.61 mm, with preserved wall layering.



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The pyloroduodenal junction is not definitively visualized. This region can be difficult to identify in large-breed dogs.

The duodenal wall measures 3.72 mm.

The jejunal wall measures 3.46–3.69 mm, with preserved wall layering. No mucosal hyperechoic speckling, hyperechoic mucosal striations, or sonographically apparent lacteal dilation/lymphangiectasia are identified.

No evidence of gastrointestinal inflammation, ileus, or foreign material is observed.

The colonic wall measures 0.69–1.30 mm. Formed fecal material is present within the descending colon.

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.

Within the portions of the thorax included in the submitted examination, no pleural or pericardial effusion is identified. No obvious intracardiac mass lesions are observed within the provided imaging clips.

PRIMARY FINDINGS

- No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of clinically significant gastrointestinal disease, infiltrative enteropathy, intestinal mass lesion, abdominal lymphadenopathy, pancreatitis, or other abdominal abnormality is identified to explain the reported progressive weight loss and reduced body condition.

The mildly decreased folate concentration may reflect subtle proximal small intestinal dysbiosis, altered intestinal absorption, or other functional gastrointestinal disorders that may not be detectable sonographically.
Despite the unremarkable appearance of the gastrointestinal tract, early or microscopic intestinal disease cannot be completely excluded based on ultrasound alone.

No sonographic evidence of protein-losing enteropathy, intestinal lymphangiectasia, or occult abdominal neoplasia is identified on the current examination.

Recommendations:

- Given the persistent weight loss despite an unremarkable abdominal ultrasound, further investigation for functional or microscopic gastrointestinal disease may be considered if clinical concerns persist.
- Empiric gastrointestinal support, including dietary management and consideration of cobalamin/folate supplementation at the discretion of the attending clinician, may be

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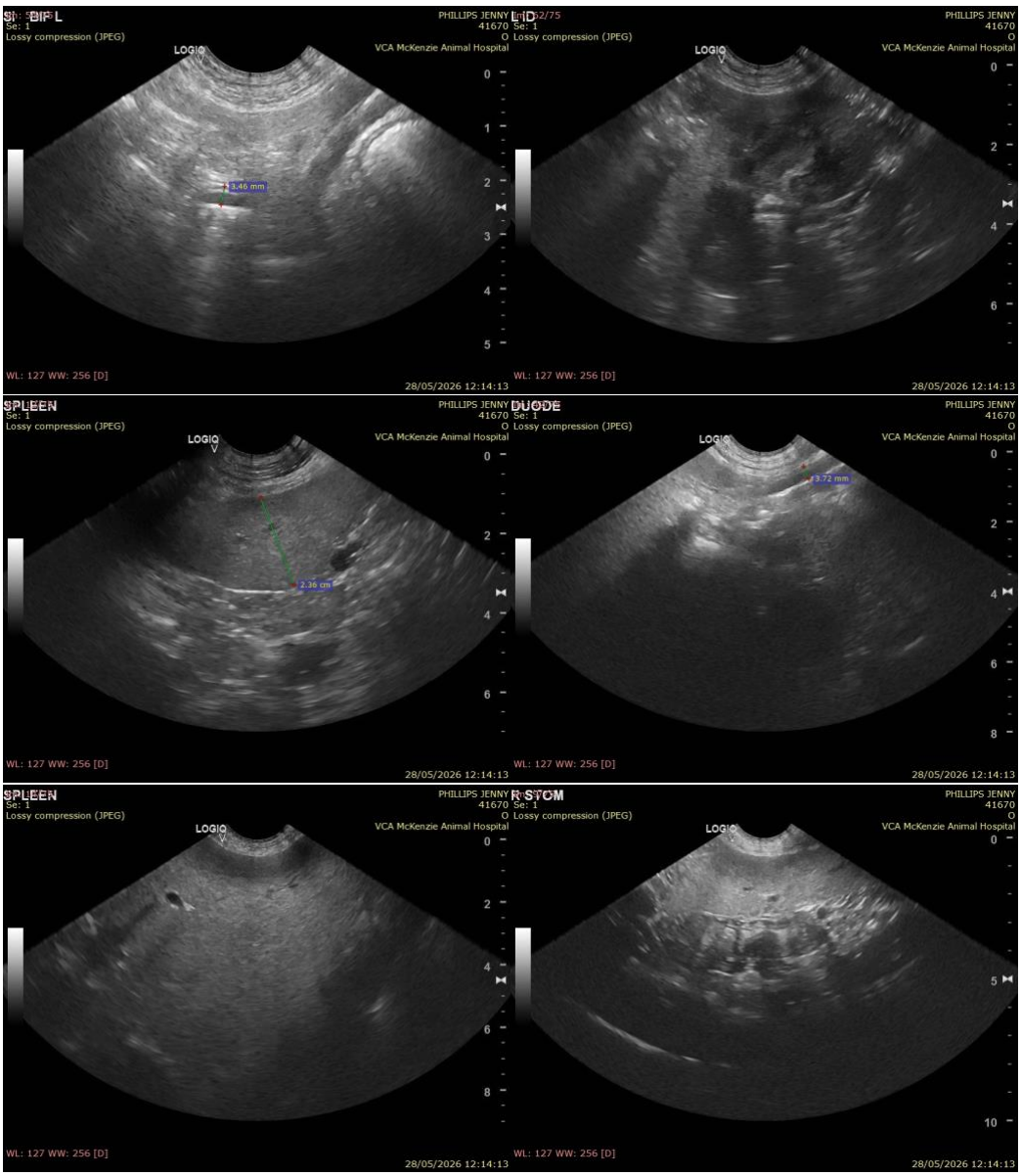
reasonable.

- In light of the progressive weight loss and lack of a definitive abdominal explanation, thoracic radiographs may be considered as part of a more comprehensive investigation for occult systemic disease.

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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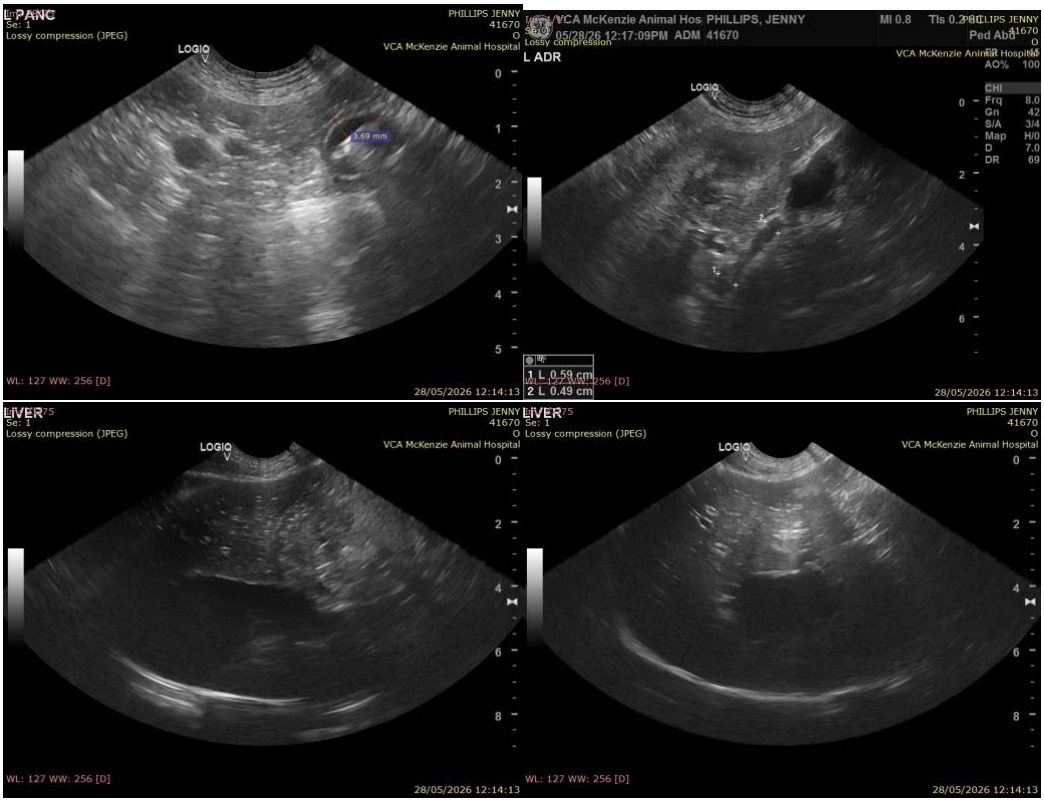

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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