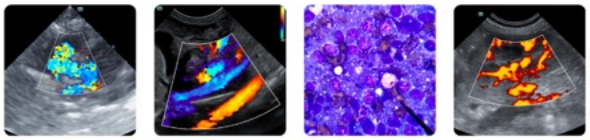


PATIENT

Buckaroo Martinez

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

3 years

WEIGHT

36.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Bashir

INVOICE

78334

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: P present on 5/27/26 for diarrhea with blood noted this morning, lethargic, inappetence, and V+ once this afternoon after drinking water.
Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense upon palpation No appreciable fluid wave. CBC NSF, Chem panel reveals elevated liver values>>ALT 575 U/L GGT 17U/L, TBILI 1.1 ()-0.9), LIPASE 2802, cPL 311 Assessment: Hematochezia , R/O food indiscretion, Toxicity, Infectious, Parasitic disease, Neoplastic disease, Pancreatitis, OPEN fecal results where the lab reveals a non pathogenic yeast.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended, and the urinary bladder wall appears mildly thickened but smooth. Due to underdistension, wall thickness may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 5.09×2.77 cm. Cortical thickness measures 0.50 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 4.94×2.75 cm. Cortical thickness measures 0.52 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

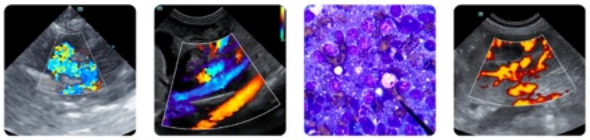
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.42 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measures 0.55 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

Splenic thickness is 1.77 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.



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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.

Gastrointestinal tract

The stomach contains a small amount of fluid and gas. Gastric wall thickness measures 2.60 mm, and normal wall layering is preserved.

The duodenal wall measures 3.50 mm. The jejunal wall measures 2.45–3.11 mm. Intestinal wall layering is preserved throughout the examined segments.

No sonographic evidence of gastrointestinal obstruction, ileus, focal mural lesions, or foreign material is identified.

The transverse colon wall measures 1.03 mm and contains semiformed fecal material. The descending colon wall measures 1.09 mm and contains moderately formed fecal material.

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

- Aside from mild apparent urinary bladder wall thickening attributable to underdistension, no clinically significant ultrasonographic abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no sonographic evidence of acute pancreatitis, hepatobiliary disease, gastrointestinal obstruction, foreign body, intestinal infiltrative disease, peritonitis, or other significant abdominal pathology.

The cause of the patient's acute gastrointestinal signs and hematochezia is not identified ultrasonographically. The findings may be compatible with a functional or early inflammatory gastrointestinal disorder below the threshold of sonographic detection, including acute enterocolitis or acute hemorrhagic diarrhea syndrome (AHDS).

Although the elevated hepatic enzyme activities and mild hyperbilirubinemia are not explained by a structural hepatobiliary abnormality on the current examination, reactive hepatocellular and/or cholestatic changes secondary to the acute gastrointestinal disease process are considered possible. Mild pancreatic inflammation below the threshold of ultrasonographic detection cannot be entirely

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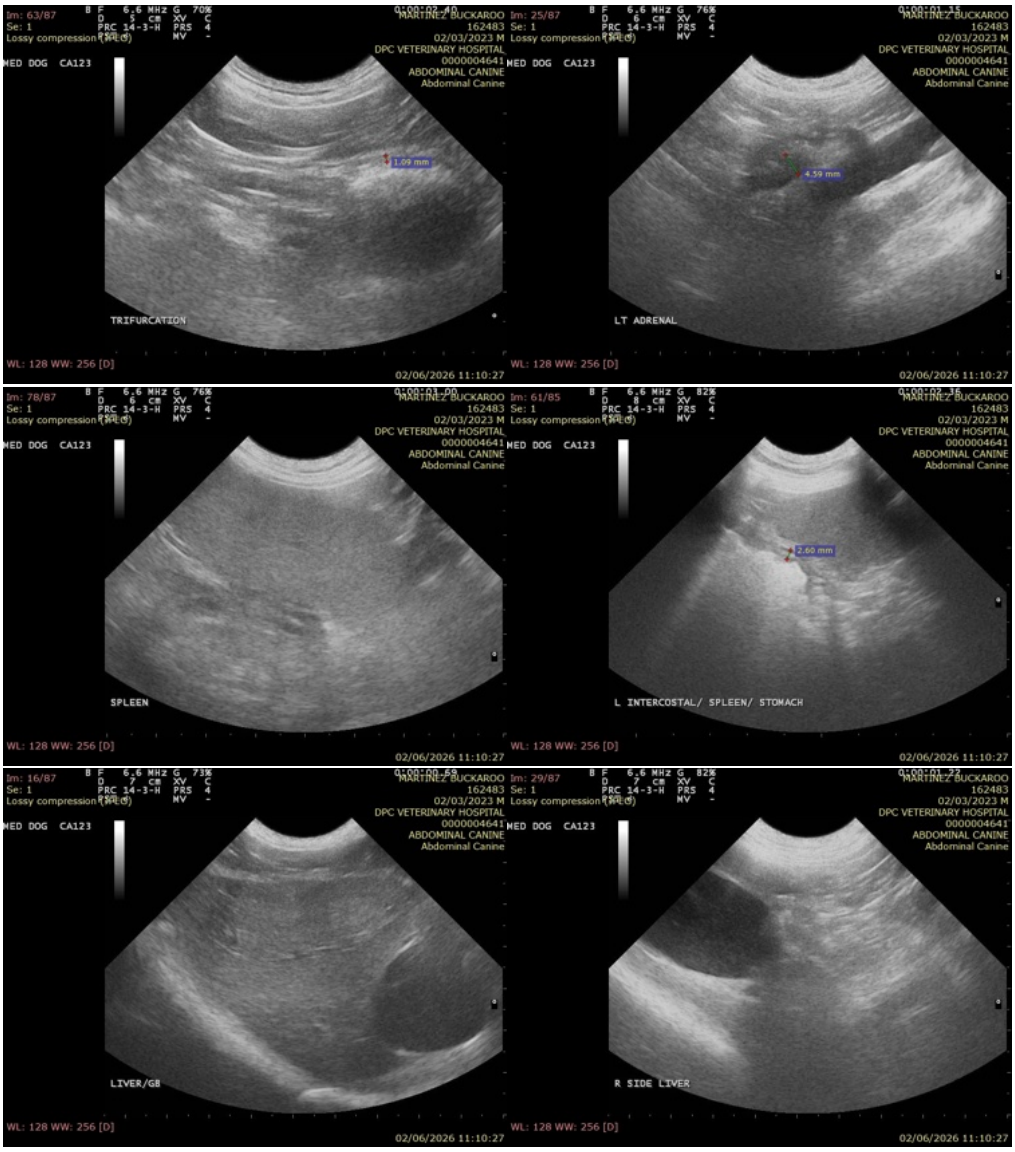
excluded as a contributing factor.

Recommendations

- Correlate with clinical progression, CBC/biochemistry trends, fecal testing, and pancreatic biomarkers.
- Supportive management for acute gastrointestinal disease as clinically indicated.
- Hepatoprotective supplementation may be considered while monitoring serial liver enzyme activities. Follow-up serum biochemistry is recommended to ensure resolution of the hepatocellular and mild cholestatic abnormalities identified on laboratory testing.

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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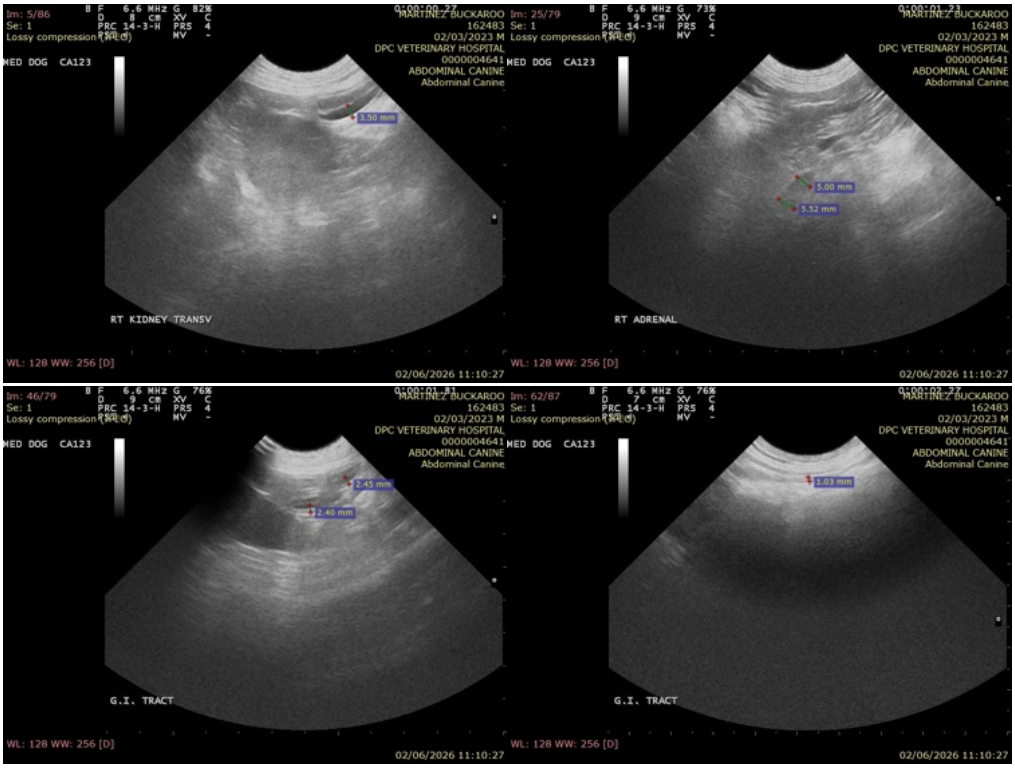

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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