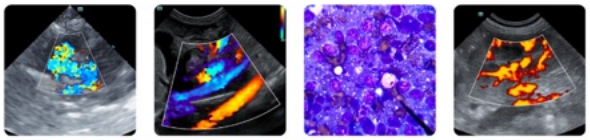


PATIENT

Wesley Solis

SPECIES

Canine

BREED

Siberian Husky Cross

SEX

Intact male

AGE

8 years

WEIGHT

21 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr, Sethi

INVOICE

78344

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Marked lethargy, decreased appetite, social withdrawal, slower gait
Pain score 8–9/10 at baseline; 6–7/10 with steroid dosing
No documented fever; all peripheral lymph nodes WNL on exam. Severe hypoalbuminemia (1.7 g/dL, verified by repeat) — protein-losing enteropathy suspected as primary contributor alongside active mucosal disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The urinary bladder wall measures 4.51 mm in thickness and appears 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 7.04×3.18 cm. Cortical thickness measures 0.56 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.97×3.41 cm. Cortical thickness measures 0.60 cm in the sagittal plane. In both kidneys, cortical echogenicity is within normal limits. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Reproductive System

The prostate gland measures 3.95×3.74×2.41 cm and demonstrates homogeneous echogenicity and echotexture, consistent with a normal intact prostate.

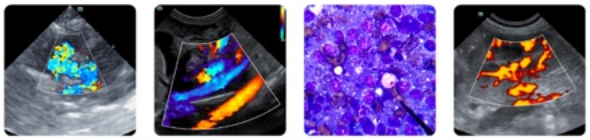
Both testes appear normal ultrasonographically.

Adrenal Glands

The left adrenal gland is not confidently visualized. The right adrenal gland is partially visualized and measures approximately 0.50 cm in dorsoventral diameter.

Spleen

Splenic thickness is 1.68 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is mildly diffusely hyperechoic with a fine homogeneous echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and regular. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 3.02 mm and normal wall layering is preserved.

The duodenal wall measures 4.19 mm and contains subtle mucosal striations. The jejunal wall measures 2.84–3.47 mm with preserved wall layering.

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

The colonic wall measures 0.91–1.03 mm and contains semisoft fecal material within the descending colon.

Pancreas

The pancreas measures approximately 1.35 cm in thickness and is isoechoic to the adjacent mesenteric fat. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, focal pancreatic lesions, or other sonographic evidence of pancreatitis is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild diffuse hepatic hyperechogenicity.
- Small amount of biliary sludge.
- Mild duodenal thickening with subtle mucosal striations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild duodenal mural thickening with subtle mucosal striations. In the context of severe hypoalbuminemia, these findings are supportive of chronic enteropathy and may reflect intestinal lymphatic involvement, including protein-losing enteropathy and/or lymphangiectasia.
No sonographic evidence of intestinal obstruction, focal intestinal mass, loss of wall layering, or other

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findings strongly suggestive of alimentary neoplasia are identified.

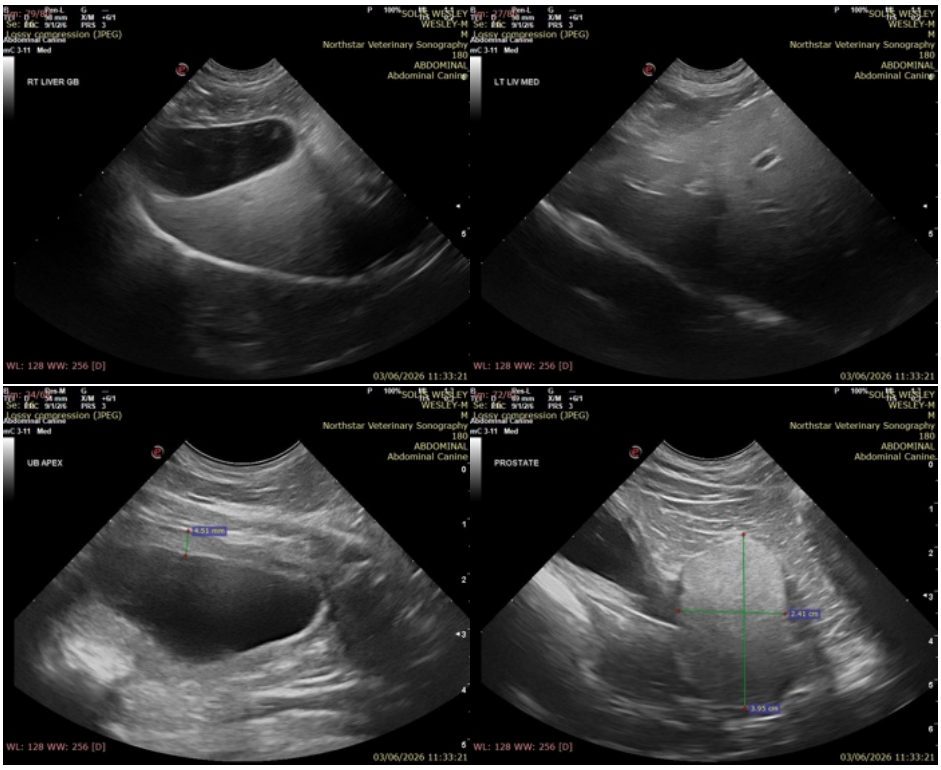
No abdominal effusion or abdominal lymphadenopathy is identified despite the marked hypoalbuminemia.

Mild diffuse hepatic hyperechogenicity and a small amount of biliary sludge are present. These changes are nonspecific but may be compatible with mild vacuolar hepatopathy, including steroid-related change.

Recommendations

- Correlation with serum cobalamin, folate, cholesterol, and gastrointestinal laboratory testing is recommended.
- Endoscopic or full-thickness intestinal biopsy may be considered if definitive characterization of the enteropathy is clinically indicated.
- Serial monitoring of serum albumin concentration is recommended.

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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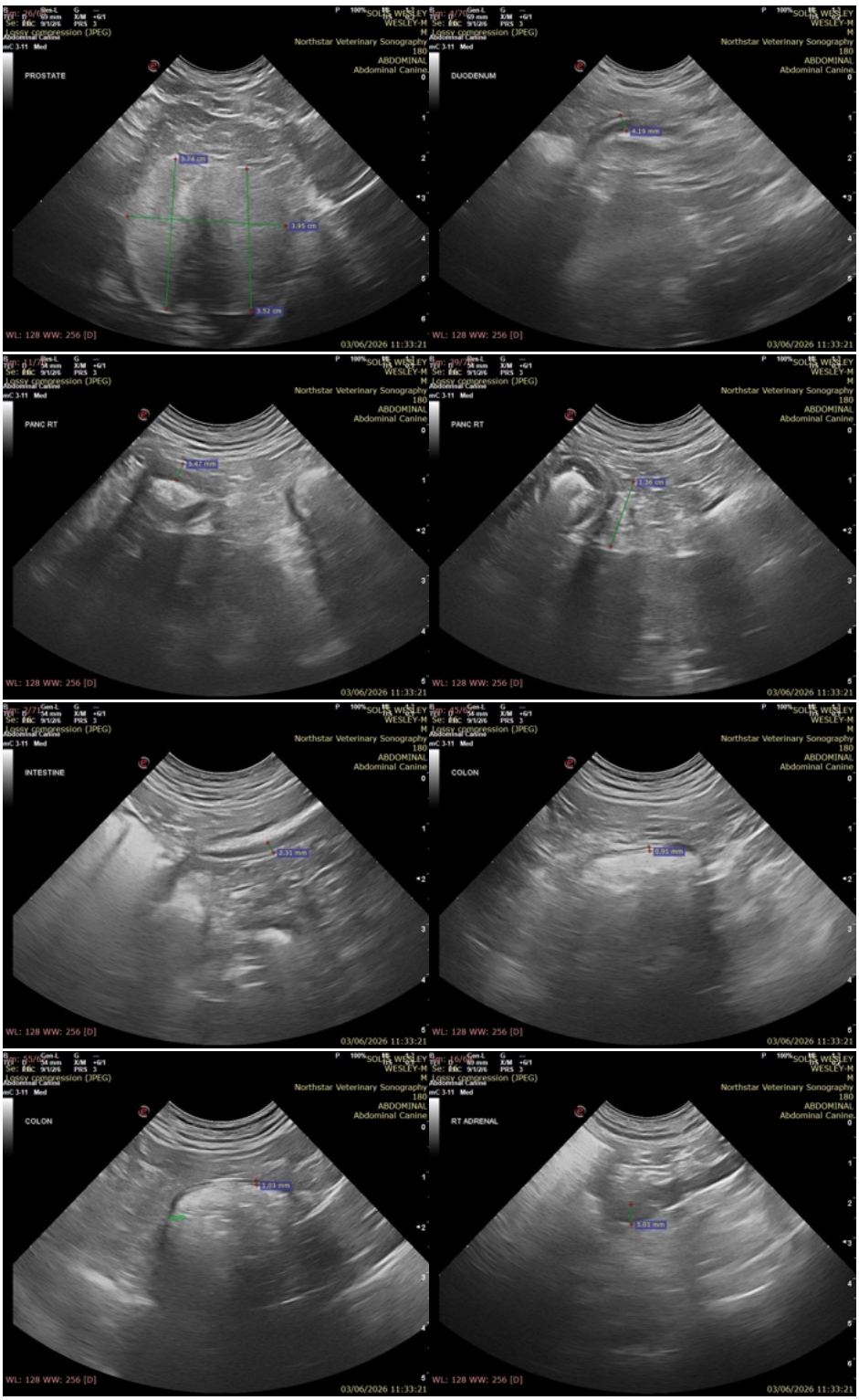
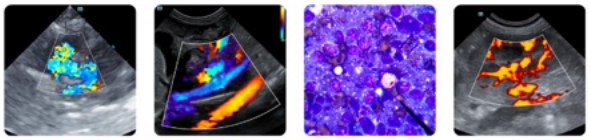


The information and recommendations provided are based on the images presented by the



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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