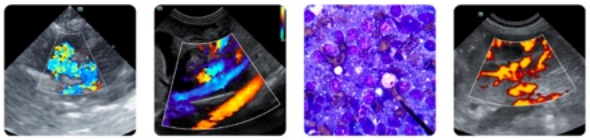


PATIENT

Matilda Henry

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

8 years

WEIGHT

54 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Kiffney

INVOICE

78379

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: intermittent vomiting, unremarkable exam, mild non regenerative anemia
She had a splenectomy in Sept 2025, hematoma
Abnormal PE/Chem/CBC/UA Results: bar, mild malocclusion class 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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 evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.74 × 3.62 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 7.04 × 4.01 cm, with a cortical thickness of 0.56 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is normal in shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are 0.54 cm at the cranial pole and 0.59 cm at the caudal pole.

The right adrenal gland could not be confidently visualized.

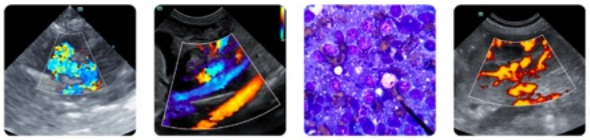
Spleen

The spleen is not visualized secondary to previous splenectomy. The splenic bed appears unremarkable, with no focal abnormalities identified within the region of the prior splenectomy.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and regular. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal tract

The stomach contains a small amount of partially digested ingesta. Gastric wall thickness measures 2.89 mm and normal wall layering is preserved. The pyloric wall measures 5.01 mm. The duodenal wall measures 3.65 mm. The jejunal wall measures 2.52 mm with preserved wall layering. No sonographic evidence of gastrointestinal inflammation, obstruction, ileus, or foreign material is identified. The colonic wall measures approximately 1.0 mm and contains a small amount of formed fecal material 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.

PRIMARY FINDINGS

- No significant abdominal abnormality is identified to explain the reported intermittent vomiting or mild non-regenerative anemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastrointestinal obstruction, inflammatory gastrointestinal disease, pancreatitis, abdominal mass lesion, lymphadenopathy, or other clinically significant abdominal pathology is identified.

The previous splenectomy site appears unremarkable, and no sonographic evidence of recurrent intra-abdominal mass formation is identified.

The cause of the patient's intermittent vomiting and mild non-regenerative anemia is not identified on this abdominal ultrasound examination.

Recommendations

- Correlation with serial CBC results is recommended to further characterize and monitor the mild non-regenerative anemia.
- If vomiting persists or worsens, additional gastrointestinal investigation may be considered, including cobalamin assessment and gastrointestinal function 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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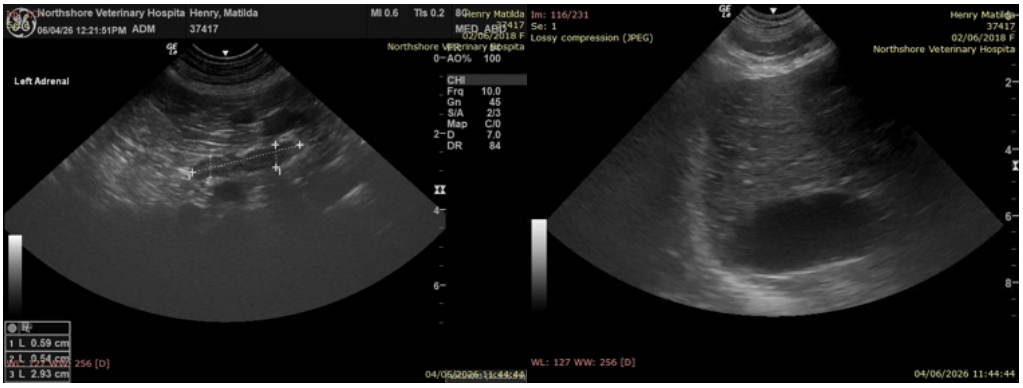

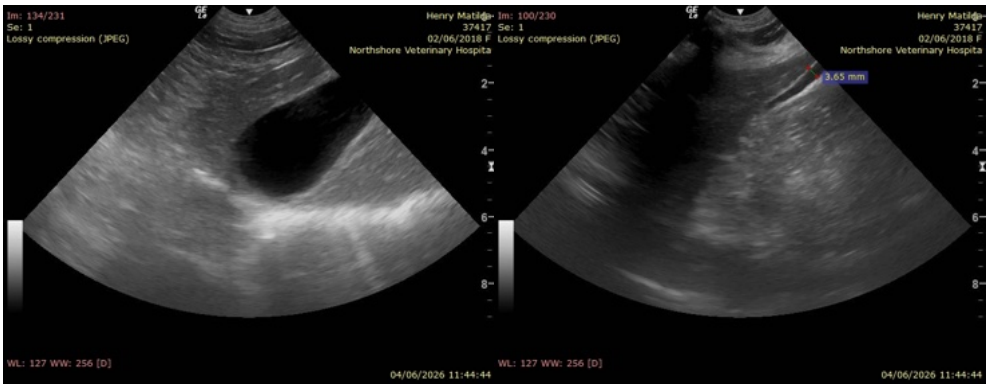

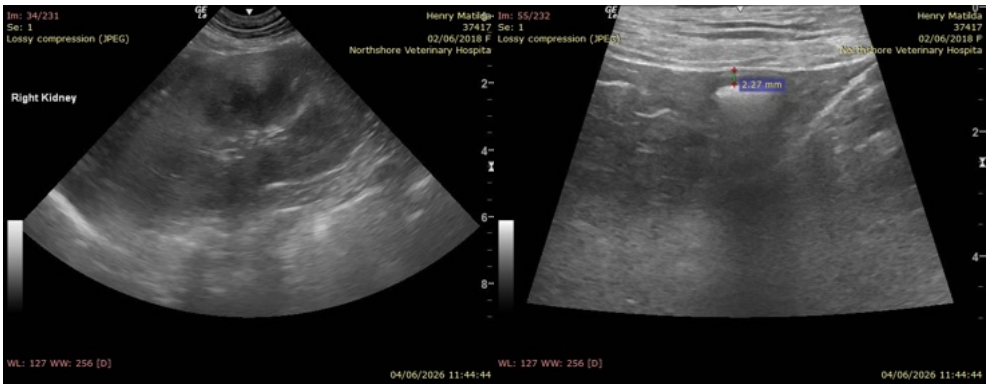

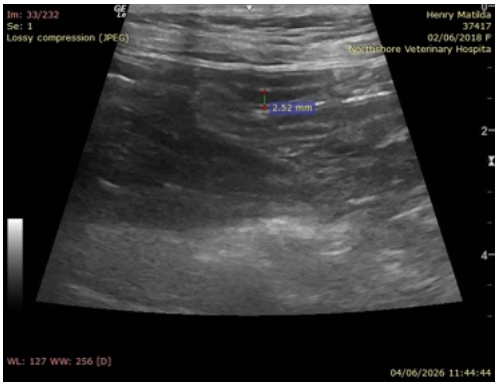

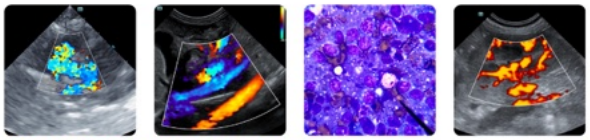

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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