

PATIENT

Elka Lattimer

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

6 Years

WEIGHT

37.1 kg

INTERPRETED BY

Alicia Angosto
 Guerrero, DMV, PgDip,
 MSc.

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

37357

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Chronic intermittent bouts of diarrhea (mainly large bowel but sometimes suggestive of small bowel), picky appetite, lethargy and occ. vomiting associated with it; has had elevated PLI/pancreatitis associated with the symptoms, Has been off and on since May 2025, Is responsive to low fat diet, but diarrhea quickly returns when anything else (treats) is added back in. Seems to respond to trial with Metronidazole, but 5-7 days later the diarrhea returns. PE overall is normal, hydration is good, no other concerns.

Abnormal PE/Chem/CBC/UA Results: BW attached Bloodwork from April 2nd had elevated Lipase and Catalyst pancreatitis lipase Bloodwork to be taken on day of ultrasound - repeat Biochem/CBC + PLI + TLI/Folate/B12 +/- resting Cortisol Primary Question to Be Answered in This Exam Is there an obvious cause found on GI tract to explain the chronic diarrhea/symptoms? i.e. IBD, neoplasia, other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 6.89×3.80 cm, with a cortical thickness of 0.62 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.93×4.26 cm, with a cortical thickness of 0.67 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

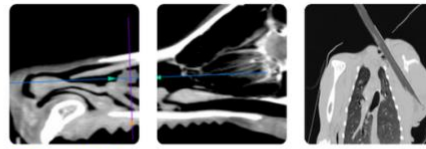
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.58 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measures 0.58 cm at the cranial pole. The caudal pole could not be completely visualized for accurate measurement.

Spleen

Splenic thickness is 2.75 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 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, with a mural thickness of 2.42 mm and preserved wall layering.

The pylorus is collapsed and measures 7.47 mm in wall thickness.

The duodenal wall measures 5.64 mm.

The jejunal wall measures 3.02–3.80 mm. Wall layering is preserved. Individual wall layers measure:

- Mucosa: 2.35 mm
- Submucosa: 0.65 mm
- Muscularis propria: 0.28 mm

The muscularis-to-mucosa ratio is approximately 0.12.

No evidence of gastrointestinal obstruction, ileus, inflammatory mural changes, foreign material, or intestinal lymphangiectasia is identified.

The transverse colon measures 1.34 mm in wall thickness and is largely gas-filled. The descending colon measures 2.38 mm and contains minimal 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.

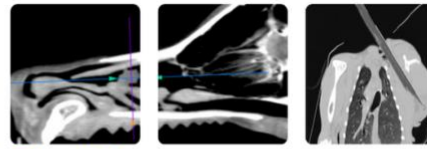
PRIMARY FINDINGS

- Mild diffuse duodenal mural thickening (5.64 mm) with preserved wall layering.
- No other significant abdominal ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild diffuse thickening of the duodenal wall is present with preservation of normal wall layering. This finding is nonspecific and may represent a mild reactive or inflammatory change. The jejunal wall demonstrates normal layering and normal wall component proportions, providing no ultrasonographic evidence of chronic infiltrative enteropathy.

No ultrasonographic evidence of infiltrative intestinal disease, intestinal neoplasia, lymphangiectasia, mechanical obstruction, abdominal lymphadenopathy, or other significant structural gastrointestinal abnormality is identified. Food-responsive enteropathy, chronic inflammatory enteropathy, and dysbiosis, remain differential considerations despite the absence of significant ultrasonographic abnormalities.



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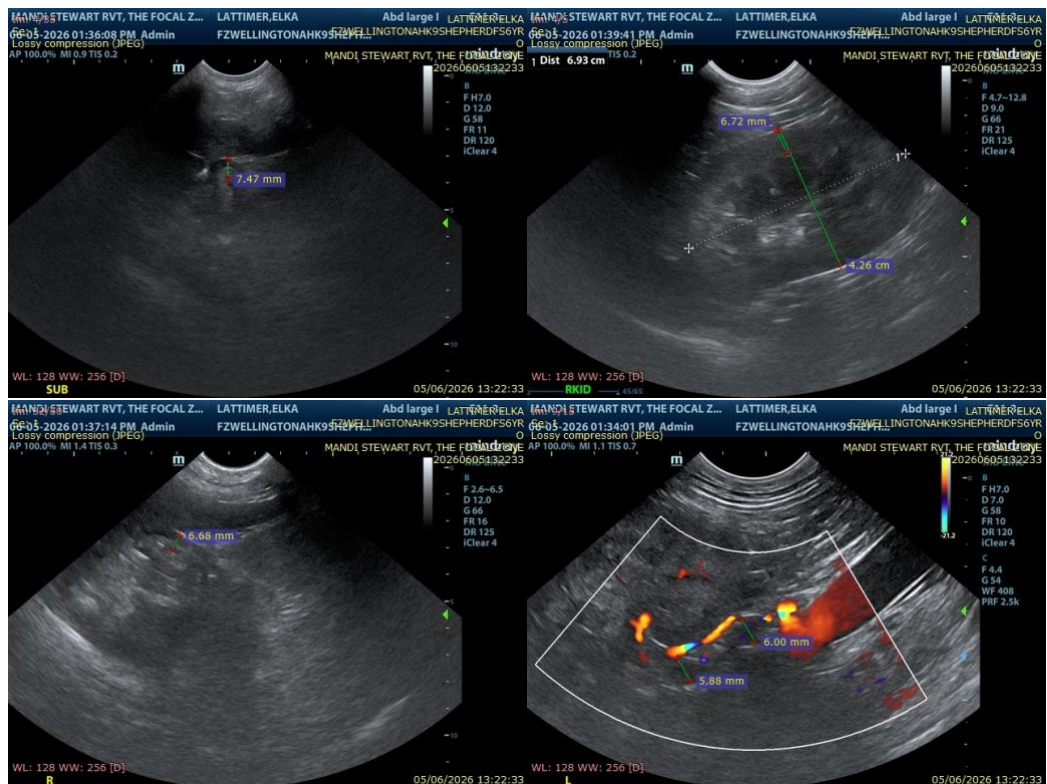
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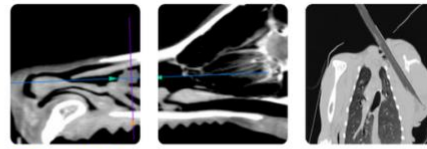
No sonographic evidence of active pancreatitis is identified. However, given the history of recurrent elevations in pancreatic lipase and responsiveness to a low-fat diet, mild, intermittent, or chronic pancreatopathy cannot be excluded based on ultrasonography alone. Furthermore, a normal pancreatic ultrasonographic appearance does not exclude exocrine pancreatic insufficiency, as functional pancreatic disease may occur in the absence of detectable structural abnormalities. Correlation with pending TLI results is recommended.

Recommendations:

- Correlate with the pending TLI, cobalamin, folate, and pancreatic lipase results.
- Continued dietary management appears warranted given the reported clinical response to a low-fat diet.
- If clinical signs persist or worsen despite appropriate medical and dietary management, further gastrointestinal investigation, including intestinal biopsy, may be considered at the discretion of the attending veterinarian.

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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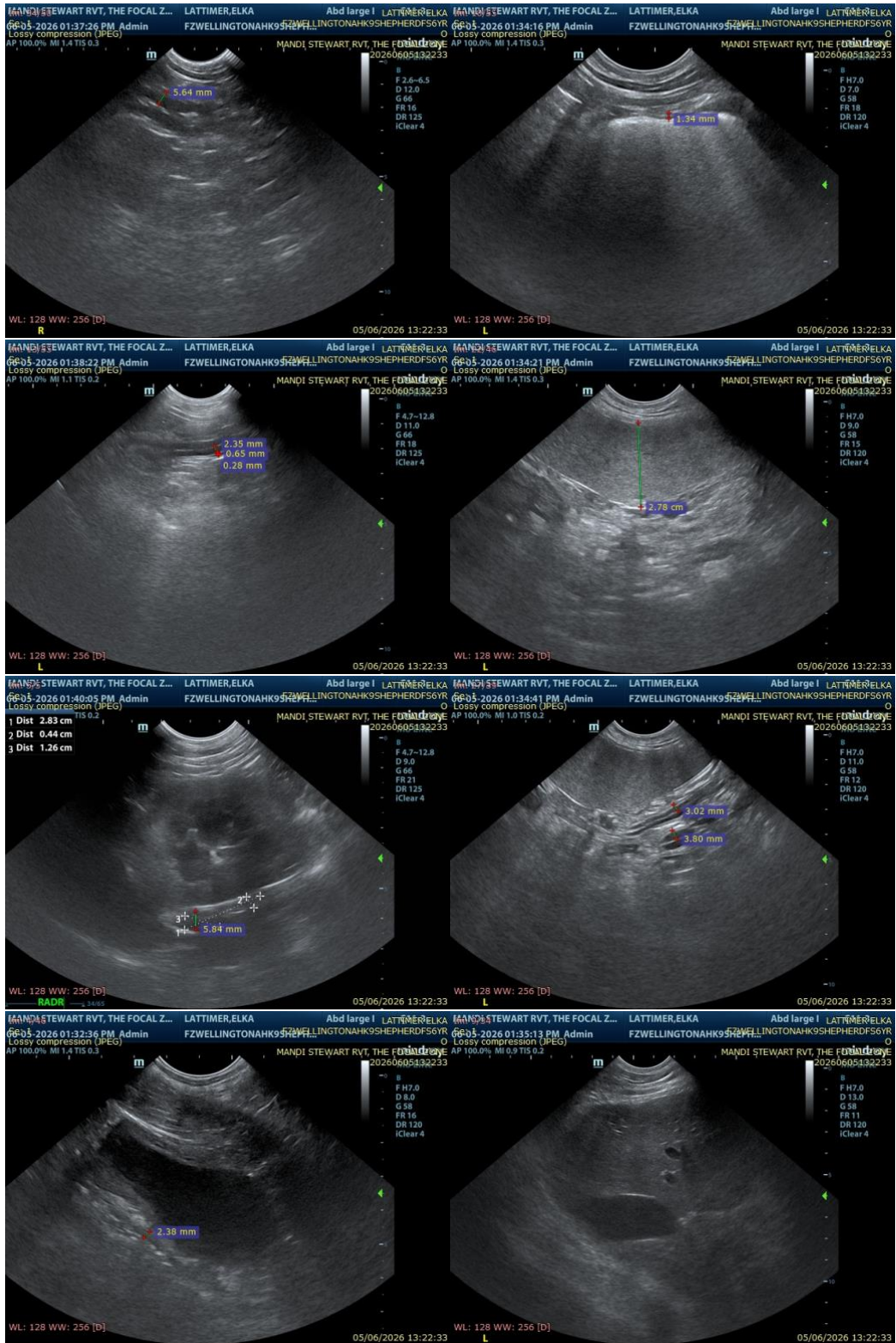
Dr. Dennis

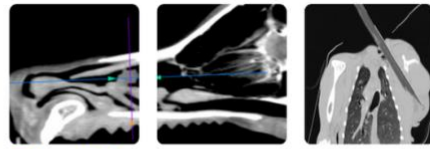
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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