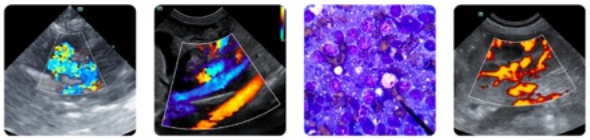


PATIENT

Lola Wolken

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

7 years

WEIGHT

15.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Tavella

INVOICE

74263

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Trending elevation in ALT
- History of allergic skin disease.
- PE: Active infection on pinnas AU - concern for immune vasculitis. Chem ALT 159 (1/29/2026) 162 (4/7/2026) 12-118 CBC: Thrombocytosis (486) UA: USG 1.027

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No urolithiasis or focal abnormalities are identified.

The left kidney is normal in shape and size, measuring 3.84×2.40 cm, with a cortical thickness of 0.42 cm. The right kidney is normal in shape and size, measuring 4.03×2.44 cm, with a cortical thickness of 0.40 cm. In both kidneys, the cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler 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 0.43 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.58 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

Splenic thickness is 1.12 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

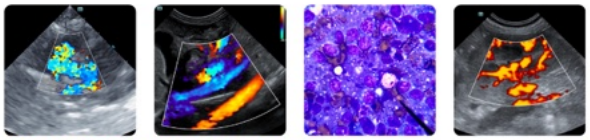
Liver

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

The gastric fundus appears unremarkable, with a wall thickness of approximately 1.88 mm and preserved layering. At the level of the gastric body, there is a **marked focal to segmental thickening of the gastric wall**, characterized by prominent, irregular mucosal folds, heterogeneous echotexture, and



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partial loss/distortion of normal wall layering. The pylorus measures 5.38 mm, containing a mild amount of ingesta. Duodenum: 3.78 mm. Jejunum: 3.31 mm (mucosa 2.77 mm, submucosa 0.66 mm, muscularis propria 0.23 mm). Ileum: 2.15 mm. Wall layering is preserved throughout the small intestine. No evidence of ileus, obstruction, or intraluminal foreign material is identified. No ultrasonographic signs of diffuse enteropathy or lymphangiectasia are observed. The colon measures 0.57 mm and contains soft heterogeneous fecal material.

Pancreas

The evaluated pancreatic areas 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 appears normal.

PRIMARY FINDINGS

- Marked focal to segmental thickening of the gastric body, with heterogeneous echotexture, prominent irregular mucosal folds and partial loss of normal gastric wall layering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is a markedly abnormal gastric wall affecting the body of the stomach, characterized by severe thickening, architectural distortion, and heterogeneous echotexture. These findings are highly suspicious for:

- Severe hypertrophic or inflammatory gastropathy (including eosinophilic or Menetrier-like disease).
- Infiltrative neoplasia.

The absence of visible regional lymphadenopathy or abdominal effusion does not exclude clinically significant disease.

The liver appears unremarkable on ultrasound, with no structural abnormalities identified to explain the mild elevation in liver enzymes. Mild ALT elevation may represent a reactive hepatopathy secondary to systemic or gastrointestinal disease.

Recommendations

- Gastroscopy with mucosal biopsies is strongly recommended for definitive diagnosis.

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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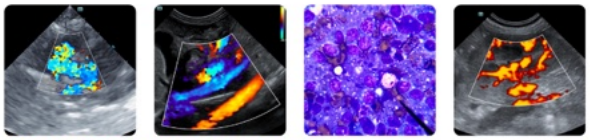

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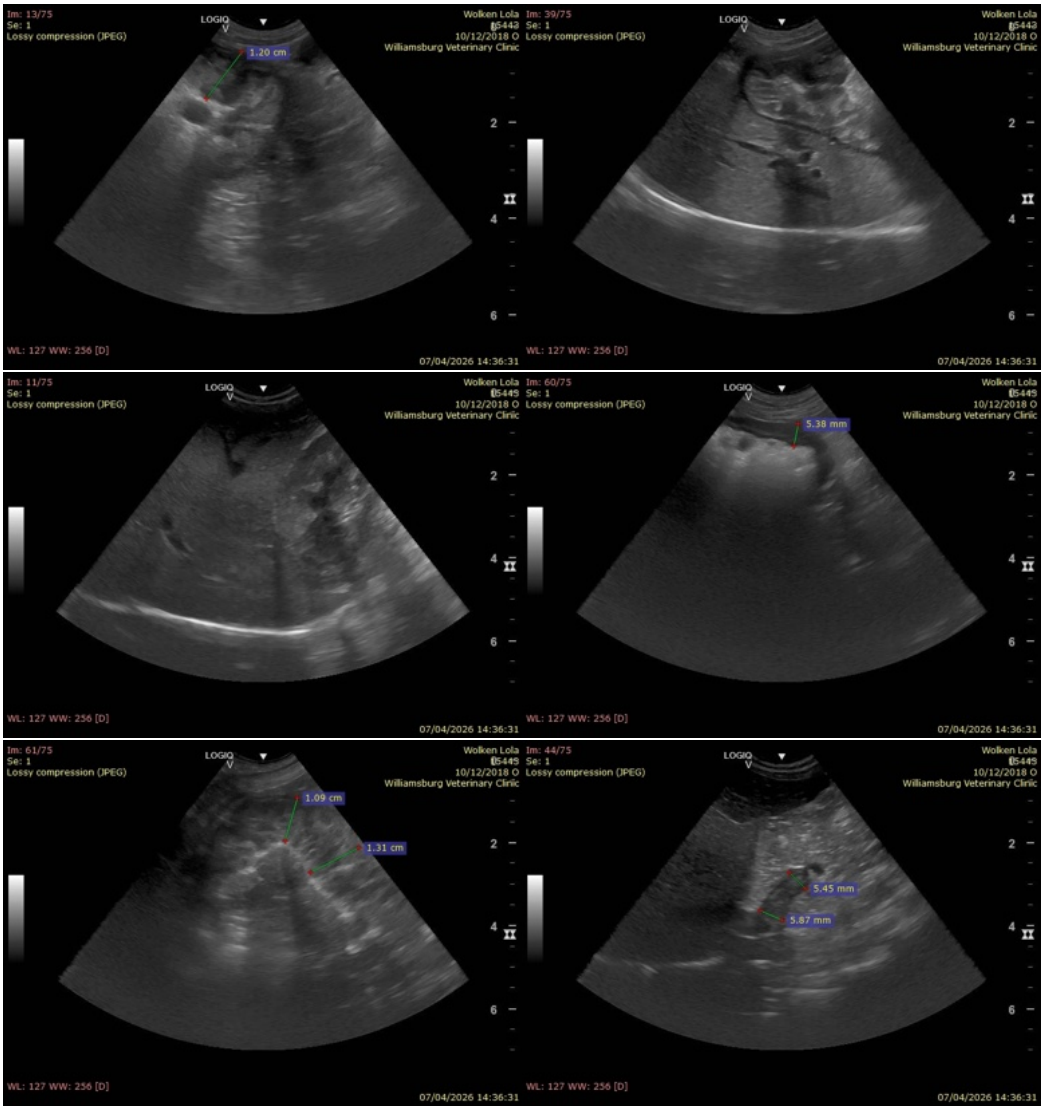

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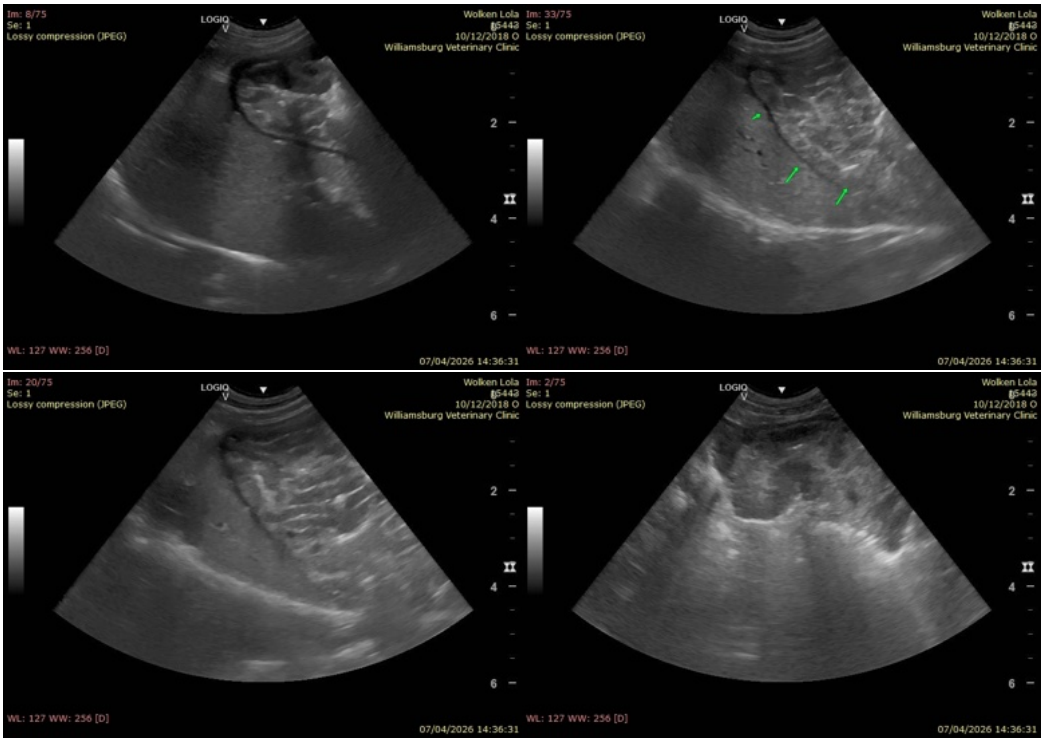

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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