



## PATIENT

Kringle Inman

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed female

## AGE

10 years

## WEIGHT

25 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Kara Duh, DVM

## INVOICE

78346

## DATE

6/3/26

## PRESENTING CLINICAL SIGNS

History: Presented on 5/18 for diarrhea ongoing for at least a year, o states it recently has gotten worse and coming out very watery. Pt has been vomiting for 2 days anytime she has been eating. Administered 500mL SQ fluids and Maropitant. Sent home with Tylosin powder.

Abnormal PE/Chem/CBC/UA Results: Mild dehydration. BW: ALT 163 UA: Bil 2+, Glu (-), trace ketones, Protein 2+ Fecal (-) X-ray report: The thickened appearance of the stomach wall is likely associated with an incidental fluid gas interface in the small contracted size of the stomach; however a true stomach wall thickening secondary to a chronic active gastritis, inflammatory bowel disease or an infiltrative neoplasm cannot be ruled out.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. 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 5.90×3.14 cm. Cortical thickness measures 0.62 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 6.19×3.22 cm. Cortical thickness measures 0.59 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.

### *Adrenal Glands*

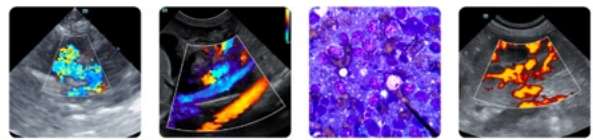
Dorsoventral diameters measured in the sagittal plane are as follows: the left adrenal gland measures 0.57 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland is only partially visualized and measures approximately 0.40 cm in dorsoventral diameter.

### *Spleen*

Splenic thickness measures 1.98 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

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



<b>PATIENT</b>	The gallbladder is normally distended. The wall is thin and regular. A small amount of mildly mineralized biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified.
Kringle Inman	
<b>SPECIES</b>	
Canine	<b><i>Gastrointestinal tract</i></b>
<b>BREED</b>	The stomach is empty and folded. Gastric wall thickness measures 6.98 mm. Apparent wall layering is preserved.
Labrador Retriever	The pylorus and pyloroduodenal junction could not be confidently evaluated during this examination.
<b>SEX</b>	The duodenal wall measures 5.33 mm. The jejunal wall measures 3.63–3.81 mm. Intestinal wall layering is preserved throughout the examined segments.
Spayed female	No sonographic evidence of gastrointestinal obstruction, ileus, foreign material, or focal gastrointestinal mass is identified.
<b>AGE</b>	
10 years	The colonic wall measures 1.59 mm and contains gas within the lumen.
<b>WEIGHT</b>	
25 kg	<b><i>Pancreas</i></b>
<b>INTERPRETED BY</b>	The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.
Alicia Angosto Guerrero, DMV, PgDip, MSc.	<b><i>Free Abdomen</i></b>
<b>IMAGING PERFORMED BY</b>	No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.
Ryan Bergner, LVT	<b>PRIMARY FINDINGS</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"><li>• Diffuse gastric mural thickening with preserved wall layering.</li><li>• Mild diffuse duodenal mural thickening with preserved wall layering.</li></ul>
Waterville VC	<b>SECONDARY FINDINGS</b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"><li>• Small amount of mildly mineralized biliary sludge.</li></ul>
Kara Duh, DVM	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>INVOICE</b>	
78346	Diffuse gastric mural thickening with preservation of wall layering. In the context of the reported vomiting, this finding is most compatible with gastritis or other chronic inflammatory gastric disease. Mild duodenal mural thickening is also present. Although nonspecific, this finding may be associated with chronic enteropathy, including inflammatory, food-responsive, or dysbiosis-associated disease, and could contribute to the patient's chronic diarrhea.
<b>DATE</b>	
6/3/26	



**PATIENT**

Kringle Inman

No sonographic evidence of gastrointestinal obstruction, foreign material, focal gastrointestinal mass, loss of wall layering, or other findings strongly suggestive of aggressive infiltrative gastrointestinal neoplasia are identified in the submitted material.

**SPECIES**

Canine

The pylorus and pyloroduodenal junction could not be adequately assessed during this examination; therefore, subtle focal pathology affecting these regions cannot be completely excluded.

**BREED**

Labrador Retriever

A small amount of mildly mineralized biliary sludge is present without evidence of biliary obstruction and is considered of doubtful clinical significance.

**SEX**

Spayed female

**Recommendations**

- Correlation with a gastrointestinal laboratory panel, including serum cobalamin and folate concentrations, may be considered.
- Dietary management and medical therapy for chronic inflammatory gastrointestinal disease may be considered at the discretion of the attending veterinarian.
- If clinical signs persist, worsen, or recur despite appropriate therapy, endoscopic evaluation with gastric and intestinal biopsies may be considered for definitive characterization of the underlying enteropathy.

**AGE**

10 years

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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25 kg

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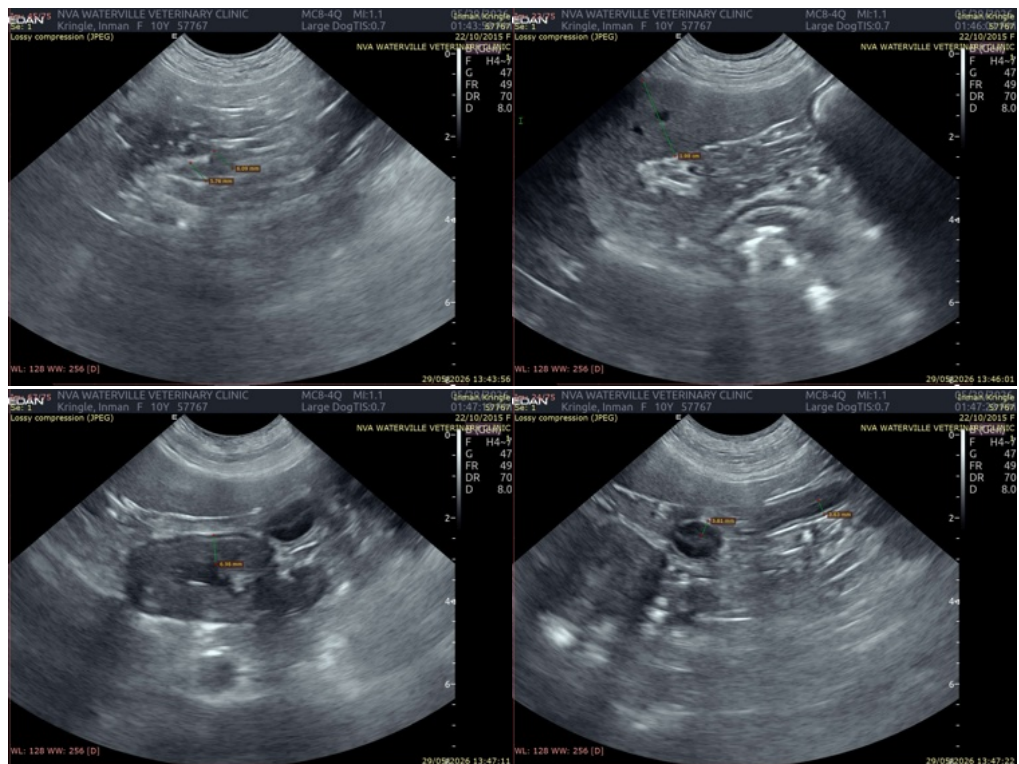
Kara Duh, DVM

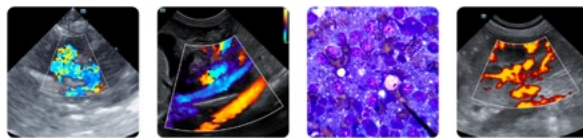
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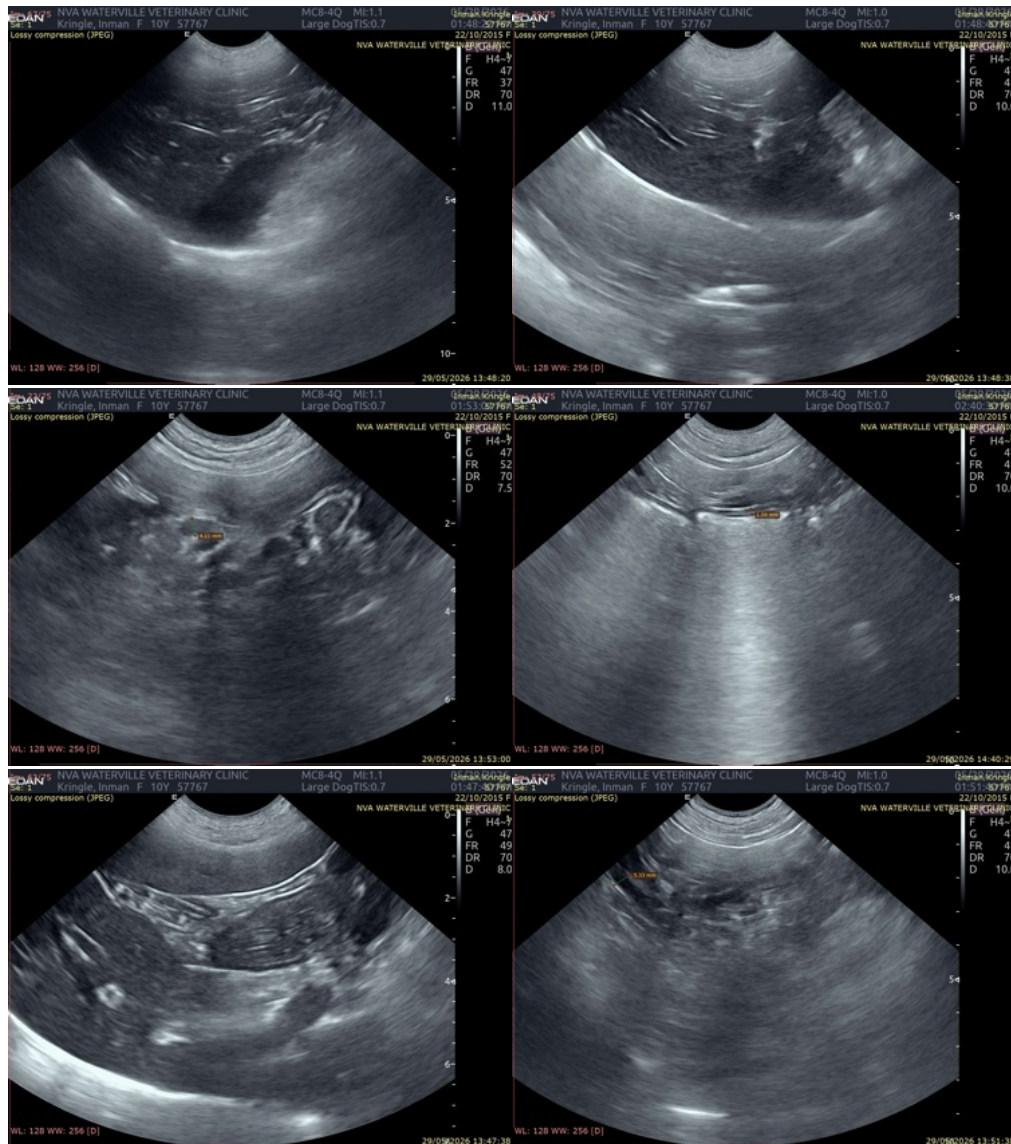
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.**

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