

## PATIENT

Ranger Ladolcetta

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

Neutered Male

## AGE

11

## WEIGHT

13

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

15136

## DATE

04/16/26

## PRESENTING CLINICAL SIGNS

Hx of Addison's, not right

Abnormal PE/Chem/CBC/UA Results: Lipase 478

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (X cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. The left kidney measured 4.19 cm in length. Pinpoint nonobstructive mineral densities and trace pyelectasia are present bilaterally. The right kidney measured 4.87 cm in length.

### Adrenal Glands

The left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.23 cm at the cranial pole and 0.22 cm width at the caudal pole.

The right adrenal gland is unable to be well visualized.

### Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

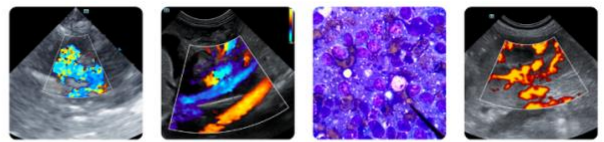
### Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

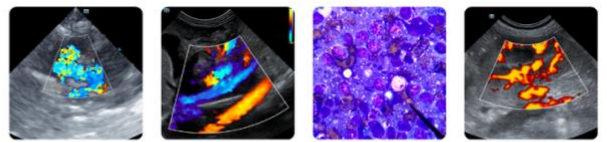
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

The stomach in one view, there is a focal gastric wall thickening measuring approximately 0.94 cm thick characterized by hypoechoic wall and some less than normal distinct layering. The remaining visible gastric wall is normal and thickness and layering and the lumen is empty.



|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PATIENT</b>              | The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Ranger Ladolcetta           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>SPECIES</b>              | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Canine                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>BREED</b>                | <b>Pancreas</b><br>The area of the pancreas contains irregular hyperechoic pancreatic remodeling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Maltese Mix                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>SEX</b>                  | <b>Free Abdomen</b><br>There is no visible free peritoneal effusion noted in these images.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Neutered Male               | There is no apparent pathologic lymphadenopathy noted in these images.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>AGE</b>                  | <b>ULTRASONOGRAPHIC FINDINGS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11                          | <ul style="list-style-type: none"> <li>Focal gastric thickening could represent a benign, infectious or inflammatory process, potentially some gastritis, even micro ulcerations secondary to other underlying metabolic disease versus other. Emerging infiltrative neoplasia, however can't be without tissue sampling.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>WEIGHT</b>               | <ul style="list-style-type: none"> <li>Hyperechoic pancreas- This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 13                          | <ul style="list-style-type: none"> <li>Bilateral chronic kidney disease changes with pinpoint nonobstructive mineral densities and trace pyelectasia bilaterally.</li> <li>Flat adrenal glands consistent with patient's reported history of Addison's disease.</li> <li>Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> <li>Chronic cystitis pattern.</li> </ul> |
| <b>INTERPRETED BY</b>       | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Beth Johnson, DVM<br>DACVIM | A routine fecal/Giardia exam is recommended if not recently evaluated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>IMAGING PERFORMED BY</b> | A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Jenn                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>HOSPITAL NAME</b>        | If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rockaway Animal Hospital    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>REFERRING VET</b>        | Pending results of workup combined with results to supportive/symptomatic medical management of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Dr. Maniar                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>INVOICE</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 15136                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>DATE</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 04/16/26                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



**PATIENT**

Ranger Ladolcetta

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

13

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

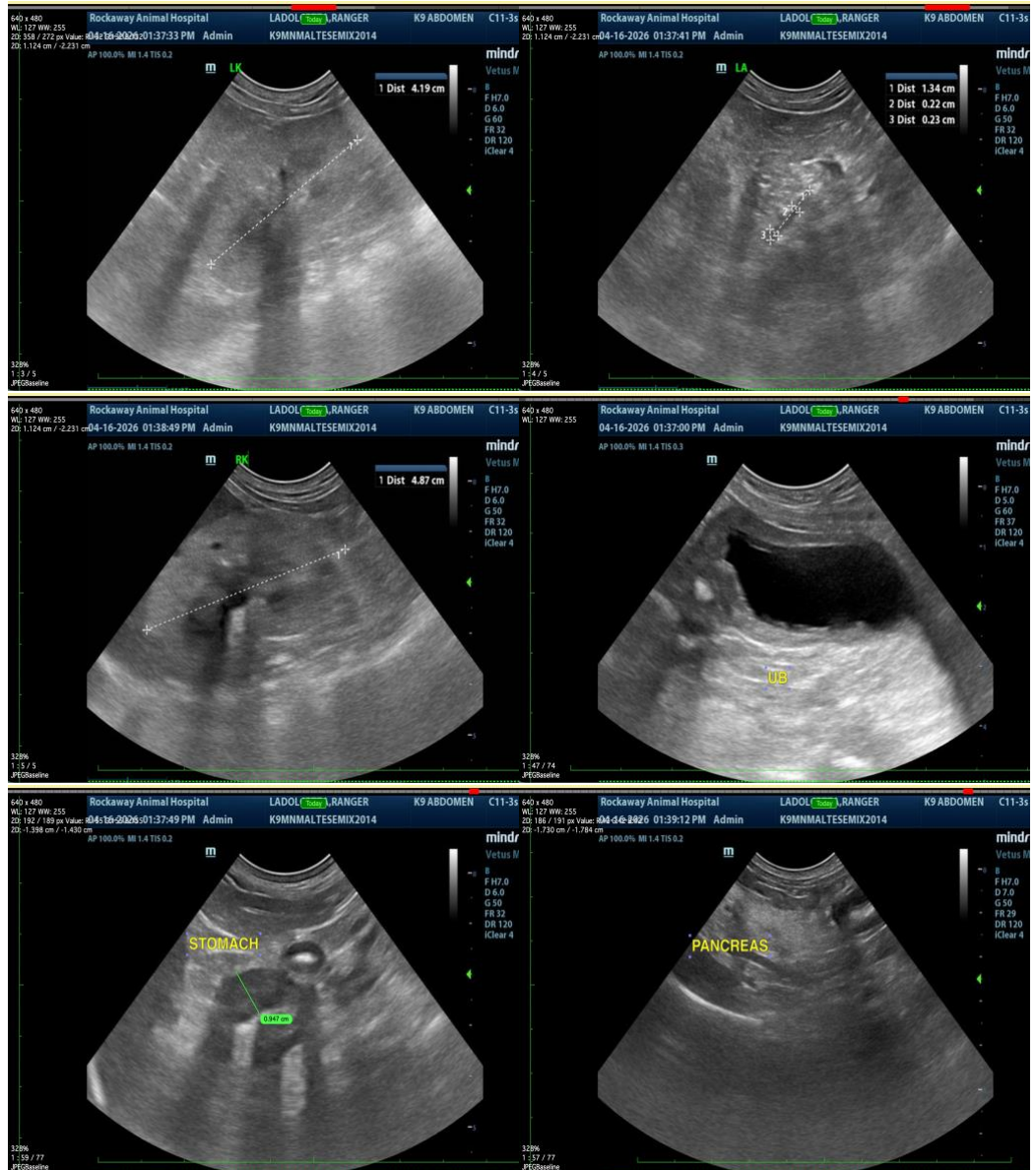
**INVOICE**

15136

**DATE**

04/16/26

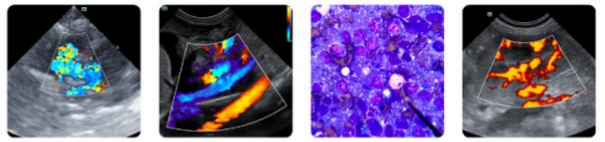
clinical signs etc., if gastric wall thickening is persistent, sampling is recommended. A fine needle aspirate can be considered if patient's coagulation status is appropriate or upper GI gastroscopy may be an option for further visual evaluation and biopsies of the area.



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.

Beth Johnson, DVM DACVIM



**PATIENT**

info@sonopath.com

Ranger Ladolcetta

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

13

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

15136

**DATE**

04/16/26