

**PATIENT**

Maci Denatale

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

35

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Dr. Gabriel

**HOSPITAL NAME**Central Jersey Animal  
Hospital**REFERRING VET**

Dr. Gabriel

**INVOICE**

72106

**DATE**

1/8/26

**PRESENTING CLINICAL SIGNS**

She act like in pain after every time she eats , everything else looks normal eating i/d diet  
Abnormal PE/Chem/CBC/UA Results: Had full blood work done at other vet all all is fine prior  
ultrasound shows mild lymphadenopathy

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**Spleen**

The spleen is subjectively normal in size (1.65 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



## PATIENT

Maci Denatale

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

2 Years

## WEIGHT

35

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING PERFORMED BY

Dr. Gabriel

## HOSPITAL NAME

Central Jersey Animal  
Hospital

## REFERRING VET

Dr. Gabriel

## INVOICE

72106

## DATE

1/8/26

## *Gastrointestinal*

The stomach contains moderate/large shadowing ingesta. The gastric wall appears slightly prominent, measuring at 0.50 cm with intact wall layering. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen. The outflow tract is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. Fluid distention of the small bowel is most consistent with passing ingesta. Mild ileus is possible.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## *Pancreas*

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## *Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Moderate/large shadowing ingesta visualized within the gastric lumen with a slightly prominent gastric wall – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction.
- Mild fluid/chyme distended small intestine – Findings are most consistent with passing ingesta. Mild ileus is possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the pain after eating. There is a significant amount of shadowing ingesta visualized within the stomach. If the patient was adequately fasted, this could represent delayed gastric emptying. Reevaluation could be considered after a more prolonged fast, or upper GI endoscopy could be considered to further evaluate the outflow tract and to obtain biopsies.

The gastric wall appears slightly prominent but not overtly thickened. This could represent anatomic variation or gastritis. Initial empirical therapy could include:

- Consider a hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

Correlate findings with abdominal radiographs.



**PATIENT**

Maci Denatale

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

35

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Dr. Gabriel

**HOSPITAL NAME**

Central Jersey Animal  
Hospital

**REFERRING VET**

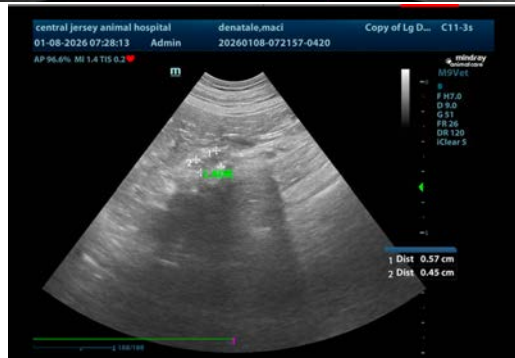
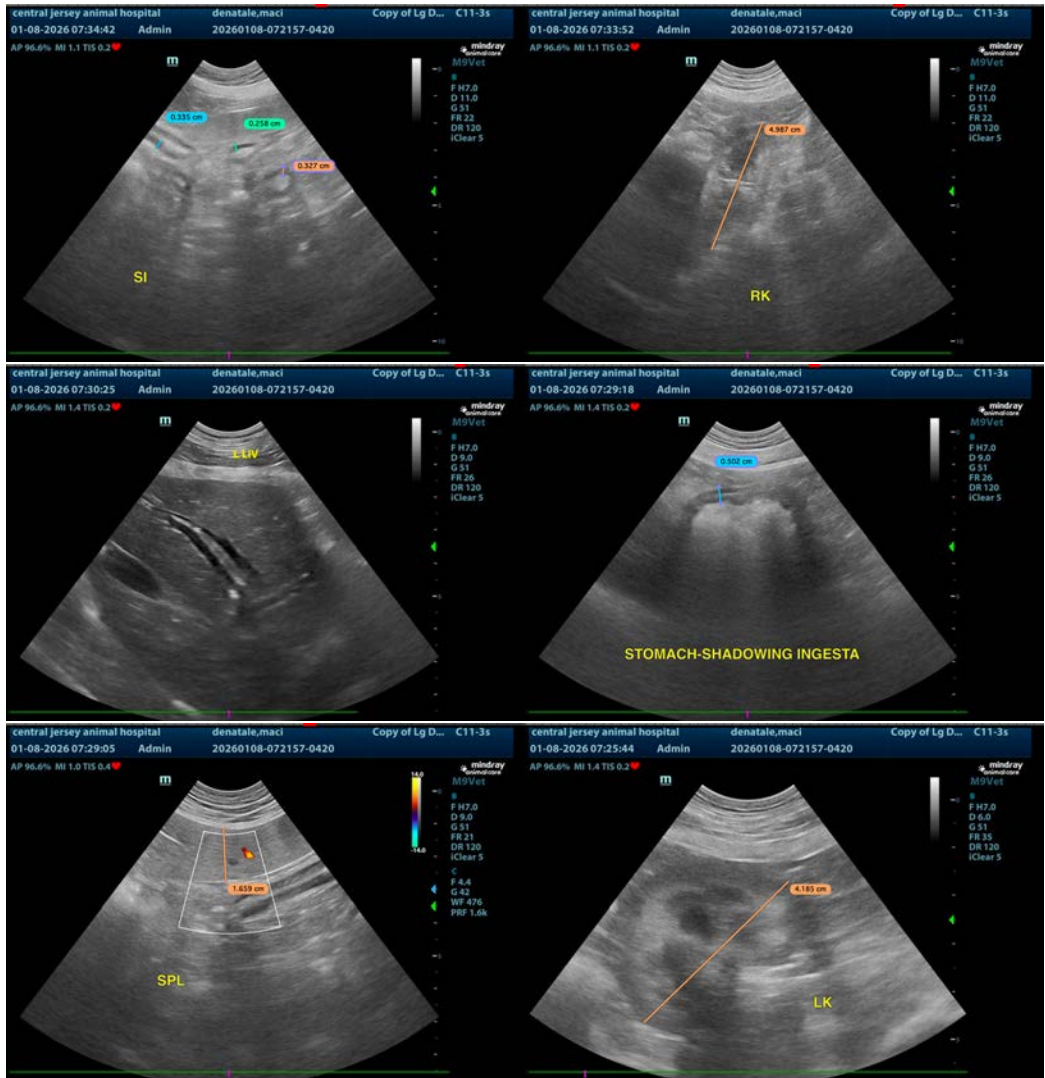
Dr. Gabriel

**INVOICE**

72106

**DATE**

1/8/26





## PATIENT

Maci Denatale

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

2 Years

## WEIGHT

35

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING PERFORMED BY

Dr. Gabriel

## HOSPITAL NAME

Central Jersey Animal  
Hospital

## REFERRING VET

Dr. Gabriel

## INVOICE

72106

## DATE

1/8/26

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com