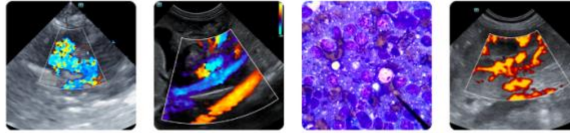


DATE

3/6/26

PATIENT

Ollie Archie

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

9/24/23

WEIGHT

24.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Weeks

INVOICE

36119

PRESENTING CLINICAL SIGNS

Patient History: Recurring GI issues -started with FB in the stomach Sept 2024, but did well after passing. HAd few GI issues but then HGE Jan 2026 -additional intermittent episodes of GI stasis treated with Cerenia

-Sep 2024 (FB), Oct 2024 (gastroenteritis), March 2025 (gastroenteritis), Jan 2026 (HGE), intermittent blood in stool since HGE Jan 2026

Current Medications: None.
Labwork Results: Labwork attached, reported as: Eosinophils elevated during last hosp Jan 2026
Baseline cortisol 2.6 on 9/27/24, Fecal negative 1/27/26
Date of Previous IntraPet Ultrasound: 9/2024. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.59 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.36 cm at the cranial pole and 0.42 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 right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.31 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild gas and fluid. The gastric wall appears thickened in some areas with mildly reduced detailed wall layering, measuring at 0.75 cm. There is an extensive area of prominent/thickened wall with reduced detailed wall layering. No definitive mass effect is visualized.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Duodenum measures 0.41 cm. Jejunum measures 0.37 cm. Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. Some areas of small intestine appear somewhat ropey with a prominent muscularis layer.

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 region 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

There is no free fluid. There is no significant lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized. An example measures 0.67 cm in width. The omentum is normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Thickened gastric wall with reduced detailed wall layering- Findings could be consistent with severe gastritis or early infiltrative disease.

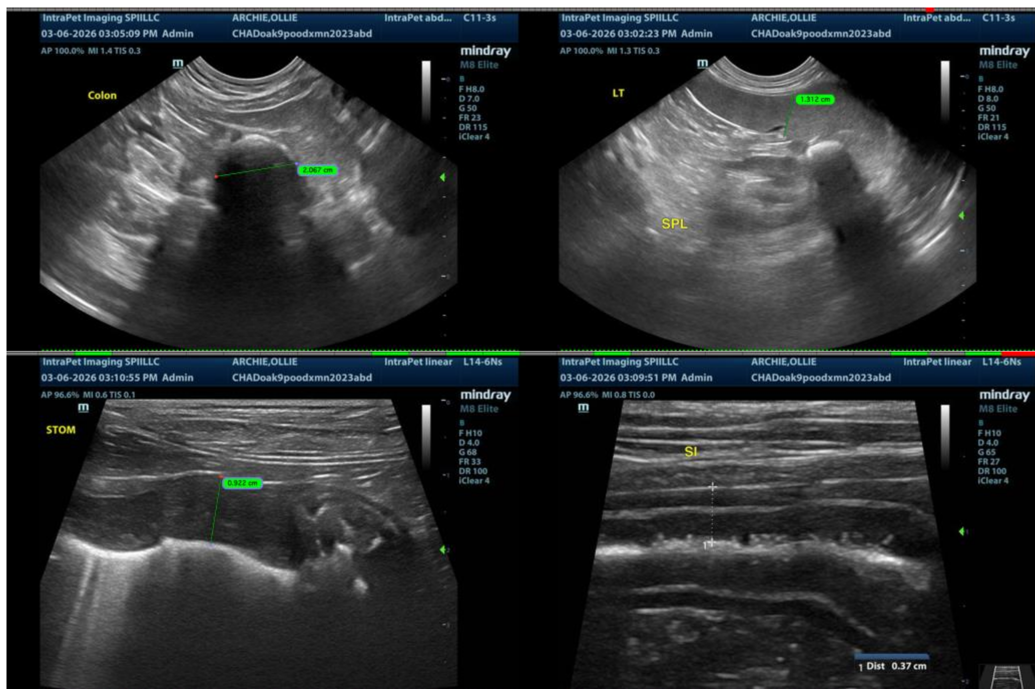
- Mild diffuse thickening of the small intestine with some areas appearing somewhat “ropey” with prominent muscularis layer- Findings are most consistent with inflammatory type change. Neoplastic change is much less likely.

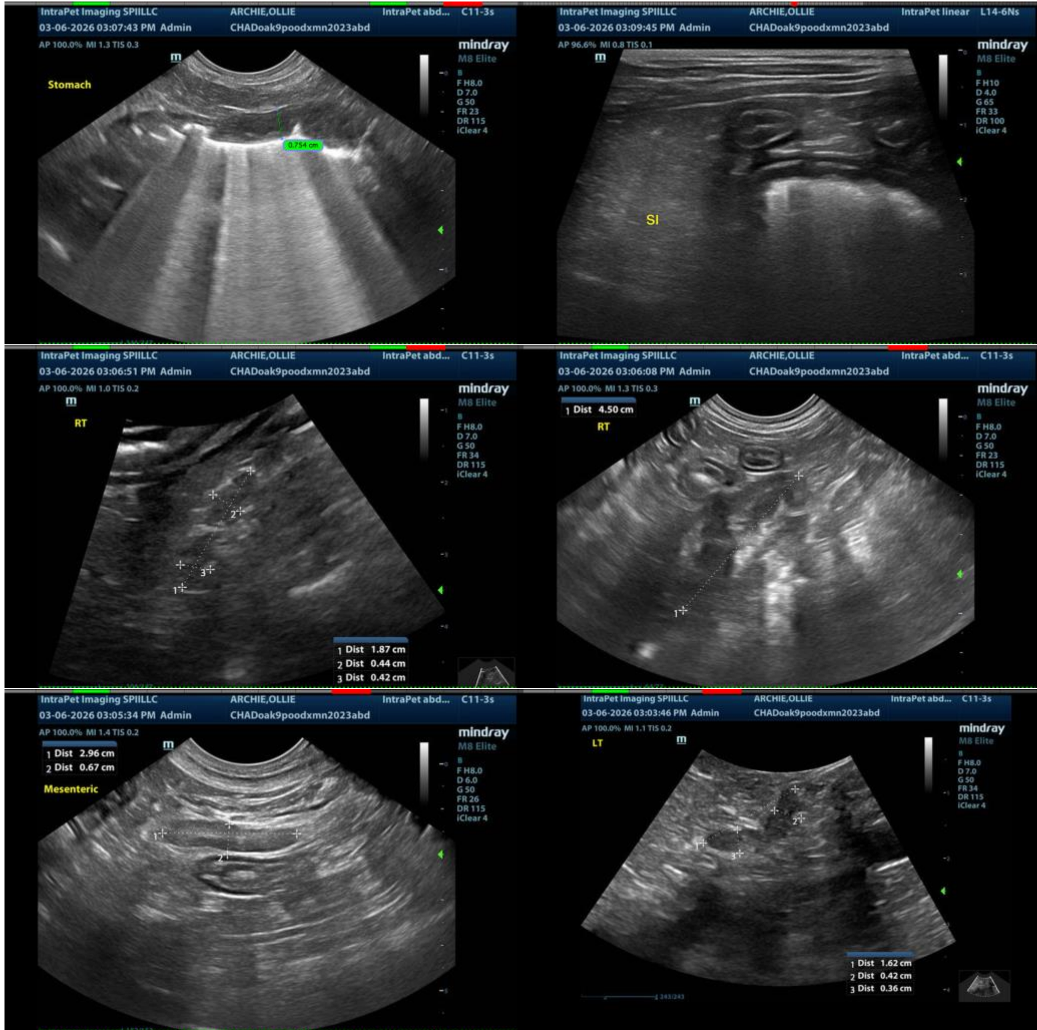
- Occasional reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall is prominent, hypoechoic, and thickened in some regions, most consistent with significant gastritis or possibly early infiltrative disease (neoplasia, fungal disease, eosinophilic infiltrates, etc.). The most consistent symptoms described are large bowel symptoms, so the significance of this is uncertain. Recommend changing to a hydrolyzed protein prescription diet, +/- fiber, additional fiber supplementation. If there's concern for possible chronic helicobacter gastritis or similar, you could consider empirical therapy. If symptoms are persistent, biopsies of the stomach (ideally surgical, possibly endoscopic) may need to be considered. Prior to this, you could also consider repeat imaging of the stomach in the future (6-8 weeks?) to see if the thickening has improved over time with treatment.

The small intestine appears mildly thickened and “ropey”. This could be consistent with underlying inflammatory type change. No significant changes were visualized associated with the colon, but ultrasound is somewhat insensitive in picking up mild focal lesions in the colon. If not already done, recommend screening for large bowel parasites. Consider a GI panel to Texas A&M for a qualitative PLI/TLI, cobalamin, and folate, looking for evidence of exocrine pancreatic insufficiency, dysbiosis, etc. Ultimately, a colonoscopy may be recommended to rule out a more significant lesion. Additionally, stress colitis can play a role.

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B
F H8.0
D 7.0
G 50
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Stomach
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1 Dist 1.87 cm
2 Dist 0.44 cm
3 Dist 0.42 cm
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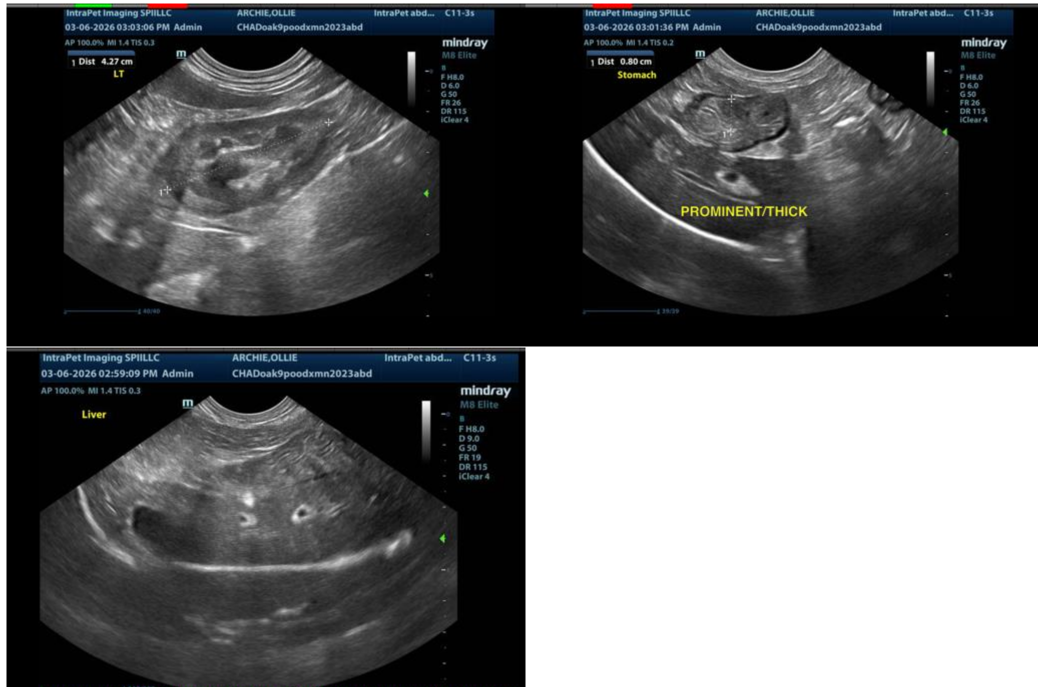
3 Dist 0.36 cm



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