



**DATE PRESENTING CLINICAL SIGNS**

3/6/26 Patient History: Seen 3 days ago for hyporexia, intermittent vomiting, hypersalivation, weight loss. PE - 2 lb weight loss, hyperemic gums, abdominal palpation mildly uncomfortable. Hydration normal.

**PATIENT**

Wellington Lamartina

Current Medications: Maropitant 60 mg 1 tab QD for 4 days. Last dose was on 03/05/2026  
Labwork Results: Labwork attached, reported as: Chloride 108 (slight low), Alk Phos 14 (low). Rads - small liver, no obvious obstructive pattern, loss of serosal detail in cranial abdomen on lateral view, stomach moderately distended appears to be gas but rugal folds look abnormal.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

Lab Mix

Imaging Performed by: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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.

**AGE**

11/14/14

The prostate is normal in size (1.94 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.

**WEIGHT**

41.5 Pounds

The left kidney has a normal shape and size (5.59 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (5.35 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.

**HOSPITAL NAME**

Chadwell AH

**Adrenal Glands**

**REFERRING VET**

Dr. Jones

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.38 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.

**INVOICE**

36120

The right adrenal gland is normal in size measuring 0.64 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 (2.25 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 normal/borderline small in size, with normal echogenicity and 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains a mild amount of fluid. Some of the areas of gastric wall appear normal with significant rugal folding and intact wall layering. The deeper cranial aspects of the body of the stomach appear somewhat thickened with reduced detailed wall layering. Some measurements are up to 1.9 cm in thickness. No evidence of an obstructive process is present. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.41 cm in wall thickness) and the jejunum measured as normal (0.28 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. The omentum is hyperechoic around the stomach.

## **ULTRASONOGRAPHIC FINDINGS**

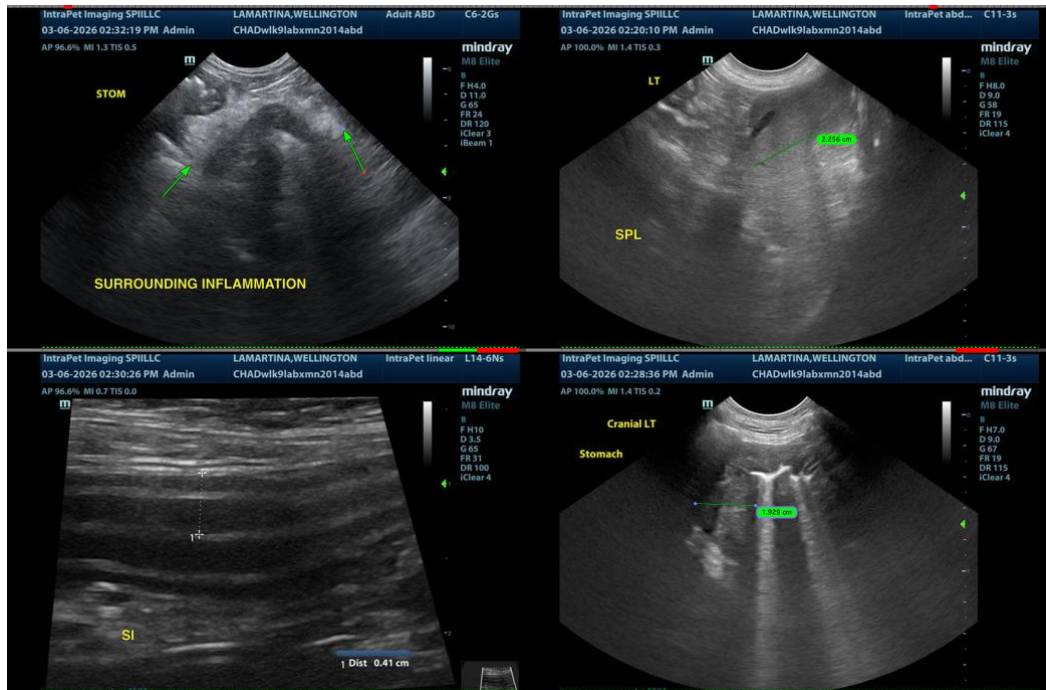
- Focal area of thickened gastric wall with decreased wall layering. Findings are most consistent with severe gastritis or early infiltrative disease.
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Borderline small liver- If there is concern for underlying liver disease, consider pre-and post-prandial bile acids.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some of the areas of gastric wall appear thickened with reduced detail of wall layering. This can be a variable finding, as wall distension and angle of measurement can affect the appearance of the gastric wall. Nonetheless, there additionally appears to be some inflammation in the region, increasing concern. Consider empirical treatment for gastritis/gastroenteritis and close continued monitoring. Reassessment of the gastric wall should be considered. If symptoms and or gastric wall thickening is persistent (recheck in approximately two weeks- sooner if concerned), then surgical biopsies of the stomach and GI tract may be warranted.

Consider pre- and post-prandial bile acids to further assess liver function and to ensure this is not contributing to the symptoms described.







**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](mailto:info@sonopath.com)