



PATIENT

Ranger Ladolcetta

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

74973

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Recheck prev u/s 4/16 and 4/20 Hx of Addison's Owner reports doing well but is concerned he has lost some weight since last visit She has stopped giving him treats like she used to. Current meds Pred

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall has a smooth mucosal surface but appears slightly thickened, measuring at 0.50 cm, particularly in the apical region. The region of the trigone and ureteral papillae appear free of any mass lesions or calculi.

The prostate is normal in size (0.85 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 (3.83 cm) with numerous small cortical cysts and pyelectasia at 0.30 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.37 cm) with numerous small cortical cysts and mild pyelectasia at 0.16 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

Normal areas of the left and right adrenal glands. The adrenals are poorly defined, consistent with the current diagnosis of Addison's disease.

Spleen

The spleen is subjectively normal in size (1.0 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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

Ranger Ladolcetta

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

74973

DATE

5/6/26

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is prominent, measuring at 0.60 cm with intact wall layering. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.30 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 pancreas is mildly mottled in the right limb. 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

- Prominent/mildly thickened urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Bilateral renal changes consistent with chronic age related renal disease and bilateral pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Subjectively large, mildly heterogeneous liver – Findings are most consistent with a mild vacuolar hepatopathy. Other hepatopathies are possible.
- Prominent gastric wall with intact wall layering – Findings could be normal for this individual or be consistent with mild gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes observed on today's exam appear relatively stable as compared to the previous exam from 4/20/26. This includes changes to the kidneys, pancreas, stomach and adrenals. Recommend a urinalysis and culture to assess for possible pyelonephritis based on the pyelectasia noted. If not already done, recommend a blood pressure, looking for concurrent hypertension, or a urine protein to creatinine ratio, looking for any evidence of significant proteinuria.



PATIENT

Ranger Ladolcetta

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

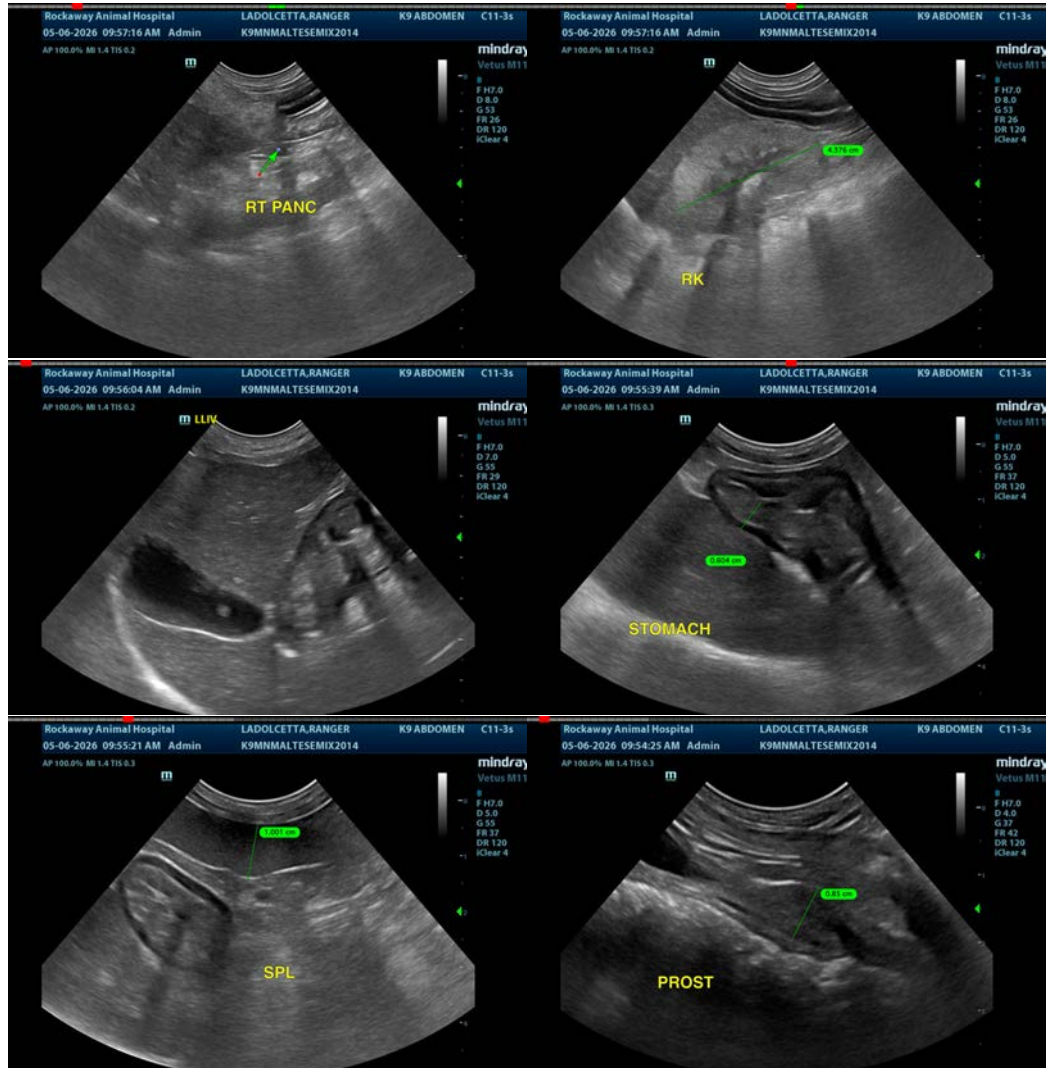
74973

DATE

5/6/26

The liver appears slightly heterogeneous. This may be secondary to chronic Prednisone therapy. No focal lesions are observed.

Recommend close continued monitoring. If weight loss is persistent, you could consider a GI panel to Texas A&M for qualitative PLI, TLI, cobalamin and folate, looking for additional evidence of underlying gastrointestinal disease. Additionally, you could consider repeat imaging. If current lab work has not been performed, this should be evaluated, looking for elevations in liver and kidney values.





PATIENT

Ranger Ladolcetta

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

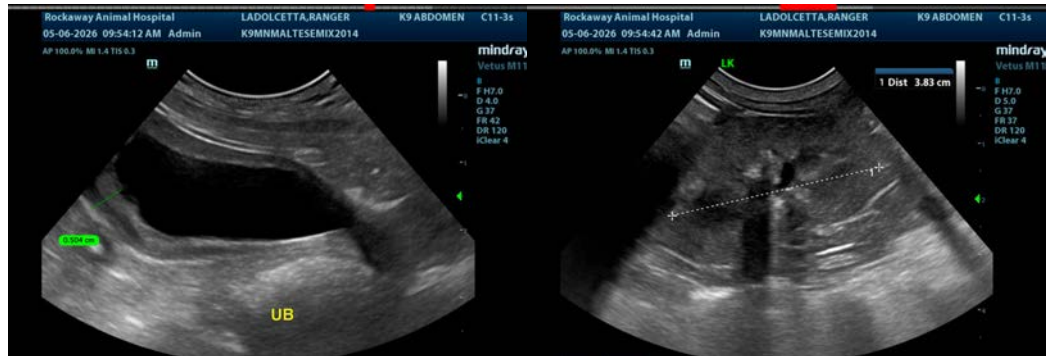
Dr. Maniar

INVOICE

74973

DATE

5/6/26



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