

PATIENT

Freya Rommen

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

34 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Payton Hunt

INVOICE

36511

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: Hx of vomiting once on Monday, went to other rDVM and prescribed Cerenia, no vomiting since. Chronic diarrhea persistent since Monday with minimal improvement. Hx of dietary indiscretion. CBC/CHEM/spec cPL -- all wnl. Rads show concern for GI foreign body, poss round/circular FB in stomach. If FB, rec GI surgery asap.

Abnormal PE/Chem/CBC/UA Results: Labs performed at rDVM: CBC/CHEM/spec cpl -- all wnl See attached rads: Rads show concern for GI foreign body, poss round/circular FB in stomach. Significant diarrhea/gas in abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Left kidney is normal in size (4.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (5.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.27 cm at the cranial pole and 0.25 cm at the caudal pole.

Right adrenal gland is unable to be well visualized in these images.

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 non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT

Freya Rommen

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

34 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Payton Hunt

INVOICE

36511

DATE

4/10/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

In some images labeled the area of the left adrenal gland (but I'm not sure that is an accurate label, as it looks like it's in the right cranial abdomen, potentially the early duodenum), there is a focal loop of bowel that is mildly dilated with an approximately 1.0 cm x 1.4 cm echogenic intraluminal density. There is no evidence of an obstructive pattern or shadowing from this area, plication, or other indication of an obstruction or foreign body, but a partial or nonshadowing foreign object can't be definitively ruled out. Other differentials, however, include a mild amount of chyme/ingesta with normal peristalsis.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Flat left adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Mild reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely. This finding may be in part some normal patient variant given patient's young age.
- As described above, the appearance of the bowel contents are most consistent with normal ingesta and gas, although a small partially obstructive nonshadowing foreign object or density in the proximal duodenum can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Freya Rommen

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

34 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Payton Hunt

INVOICE

36511

DATE

4/10/26

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A routine fecal/Giardia exam is recommended if not recently evaluated.

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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

In the meantime:

Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.

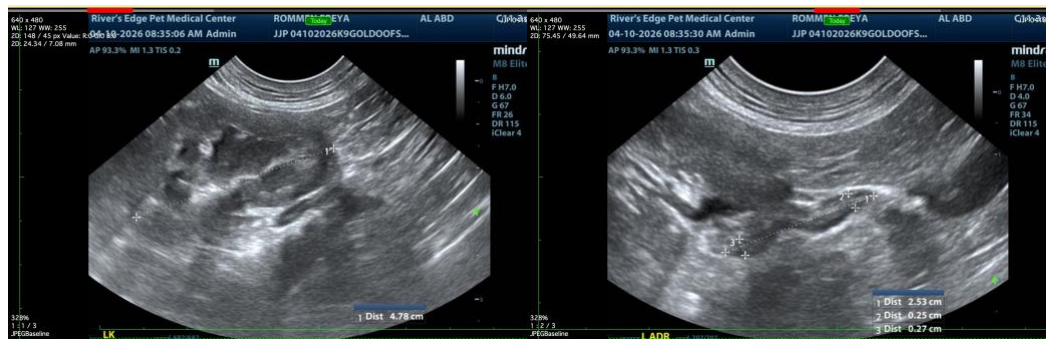
Additionally, empirical deworming with a 5-day course of Panacur is recommended.

A full course of empirical Helicobacter triple therapy could be considered.

A probiotic, such as visbiome or proviable, may be helpful.

Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

If clinical signs persist, and a diagnosis is not obtained, recheck imaging following an additional 12-24 hours of fasting, and/or alternative imaging, such as contrast radiography versus other, could be considered for further evaluation of the one questionable area noted in this study.





PATIENT

Freya Rommen

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1 Year 5 Months

WEIGHT

34 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

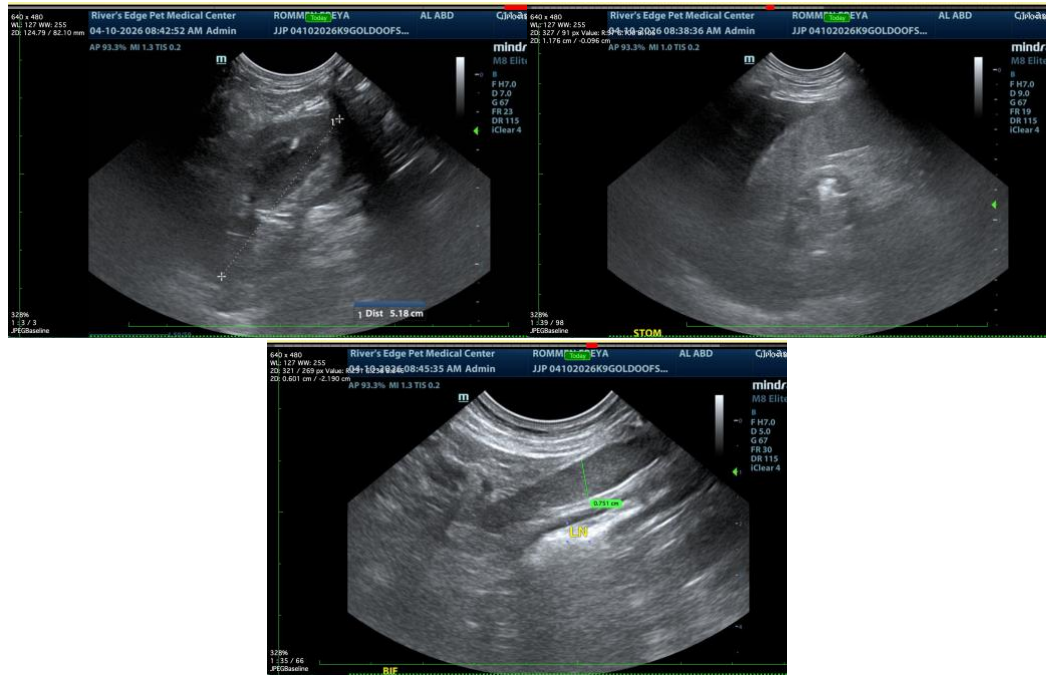
Dr. Payton Hunt

INVOICE

36511

DATE

4/10/26



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.

Beth Johnson, DVM DACVIM

info@sonopath.com