



**PATIENT**

Cooper d'Souza

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Intact Male

**AGE**

17 Weeks

**WEIGHT**

11 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hawkins Animal  
 Hospital

**REFERRING VET**

Dr. Rutledge

**INVOICE**

71713

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

Vomited once yesterday 9:45 am (food and fluid). was very hyper later yesterday and last night vomited again today. last time around 5 pm had a good breakfast today and ate most of his lunch today vomited soon after (food and mucousy fluid). 1 right lateral radiograph done has some soft tissue ingesta in stomach (esp pylorus) and appears to have soft tissue density in cranial si then gas filled si then more soft tissue density lots of formed feces in colon Current Medications Sucralfate 200mg - 5ml last dose this am

Abnormal PE/Chem/CBC/UA Results: labs and rads attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 5.5 cm. Right kidney measures 5.48 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal gland measures 1.66 cm in length x 0.31 cm at the cranial pole and 0.31 cm at the caudal pole. Right adrenal gland measures 2.03 cm in length x 0.30 cm at the caudal pole and 0.75 cm at the cranial pole.

**Spleen**

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**

The stomach is largely empty with a small volume of fluid present. There is no visible shadowing material in the lumen. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal luminal contents with some gas shadowing and no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

**Lymph Nodes**

Mesenteric lymph nodes are prominent, consistent with patient's age.

**Free Abdomen**

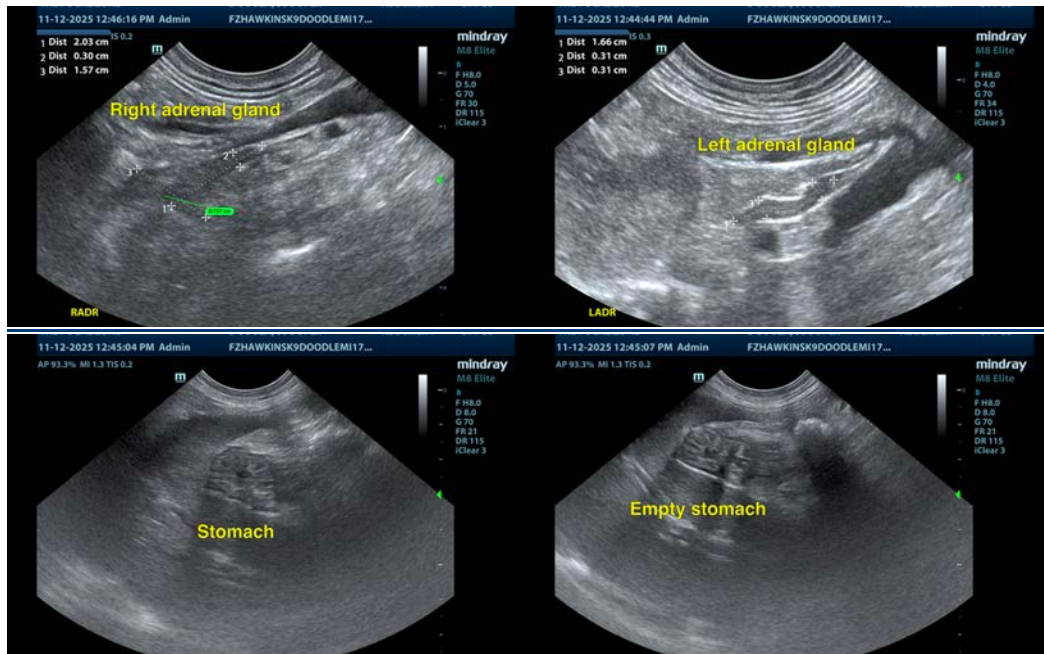
There is very scant free fluid between bowel loops, which is normal for this patient's age.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable puppy abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no definitive cause of reported vomiting on this abdominal study. There are no signs of obstruction and no significant GI distention. Resolving gastroenteritis, passing foreign material, or other dietary indiscretion is likely. Infectious enteritis cannot be ruled out.





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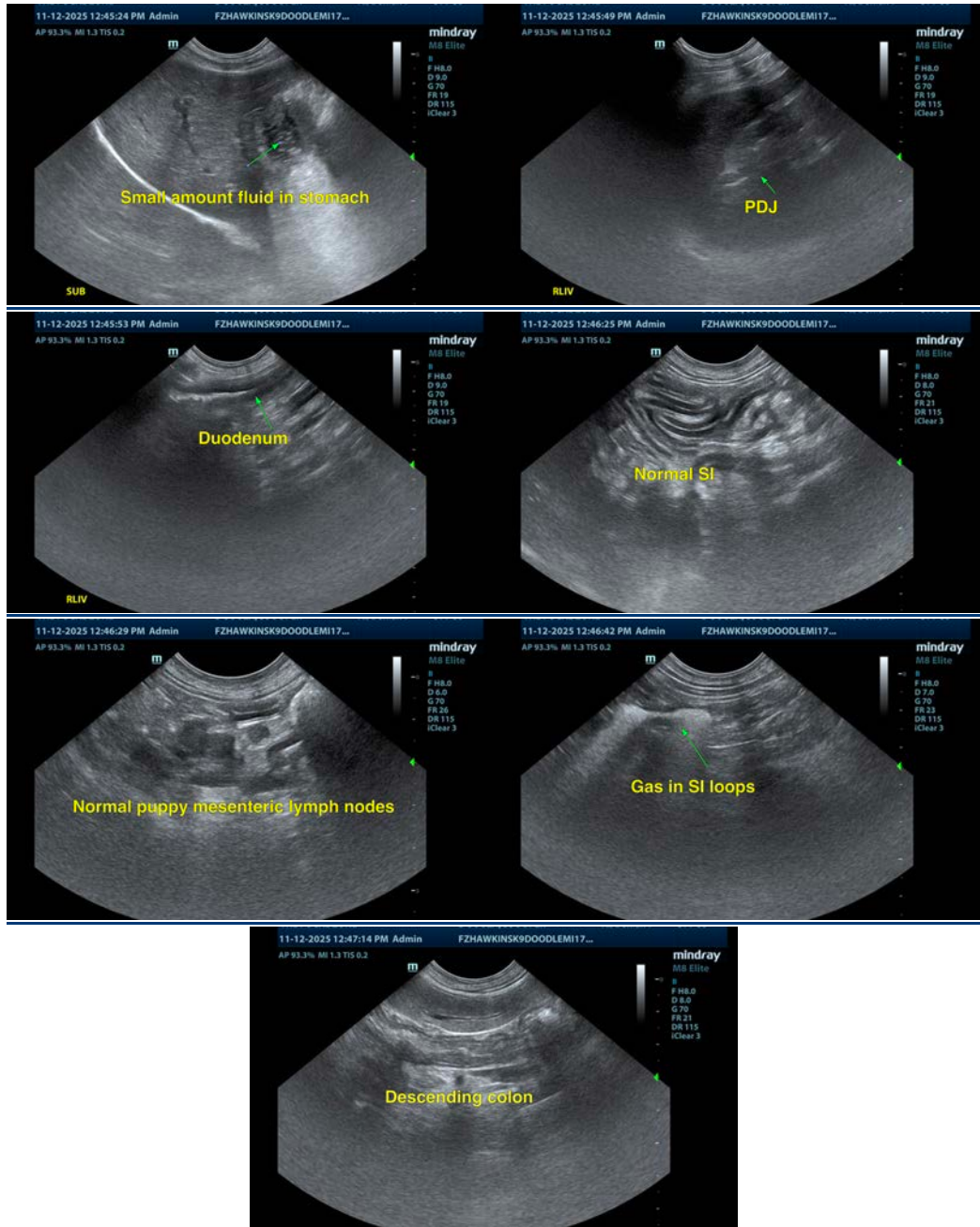
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com