



**PATIENT**

Benji Nam

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

3 Years 3 Months

**WEIGHT**

25 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

New Bridge Veterinary  
 Practice

**REFERRING VET**

Dr. Glennon

**INVOICE**

75283

**DATE**

5/20/26

**PRESENTING CLINICAL SIGNS**

Vomiting, excessive salivation, acute episode of vomiting after returning from a walk and afraid he ate something while walking

**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 measured 4.21 cm. Right kidney measures 4.27 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 measures 1.7 cm in length x 0.40 cm at the cranial pole and 0.48 cm at the caudal pole. Right measures 1.71 cm in length x 0.76 cm at the cranial pole and 0.50 cm at the caudal 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 contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with 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.

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.



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**Pancreas**

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

**Free Abdomen**

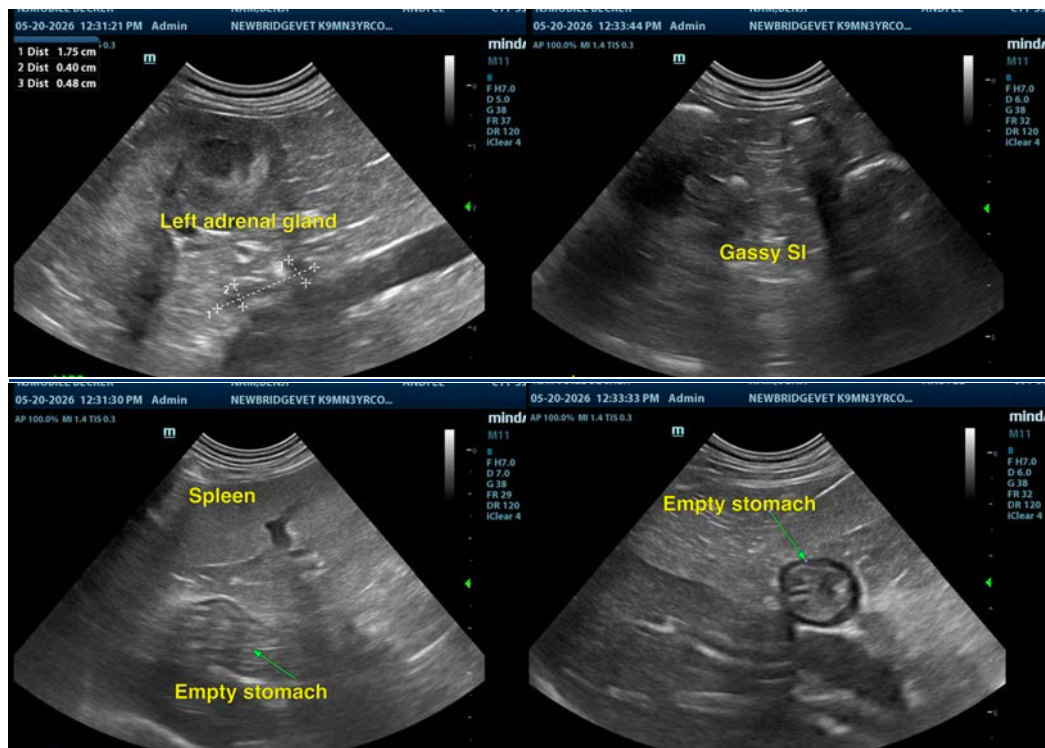
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

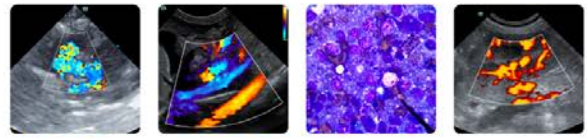
**ULTRASONOGRAPHIC FINDINGS**

- Gassy small intestine with no distention, no visible foreign material.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no ultrasonographically evident cause of acute vomiting on abdominal ultrasound. The stomach appears empty on ultrasound and there is no overt small intestinal foreign material or signs of obstruction. Continued monitoring for GI signs with GI support as needed is reasonable.





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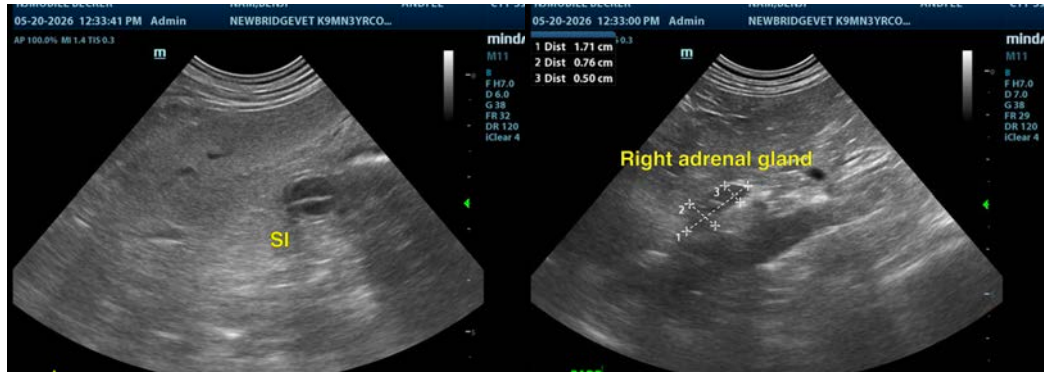
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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