



PATIENT

Saba Rubi

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

1 Year 1 Month

WEIGHT

4.8 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Alma Alicea

INVOICE

75324

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Pt presented 5/19/26 to EC w/ acute onset of hematemesis. No diarrhea. She is known to eat napkins, pieces of cardboard, and breaks toys. Past hx of GI problems whenever her diet is changed.

Abd. US recommended to better evaluate GI tract and r/o FB

Pt was fasted for 13 hrs prior to the study.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached as supporting documents. CBC (wnl), Chem (bun 30, lipase 5966, amyl >2500), Lytes (wnl), cPL (>2000). Abdominal radiographs show granular material in fundus and colon. Fecal Negative.

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. Right kidney measured 3.32 cm. Left kidney measured 3.16 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. Right measures 1.29 cm in length x 0.36 cm at the caudal pole and 0.39 cm at the cranial pole. Left measures 1.46 cm in length x 0.32 cm at the caudal pole and 0.36 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 contains a small amount of hyperechoic non-shadowing material most consistent with ingesta/chyme. There are small objects visible within this material with complete acoustic dropout, which may represent foreign material. There is some gas shadowing partially obstructing visualization. The stomach is not overtly distended. The pyloroduodenal junction is empty.



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The duodenum, jejunum and ileum are non-distended with minimal luminal contents. They are of normal thickness with generally normal wall layering. Focal loops of jejunum have a slightly prominent muscularis layer, which may indicate infiltrative disease or may be due to angle of visualization.

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 visible pancreas was observed to be largely isoechoic to surrounding omental fat. The right pancreatic limb is often more prominent in dogs.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is very scant fluid noted between small intestinal loops.

ULTRASONOGRAPHIC FINDINGS

- Small shadowing material consistent with ingesta in the stomach.
- Very scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While there is material within the stomach with complete acoustic dropout consistent with possible foreign material, it does not appear overtly obstructive and appears small on visualization. Given the patient fast of 13 hours, having gastric contents is somewhat unusual. In the face of gastroenteritis, gastric emptying may be delayed. If there remains significant clinical concern for gastric foreign material, endoscopy or gastrotomy could be considered to further visualize. Continuing with supportive care for gastroenteritis and possible pancreatitis is not unreasonable.

The pancreas does not appear overtly abnormal on ultrasound. However, bloodwork is suggestive of pancreatic inflammation.

The mild thickening of the muscularis layer in some loops of jejunum may indicate infiltrative disease such as IBD or other chronic enteropathy.

Given the patient's reported sensitivity to diet changes, consideration for underlying food sensitivity is reasonable. Gastroprotectants should be considered in this patient, given reported hematemesis.





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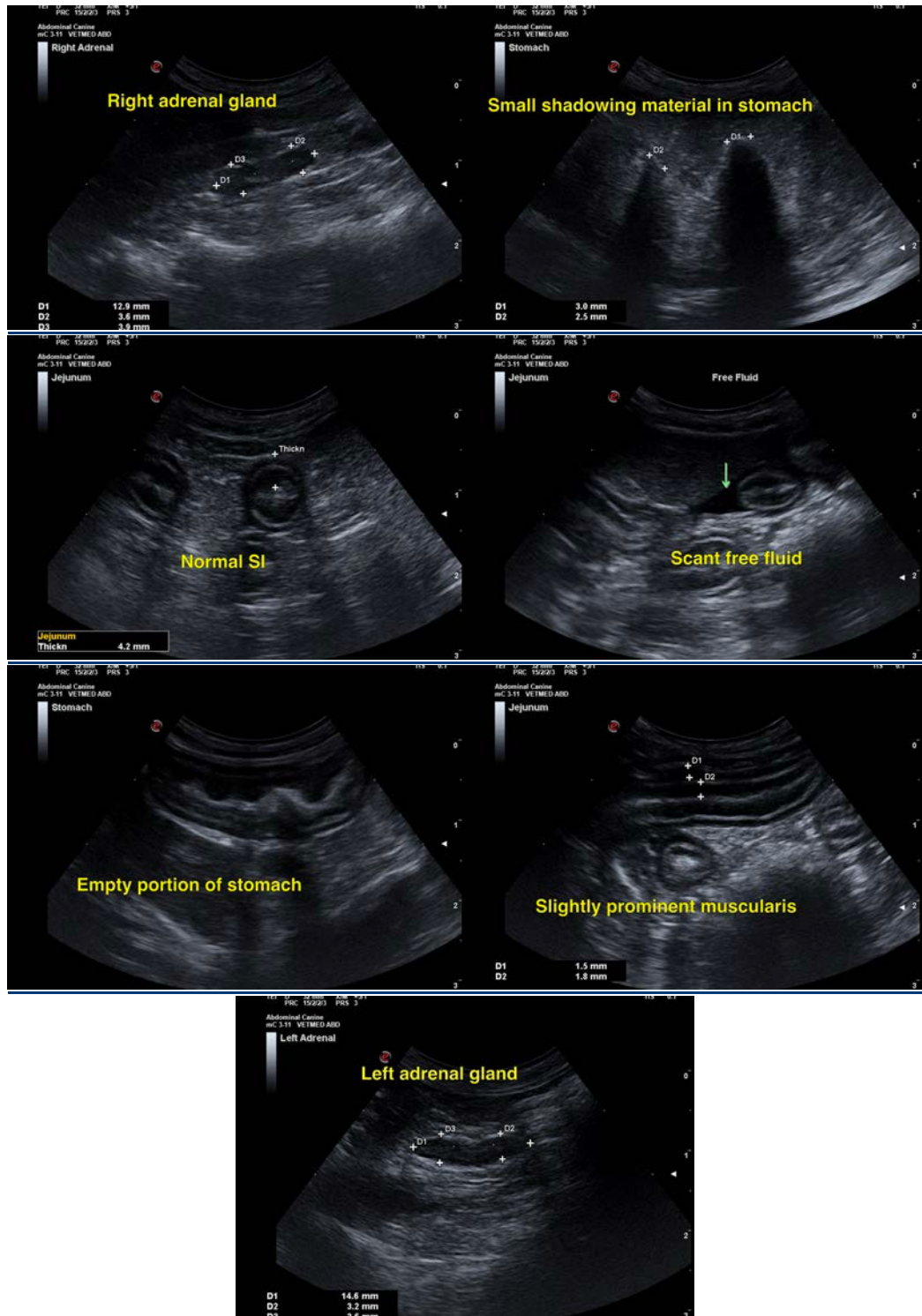
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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