



PATIENT

River Lopp

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

6 Years

WEIGHT

66 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Emily Stager, DVM

INVOICE

75009

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Consumed bully stick on Sunday, possibly sibling's bully stick as well. Diarrhea since Monday, started vomiting yesterday. Bloody diarrhea started while patient was in hospital yesterday (prior per owner it has just been diarrhea, no blood). Last time patient ate a meal was 5/4 PM. Did not offer food yesterday, did eat some scrambled eggs prior to ultrasound today. Drinking normally, no vomiting after drinking. No coughing or sneezing. Primary purpose of exam is to rule out foreign body. Received Cerenia 1 mg/kg SQ yesterday at 3:30 PM and 300 mL LRS SQ. Metronidazole 500 mg PO at 10 AM today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (5.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.1 mm and the caudal pole measures 4.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 6.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach contains hyperechoic linear material that is mildly shadowing. A representative piece of this material measures 1.9 cm in length. It may be the bully stick patient has reportedly eaten this past weekend. This may be causing a partial outflow tract obstruction. There is a moderate amount of food material within the stomach. No obvious mechanical obstruction seen within the small bowel. Colon contains normal contents with normal wall thickness.



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Pancreas

The area of the left and right pancreas seen, no obvious pancreatic disease seen.

Free Abdomen

Mild mesenteric reactive lymphadenopathy noted. A representative node measures 34.2 mm x 7.0 mm

No free abdominal fluid is seen.

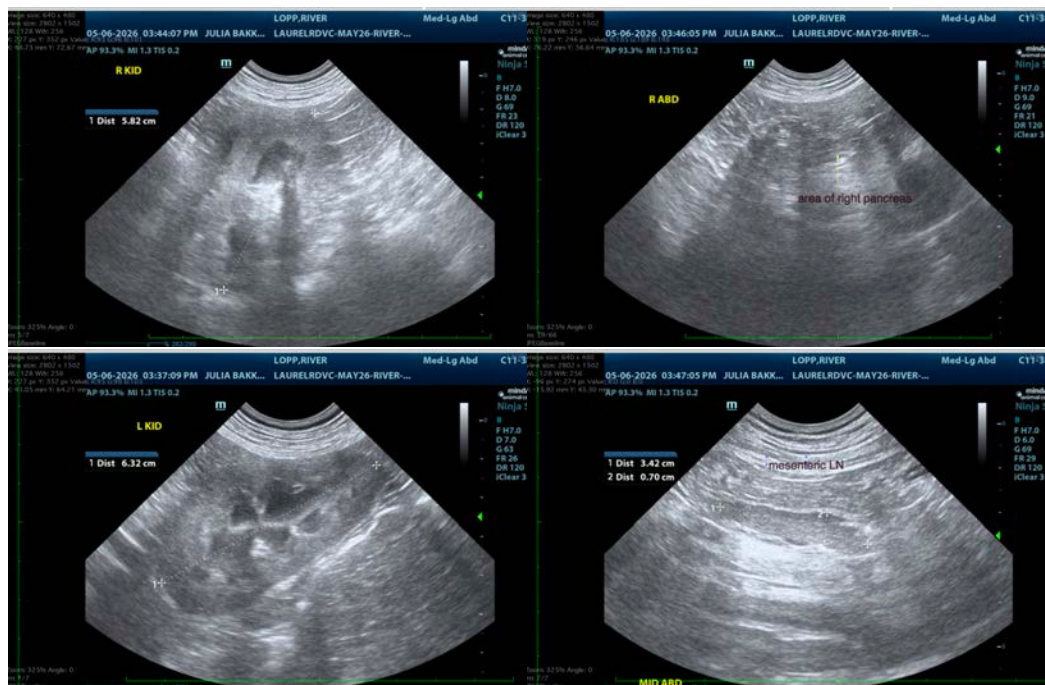
ULTRASONOGRAPHIC FINDINGS

- Mildly shadowing linear material in the stomach – Possibly the ingested bully stick possibly causing partial outflow tract obstruction.
- Mild reactive mesenteric lymph nodes.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that the bully stick is causing a partial outflow tract obstruction. I suspect that given this is digestible material that it will digest given an appropriate amount of time. Consider treating the patient supportively. If within 48-72 hours patient's clinical signs have not resolved, consider repeating either radiographs or ultrasound to determine if the patient is still partially distended with ingesta and hyperechoic shadowing linear material. If so, then consider exploratory laparotomy at that time to evaluate gastric contents.

The mesenteric lymph nodes are likely reactive, unlikely to be neoplastic.





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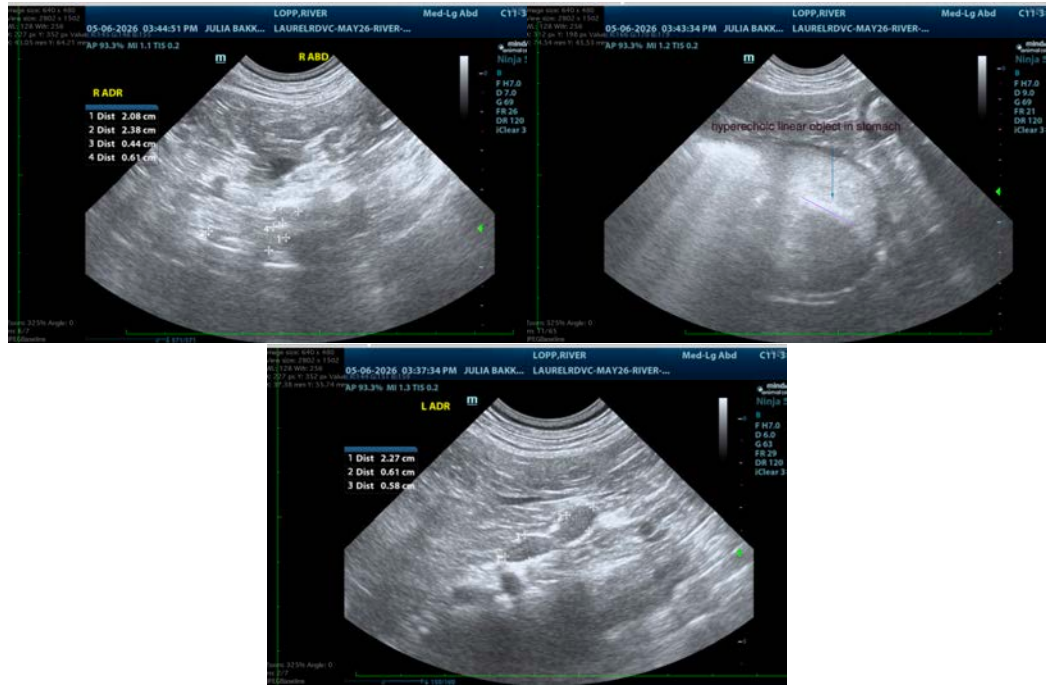
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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