



PATIENT

Sophie Shand

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

7 Years 8 Months

WEIGHT

31 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Woodcliff Lake
Veterinary Hospital

REFERRING VET

Dr. Black

INVOICE

75690

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Hematochezia plus minus vomiting.

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 (5.2 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

The left kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.1 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.3 mm and the caudal pole measures 5.4 mm.

Spleen

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

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.

The gallbladder contains moderate aggregated debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

There are segments of upper small bowel that are mildly dilated with fluid and food material. The distal small intestine appears normal in thickness and layering and does not contain any food or fluid. In the mid jejunum there is a section of small bowel that appears to contain material that is causing hard shadowing.



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It is possible this hard shadowing represents a partially or fully obstructing foreign material. However, a definitive foreign object cannot be identified in that abnormal loop of bowel. The colon appears to have normal formed stool within it.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

- Moderate aggregated gallbladder debris.
- Full stomach.
- Suspect hard shadowing material in the jejunum, possible foreign body though not definitive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The gallbladder debris is most likely clinically incidental at this time. However, given the appearance of the debris, consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses.

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Consider rechecking ultrasound in 12-24 hours to determine if the suspected material within the jejunum has passed through the GI tract. If the hard shadowing persists and the upper GI tract continues to be fluid and food dilated and the stomach continues to be full, then an exploratory laparotomy would be recommended to evaluate the GI tract further. If no obstructive foreign material is identified on exploratory laparotomy, recommend gastric and intestinal biopsies.

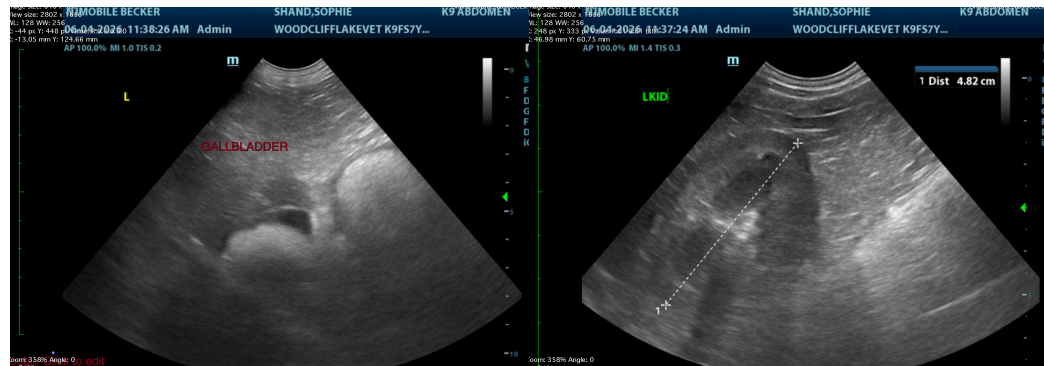
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Given the patient's hematochezia, recommend screening for fecal parasites via fecal pathogen PCR testing. If comprehensive lab work has not been performed, recommend doing this to screen for possible electrolyte changes or possibility of lack of a stress leukogram, which may indicate possible hypoadrenocorticism. If these changes are seen, consider submitting an ACTH stimulation test.

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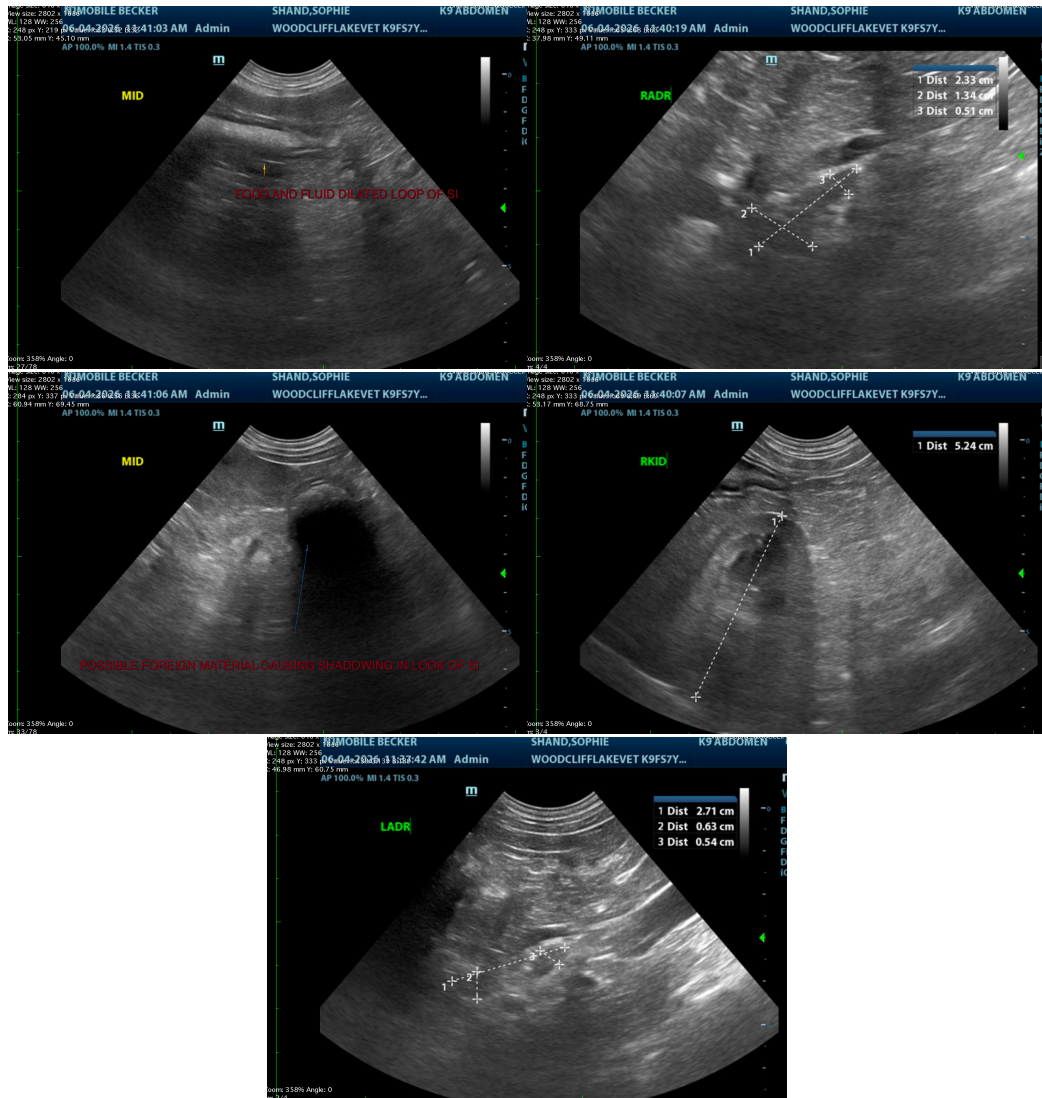
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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