



PATIENT

3M Stoppay

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

12

WEIGHT

15.7 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

72124

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Some vomiting, coughing, history of murmur and collapsing trachea.

Abnormal PE/Chem/CBC/UA Results: Mild muscle loss, slightly pendulous doughy abdomen, grade 2 systolic murmur, RBBCC 5.37, HCT 37.2 Hg 12.5, BNP 425

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign.

This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The adrenal glands were not clearly visualized. The region of the adrenals appeared free of overt pathology.

Spleen

The visualized portions of spleen appeared subnormal in size, likely due to volume contraction.

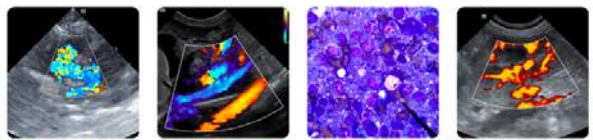
Liver

The liver was increased in size with a diffusely swollen capsule contour. The parenchyma was normal in echogenicity with a mildly coarse echotexture. The hepatic vasculature was diffusely dilated, including the caudal vena cava at the level of the hepatic veins. There was no visible thrombus in the vasculature.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. The colon was largely empty.



PATIENT

3M Stoppay

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

12

WEIGHT

15.7 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

72124

DATE

11/26/25

Pancreas

The visualized portions of pancreas appeared normal to mildly nodular. Large portions of pancreas were not visible due to the hyperechoic mesentery.

Free Abdomen

A large volume, cellular peritoneal effusion was present. The mesentery was hyperechoic and irregular with a diffuse nodular pattern.

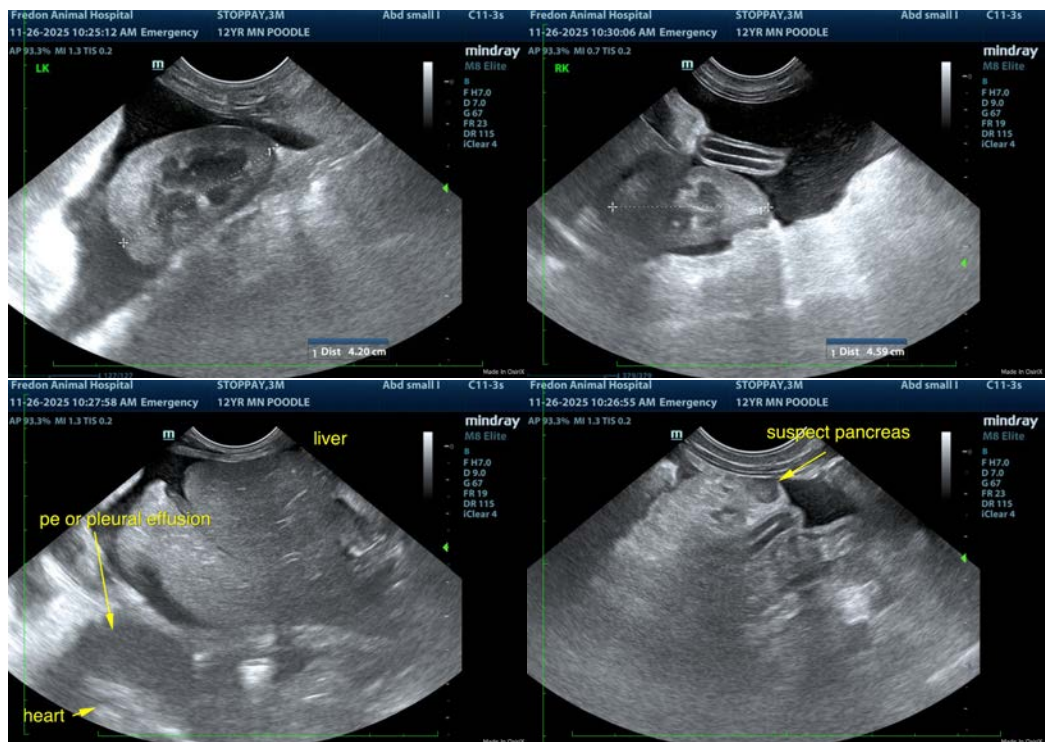
On transdiaphragmatic views there was a pleural effusion and/or pericardial effusion visible.

ULTRASONOGRAPHIC FINDINGS

- Large volume peritoneal effusion.
- Congestive hepatopathy – secondary to intrathoracic pathology.
- Mildly nodular pancreas – pancreatitis versus potential for pancreatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the thorax is recommended with x-rays and ultrasound if possible. There may be a pericardial effusion that needs urgent attention. A fresh collected sample of abdominal fluid is recommended for fluid analysis and cytospin for cytology.





PATIENT

3M Stoppay

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

12

WEIGHT

15.7 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

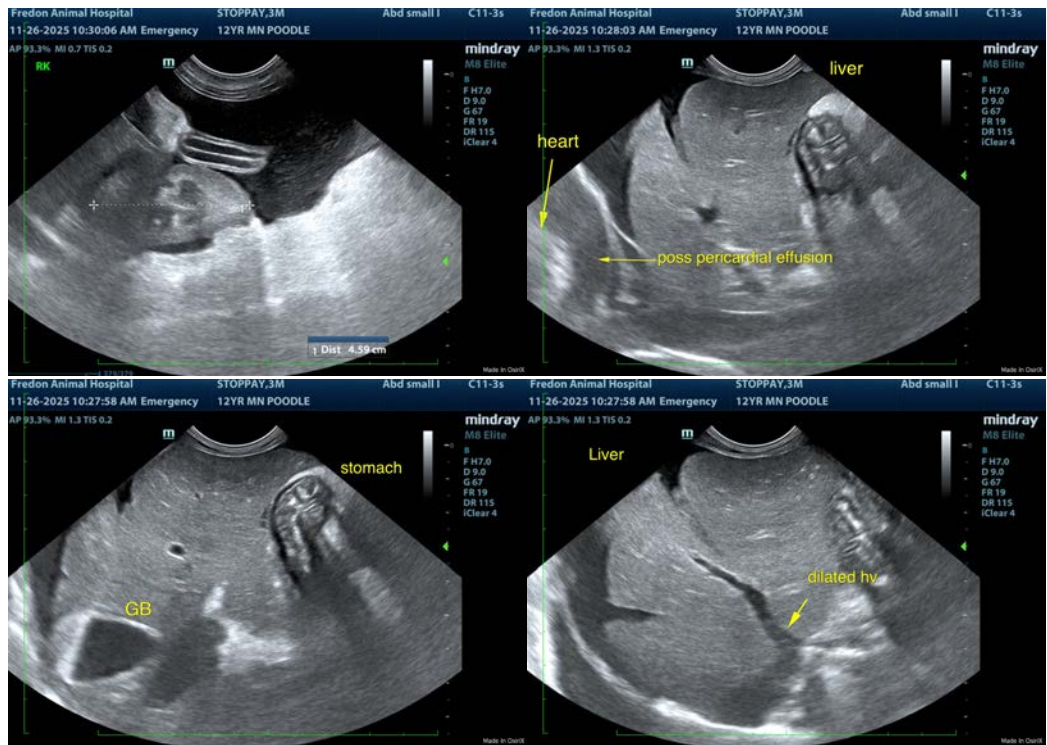
Dr. Linda Grau

INVOICE

72124

DATE

11/26/25



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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com