



PATIENT

Mirabelle Arnold

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

1 Year 2 Months

WEIGHT

9.4

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Richmond Animal
Hospital

REFERRING VET

Dr. Miranda Fritz

INVOICE

72158

DATE

1/13/26

PRESENTING CLINICAL SIGNS

P presented for intermittent hematochezia. O states that about 1x a month for the past few months p will have a bout of bloody diarrhea. This past episode which was 2-3 weeks ago p also experienced hematemesis. P lethargic and shakes a lot during these episodes. No known FB, toxin exposure or correlation with food, treats, or f/t/hw medication. P treated supportively in the past with bland diet, antacids, +/- sucralfate and metronidazole. This past time metronidazole not prescribed, p still recovered within a few days. Full bw, cortisol, fecal, T4 done with this past episode.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable - TPR wnl CBC - mild monocytosis Chem - wnl TT4 - 2.8 ug/dL Cortisol - 2.1 ug/dL Fecal - NOS GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 3.38 cm. Right kidney measures 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left measures 1.46 cm x 0.21 cm x 0.27 cm. Right measures 1.42 cm x 0.35 cm x 0.53 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.



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Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

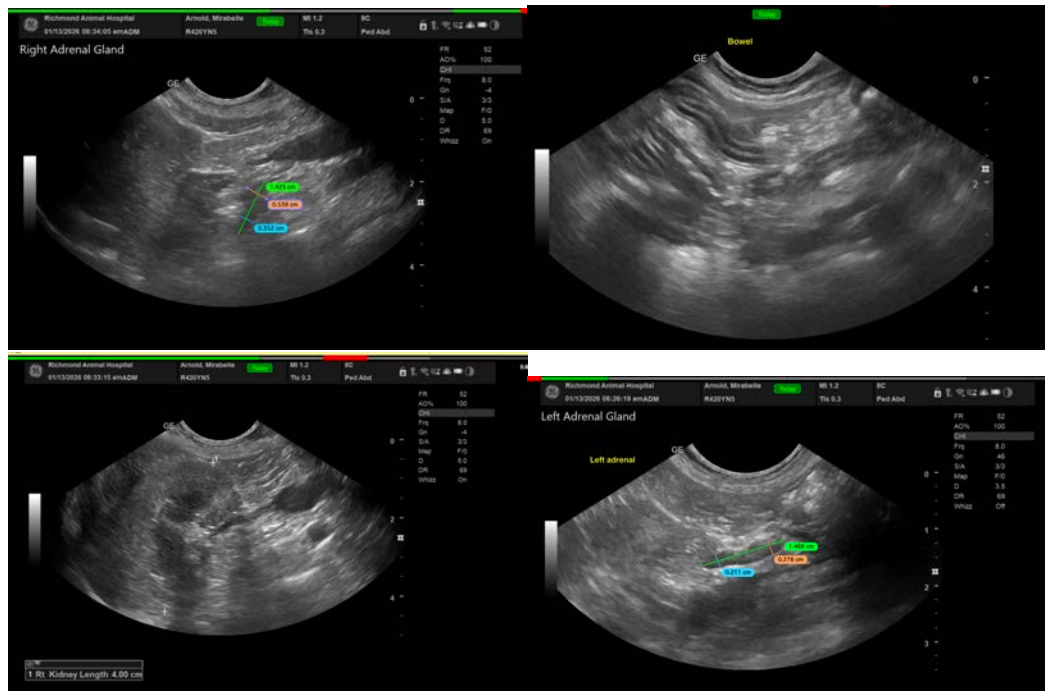
- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a normal abdomen with no evidence of changes within the stomach or intestinal tract as an explanation for the chronic intermittent GI Symptoms present in this patient. Since a thorough workup has been performed including full blood work and a cortisol level, which were found to be uniform, the primary concern is an abnormal microbiome that has led to intermittent vomiting and diarrhea clinical signs. A food sensitivity should also be considered. It is therefore recommended to initiate a hypoallergenic die trial with daily probiotics.

If there is no response to the diet trial within 3-4 weeks, then a Hills Biome diet with daily probiotics should be considered in order to specifically address the microbiome in this patient.

If there continues to be persistent abnormal clinical signs, then a fecal transplant to replace the bacterial population in the gut should be considered, and lastly, intestinal biopsies.





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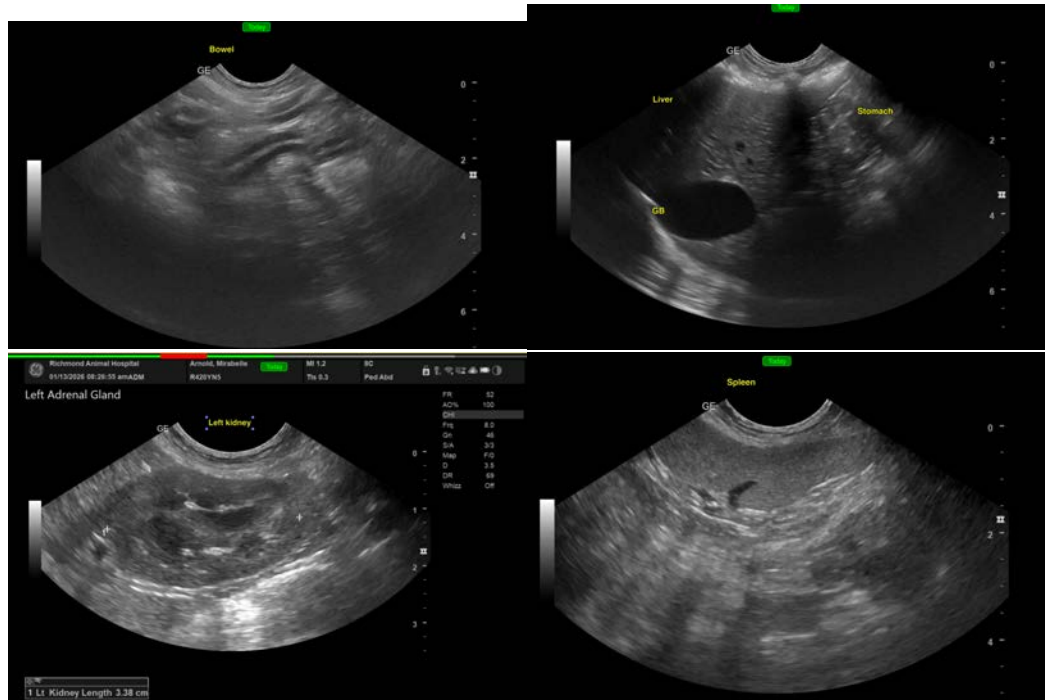
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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