



PATIENT

Bruno Reyes

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

10mo

WEIGHT

28.4lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Alma Alicea

INVOICE 23434

DATE
01/05/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound in order to rule out the possibility of a foreign body obstruction. Px has been vomiting for several days and then sequentially developed diarrhea. Abdominal radiographs were taken by the referring DVM, these showed what is suspected to be an obstructive pattern. Bloodwork (CBC/Chem) are unremarkable. Px was fasted, given IV fluids, Cereneia, and famotidine. Recheck abdominal rads today (1/5/2026) show improvement in gas pattern, but there are still some odd areas of gas in SI. Clinically dog is stable otherwise (no more v/d) but has cerenia on board. We are referring Bruno for an abd. US to r/o possibility of FB obstruction.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached as supporting documents CBC and CHEM: WNL Parvo test: neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.58 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental gas and no signs of mechanical/metabolic ileus, obstruction or foreign material. The ileocolic junction was sonographically normal.

Goldendoodle

Normal visible colon wall layers were present with semi formed to soft feces and gas in lumen.

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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

10mo

No omental masses or peritoneal effusion was present.

WEIGHT

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

28.4lb

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

- Sonographically unremarkable generalized empty gastrointestinal tract with mild gastric and segmental intestinal gas.
- Intermittent mild benign mesenteric lymphadenopathy-mild hyperplasia owing to inflammatory bowel episode or immunologic immaturity probable
- Normal area of pancreas
- Minor gallbladder debris- likely secondary to anorexia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastrointestinal mechanical obstruction, obstructive pattern or foreign material. Dietary intolerance, infectious disease, enterotoxic insult, non-structural inflammatory bowel episode, occult parasitism, less likely occult Addison's disease given normal adrenal glands, all potentials. Gastrointestinal support is indicated. Sonographic reassessment is indicated if continued recurring or progressive gastrointestinal signs.

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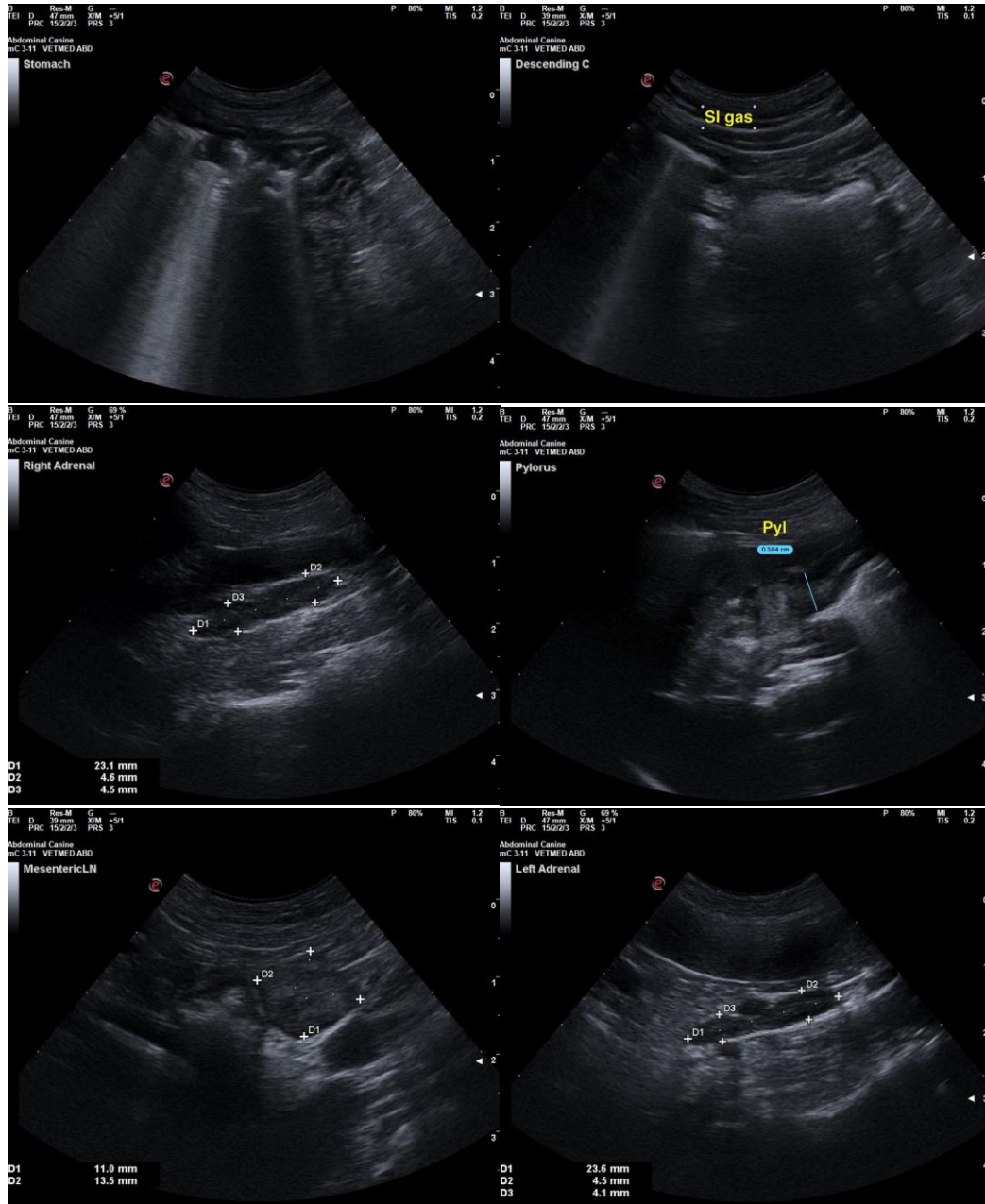
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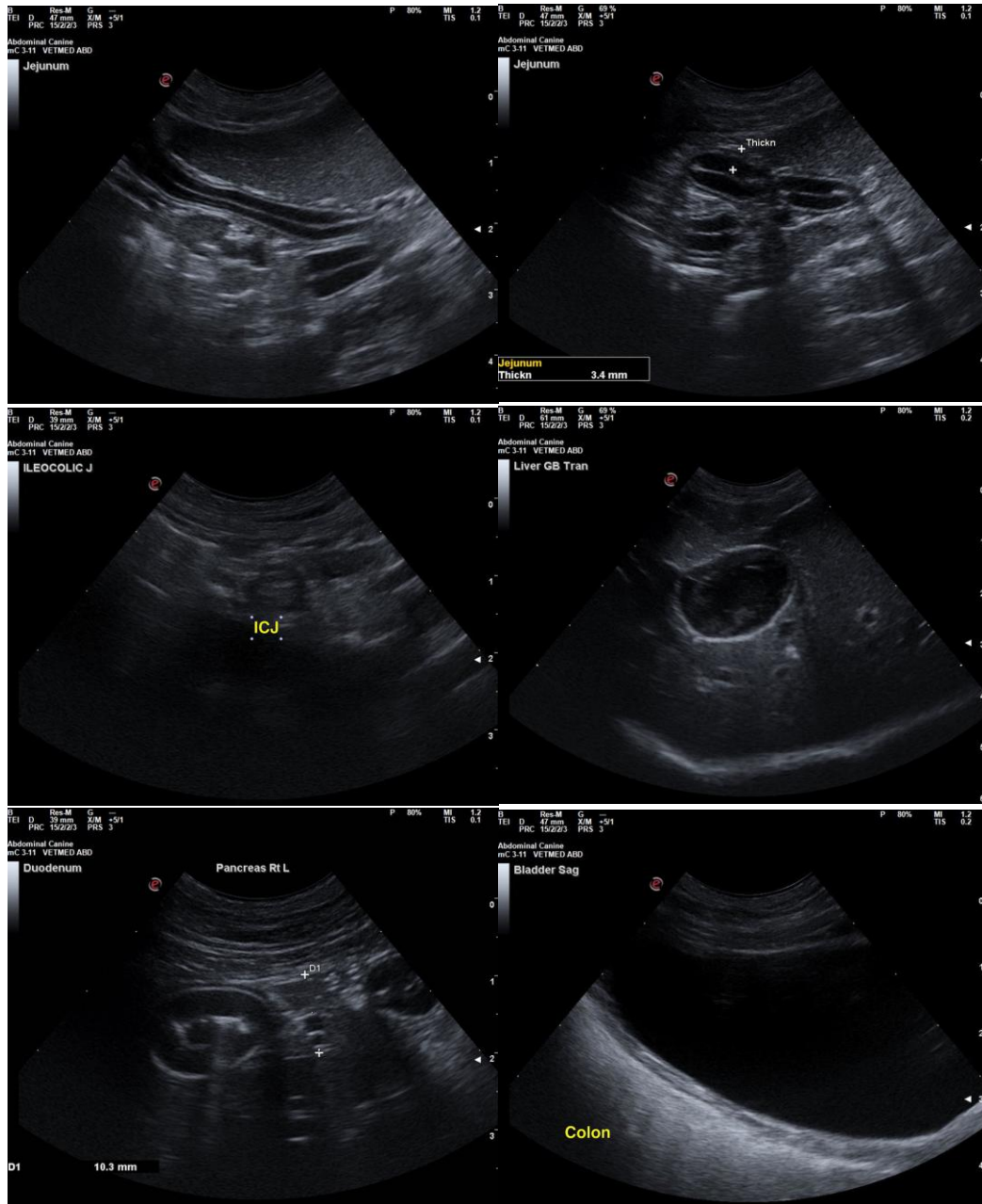
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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