



PATIENT

Ruby Algren

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

61 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Griffin

INVOICE

12979

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

Patient had a seizure a couple of days ago. Patient has history of eating foreign objects. Owner states patient has been vomiting blood clots since yesterday.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem: GGT 17, ALKP 20 Abd Rads: 3 round mineral opacity in urinary bladder consistent with bladder stones, diffuse gas pattern in intestines that does not appear to obstructive UA: USG 1.040, pH 8, Bil 1, leuk 25, blood neg, protein neg, suspected bacteria cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present with subjective three dependent lumen calculi with an example measuring 1.0 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 pyelectasia. The left kidney measured 5.9 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized with no obvious pathology.

The right adrenal gland was not definitively visualized with no obvious pathology.

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. Adequate vascular volume was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented thickened to mildly irregular wall exhibiting mild asymmetrical luminal surface contour and intact to indistinct gastric mural detail. The gastric lumen was empty with mild lumen gas



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and no definitive evidence of obstruction to pyloric outflow or gastric foreign material. The ventral gastric body wall measured 0.65 cm wall width. The ventral pylorus wall to potential upper duodenum wall measured 0.78 cm wall width.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with an empty intestinal lumen. An example of small intestine wall measured 0.34 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Variably thickened empty stomach.
- Normal empty visualized small intestine.
- Normal area of the pancreas.
- Nonvisualized bilateral adrenal glands.
- Nonobstructive cystic calculi and mild urine sediment.
- Unremarkable normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized evidence of mechanical gastrointestinal obstructive pattern or definitive foreign material. The thickened empty stomach may indicate inflammatory, infectious or (suspected less likely) emerging infiltrative or neoplastic etiologies. Definitive gastric ulceration was not obvious yet nonobstructive ulceration or microulceration is possible given the hematochezia. Gastroprotectants, dietary trial +/- empirical therapy for helicobacter with clinical monitoring may prove beneficial. Screening cortisol level to rule out Addison's disease is recommended. Upper gastrointestinal endoscopy with biopsies is likely required for further assessment. Urine culture and sensitivity on sterile urine sample is recommended if not done. No obvious hepatic shunt.



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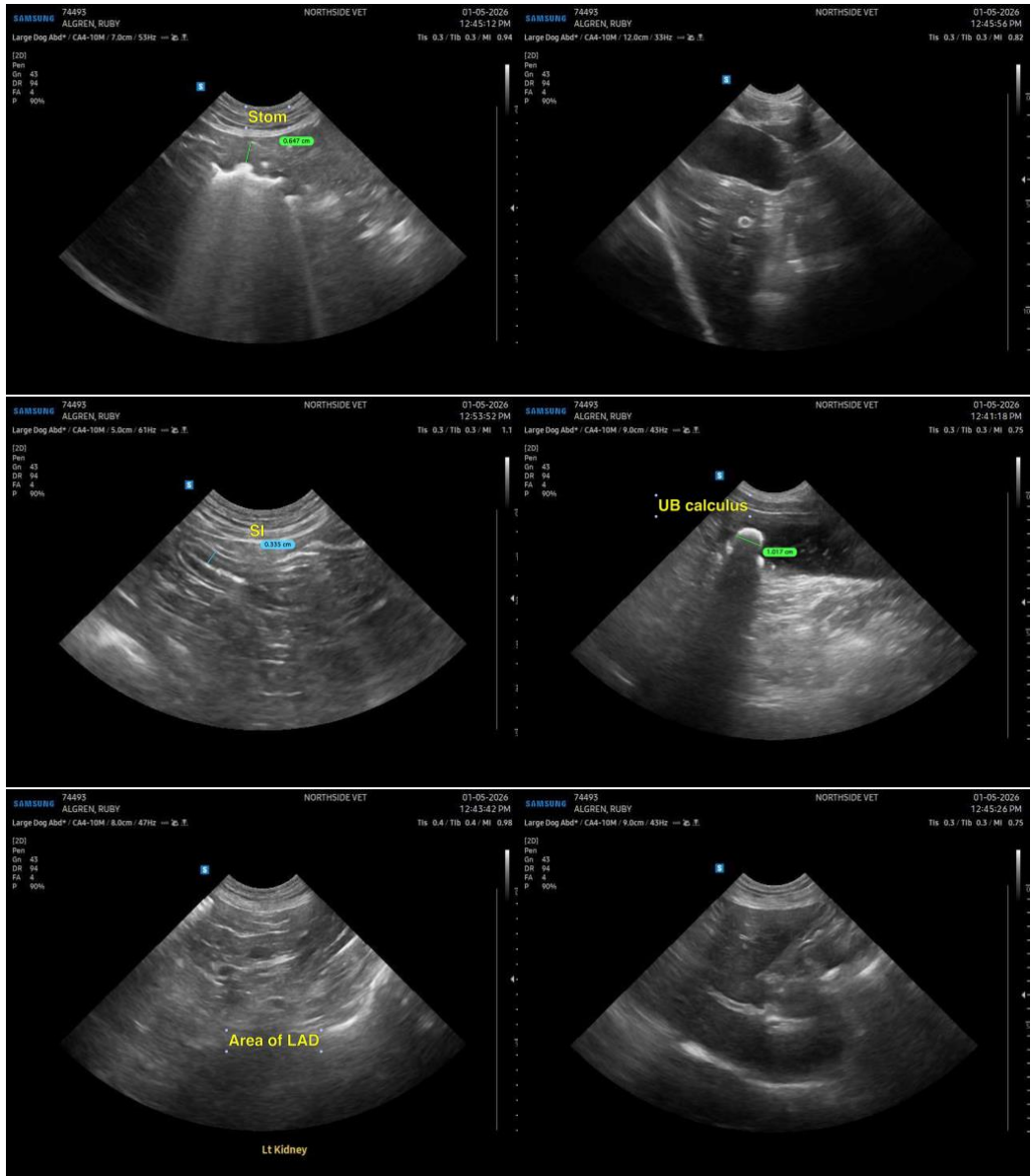
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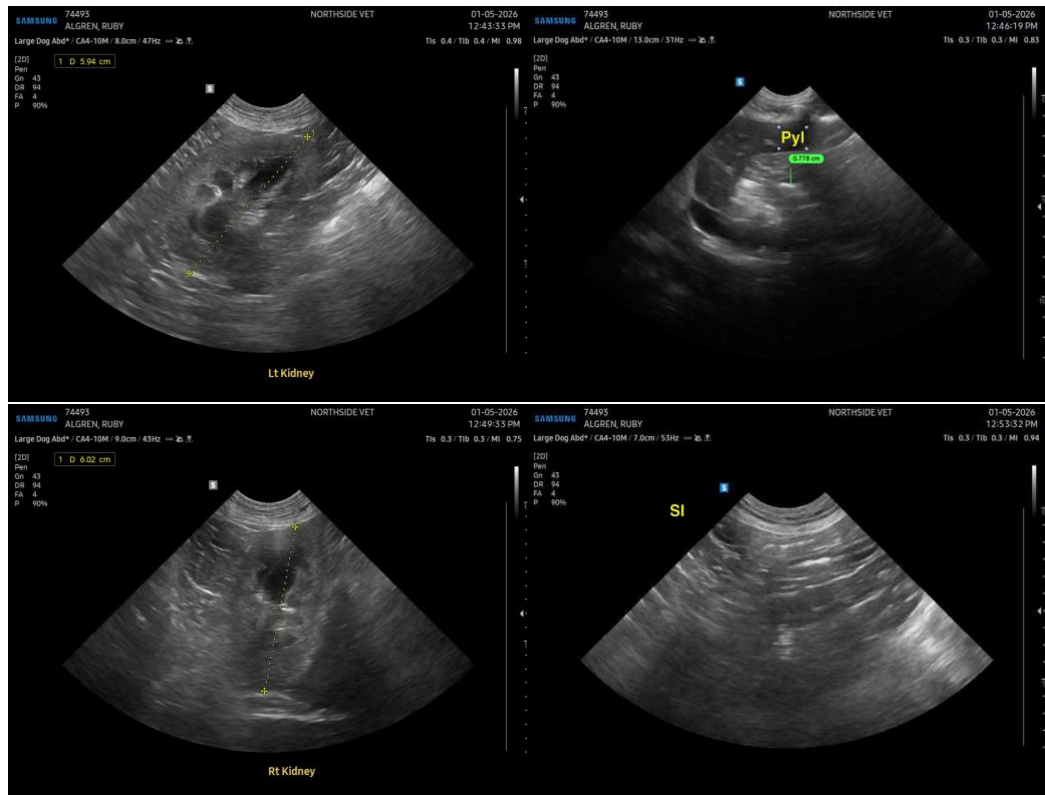
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com