



PATIENT

Yoko Ramirez

SPECIES

Canine

BREED

Goldendoodle

SEX

Female

AGE

2 Months

WEIGHT

5.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Wepprich

INVOICE

12253

DATE

11/14/25

PRESENTING CLINICAL SIGNS

11/11/25 O's got Pt Monday 11/10 and went & got pt vx at coastal for DAPPL and then got lethargic and threw up multiple times. O then brought pt in for that and we discharged with allergic reactions, O said pt did get better than last night seemed to get dumpy again and not wanting to e/d. Pt is u normal and had a normal BM yesterday afternoon. Known to eat things we shouldn't already but no toxin exposure. 11/13 Yoko Ramirez is here for recheck radiographs w/ consult. Pt did eat small amount of baby food and had 1 soft stool this afternoon. No vomiting following discharge in the morning. 11/14 No vomiting or diarrhea. Eating baby food well. P still didn't want to get out of kennel. Last fed at 5/5:30am. Last night p went out to go outside, p just stool there so O picked her up and heard a pop noise from the ribs. Did urinate in her bed. Small bowel movement this morning; soft solid Radiographs taken twice 11/13 no obvious GI obstruction.

Abnormal PE/Chem/CBC/UA Results: 11/13 EPOC: pH 7.401, Na 139, K 3.9, Cl 116, Lact 1.15, BUN 4 (L), Creat <0.3 (L), Gluc 131 (H), CBC: HCT 32.7%, WBC 15.29, Mono 1.75 (H), Eos 0.04 (L), Plt 240 Chem10: Gluc 121, Creat <0.1 (L), BUN 3 (L), TP 6.3, Glob 3.4, ALT 67, ALP 89

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of pathology in the area of the uterus or bilateral ovaries.

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 pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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

The liver presented with subjective mild enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 with regionally thickened wall exhibiting primarily intact to indistinct wall layer detail in the area of the thickened wall. The stomach contained a mild to moderate amount of variably echogenic to shadowing content. In the area of the shadowing content (consistent with a foreign body), appeared to penetrate the stomach and extend into the perigastric peritoneal space. Perigastric to generalized mild omental hyperechogenicity and scant pocket of lateral abdomen free fluid was visualized.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty intestine lumen without mechanical/metabolic ileus or shadowing content to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent 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).

ULTRASONOGRAPHIC FINDINGS

- Penetrating gastric foreign body with associated sectorial thickened stomach and perigastric inflammation.
- Sonographically normal empty small intestine- no overt evidence of concurrent intestinal foreign material or obstructive pattern.
- Subjective mild hepatomegaly- benign, suspect reactive.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic findings are consistent with penetrating gastric foreign body with emerging peritonitis. Additional smaller non-penetrating foreign bodies in the stomach are suspected. No obvious evidence of small intestine pathology or involvement.

Exploratory laparotomy with gross inspection of the gastrointestinal tract is recommended. If patient is not intended for breeding purposes, concurrent ovariohysterectomy could be considered.



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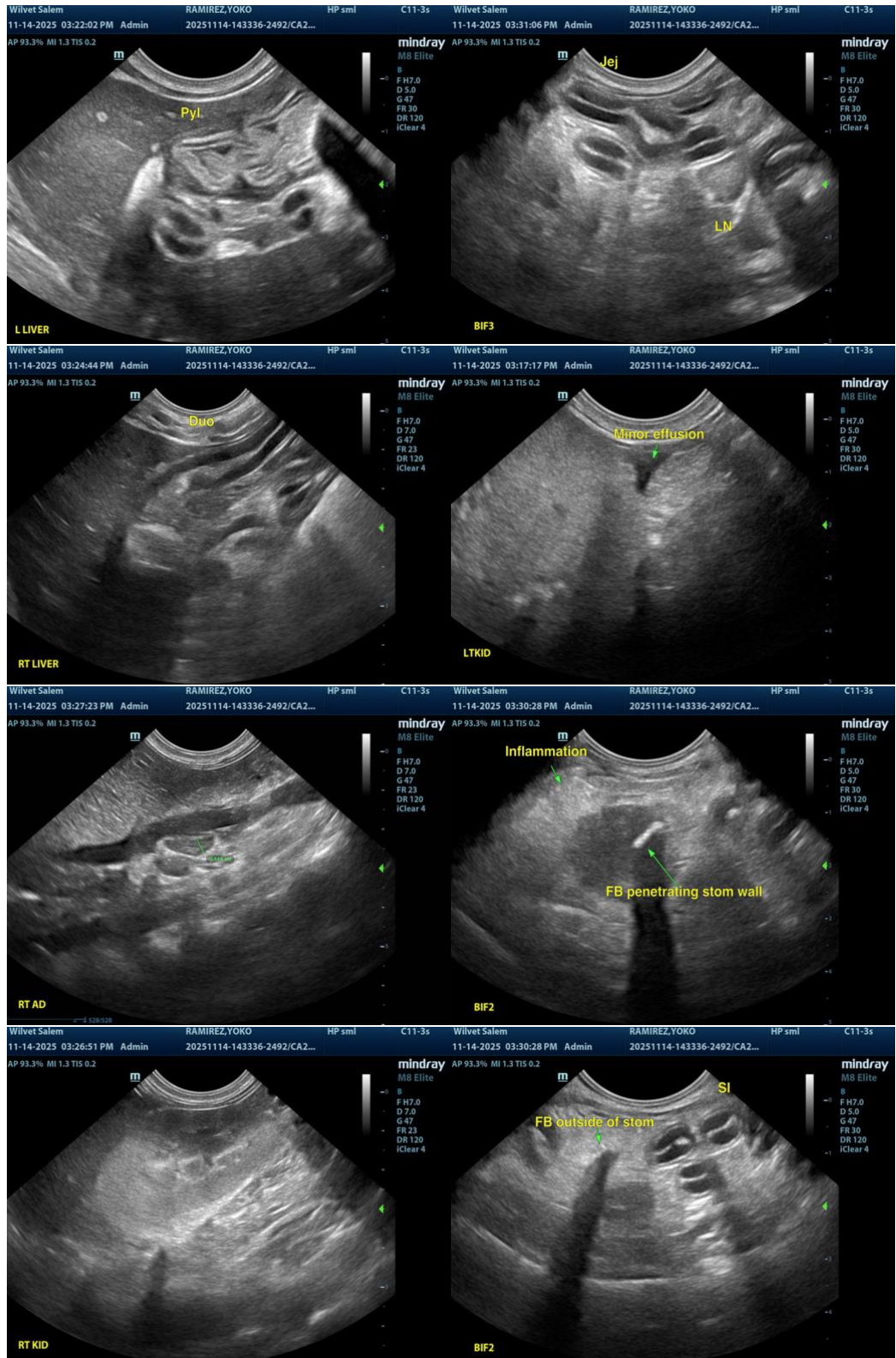
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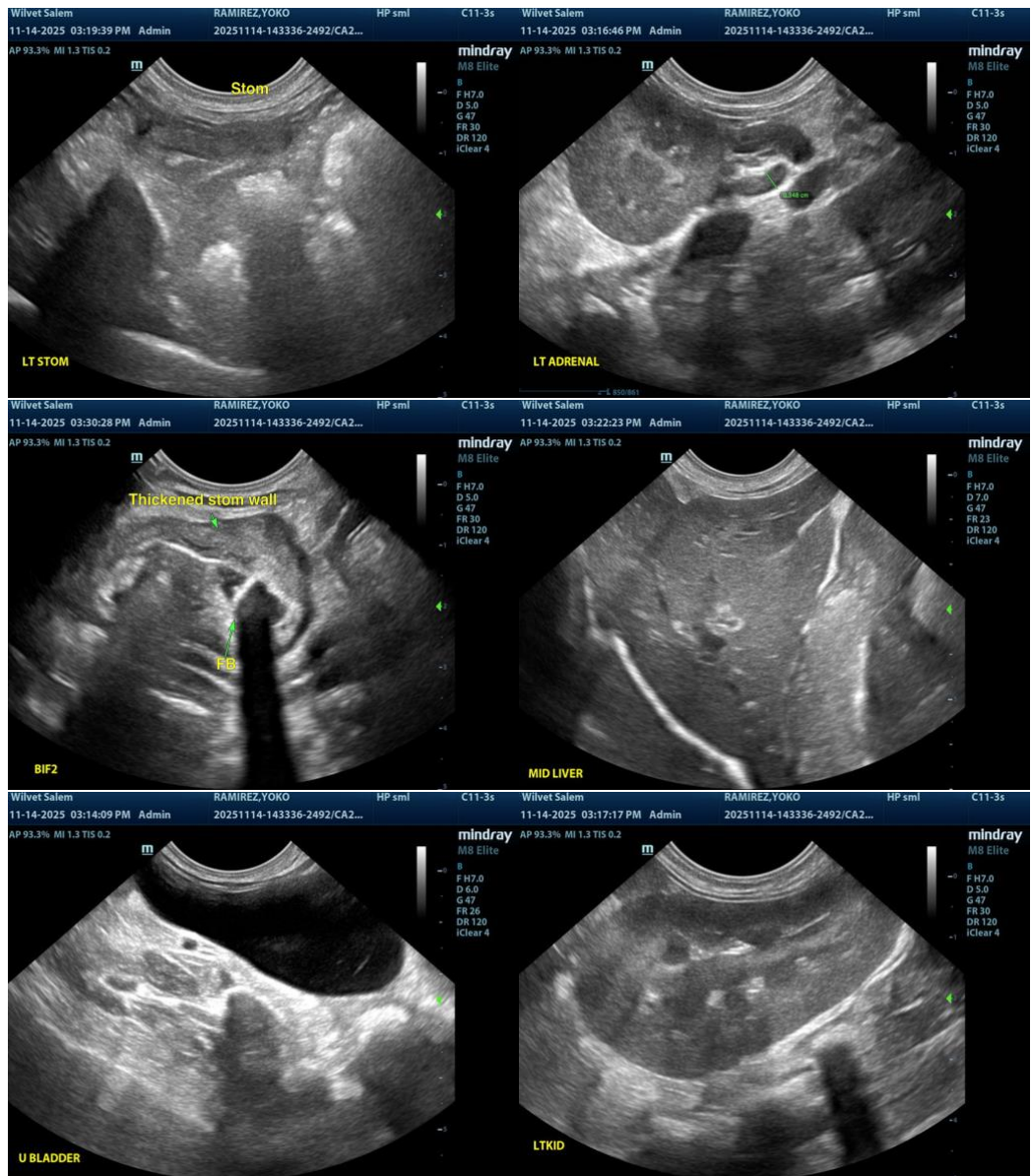
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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