



PATIENT

Bella Friedman

SPECIES

Canine

BREED

Poodle Mix

SEX

Female

AGE

5 Years

WEIGHT

5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Lakeview Animal
Hospital

REFERRING VET

Dr. Laura De Cordon

INVOICE

12530

DATE

12/02/25

PRESENTING CLINICAL SIGNS

36 hours of V+ , lack of appetite , vomited whole toy yesterday afternoon

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. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 3.9 cm in length. The right kidney measured 4.0 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 0.36 cm width.

The right adrenal gland was not definitively visualized.

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 was subjectively normal in size, structure, and contour. 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. 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 was moderately distended with retained fluid. A strongly shadowing echo was present in the area of the pylorus measuring approximately 2.0 cm in diameter.

The small intestine presented with overall intact visible wall. The small intestine exhibited segmental primarily empty intestinal segments with mild hyperechoic content. Segments of small intestine also appeared mildly dilated containing strongly shadowing content consistent with additional small intestinal foreign body. Example of small intestinal foreign body measured 3.0 cm to 4.0 cm in length. Regional peri-intestinal mild nonuniform hyperechoic omentum and pockets of minor peritoneal effusion.



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The visible colon contained formed to shadowing fecal matter.

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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

Poodle Mix

No obvious visualized significant omental lymphadenopathy was present.

SEX

Female

- Pyloric foreign body with retained gastric fluid.
- Probable concurrent small intestinal foreign bodies with segmental hyperechoic intestinal content.
- Formed to shadowing fecal matter in colon.
- Peri-intestinal reactive possible mild inflamed omentum and minor peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The possibility of passed foreign material in the colon opposed to the small intestine cannot be definitively excluded. Exploratory laparotomy with gross inspection of the gastrointestinal tract, gastrotomy and expectation toward probable enterotomy to possible enterotomies is recommended. Associated inflammatory intestinal changes are suspected. The possibility of potential resection anastomosis likely determined based on gross inspection of the small intestine.

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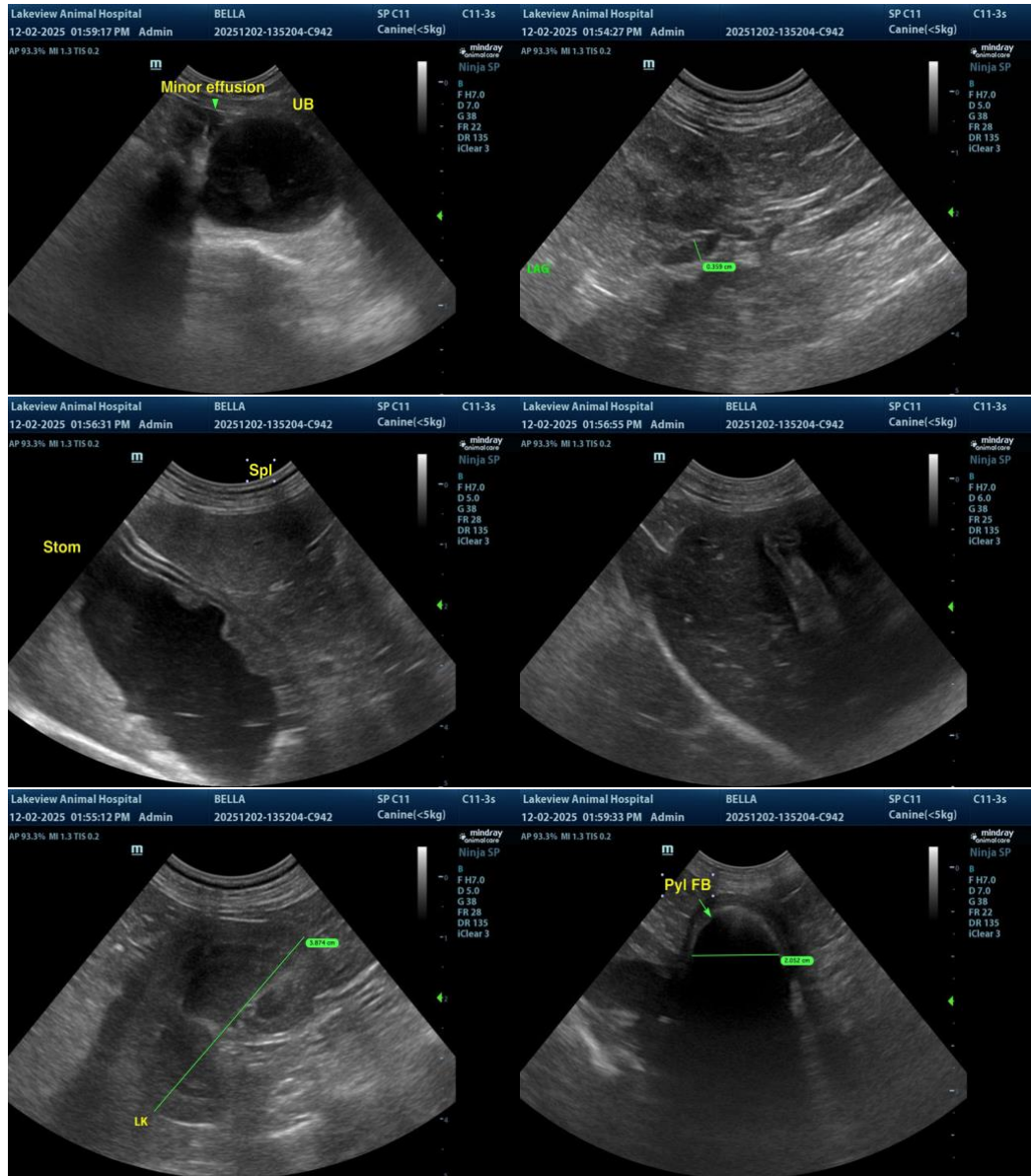
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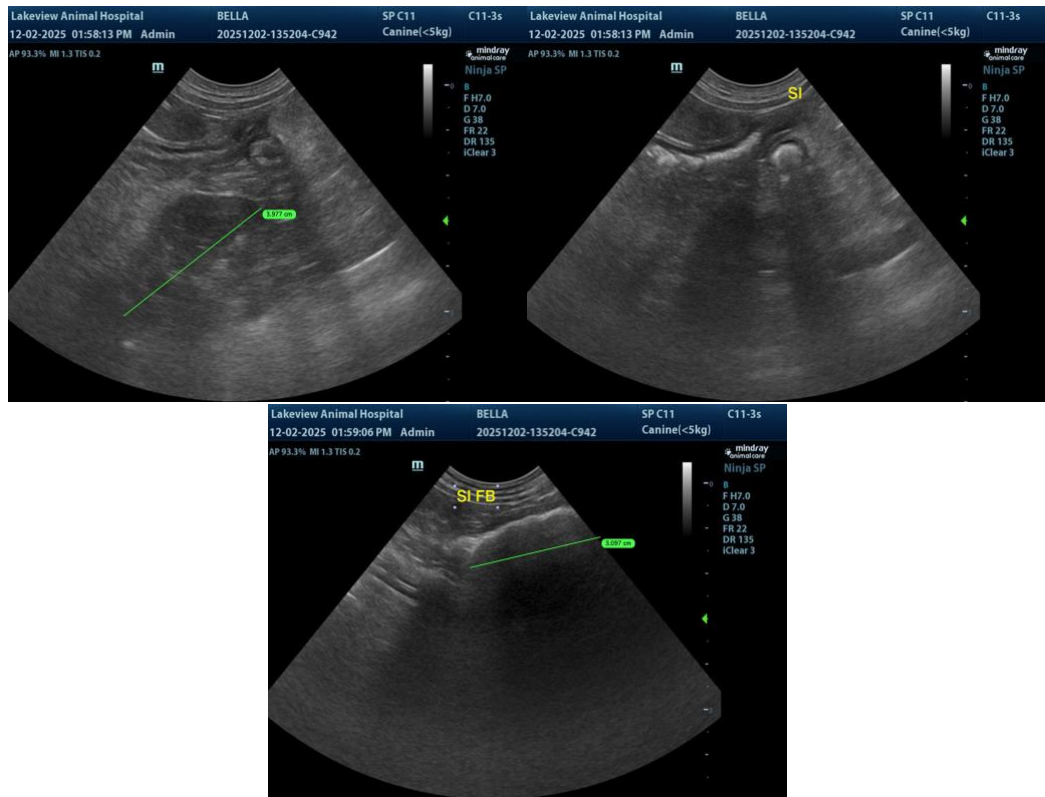
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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