



PATIENT

Perrin Hall

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

1yr

WEIGHT

25.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

23366

DATE

12/29/2025

PRESENTING CLINICAL SIGNS

About four weeks ago patient ate a plastic cap. 2-3 days patient started having diarrhea, small amounts. Patient a week after eating the cap is vomiting again. Patient won't even take treats and is losing weight. Patient vomited last two days ago. Owner is giving medications when patient will take it (cerenia, gabapentin and omeprazole)

Abnormal PE/Chem/CBC/UA Results: EPOC: pO2 72.5, O2SAT 94.6, BE(ecf) -6.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 6.0 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal to mildly flattened in appearance with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was normal to mildly flattened in appearance with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 non-distended in size with thin walls and mild non-organized debris in the caudal lumen of the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact mildly thickened wall with intact to indistinct mural detail. The lumen of the stomach was empty with mild lumen gas and no signs of obstruction or foreign material. The gastric body wall measured up to 1.8 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened empty stomach
- Empty small intestine with mild segmental gas
- Semi formed fecal matter in colon
- Normal to subjective mildly flattened bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or overt evidence of current gastrointestinal foreign material. The stomach is suggestive of gastritis criteria. Gastrointestinal support and empirical therapy for gastritis with clinical monitoring is recommended. A screening cortisol level to assess for or rule out occult Addison's disease is warranted. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs.



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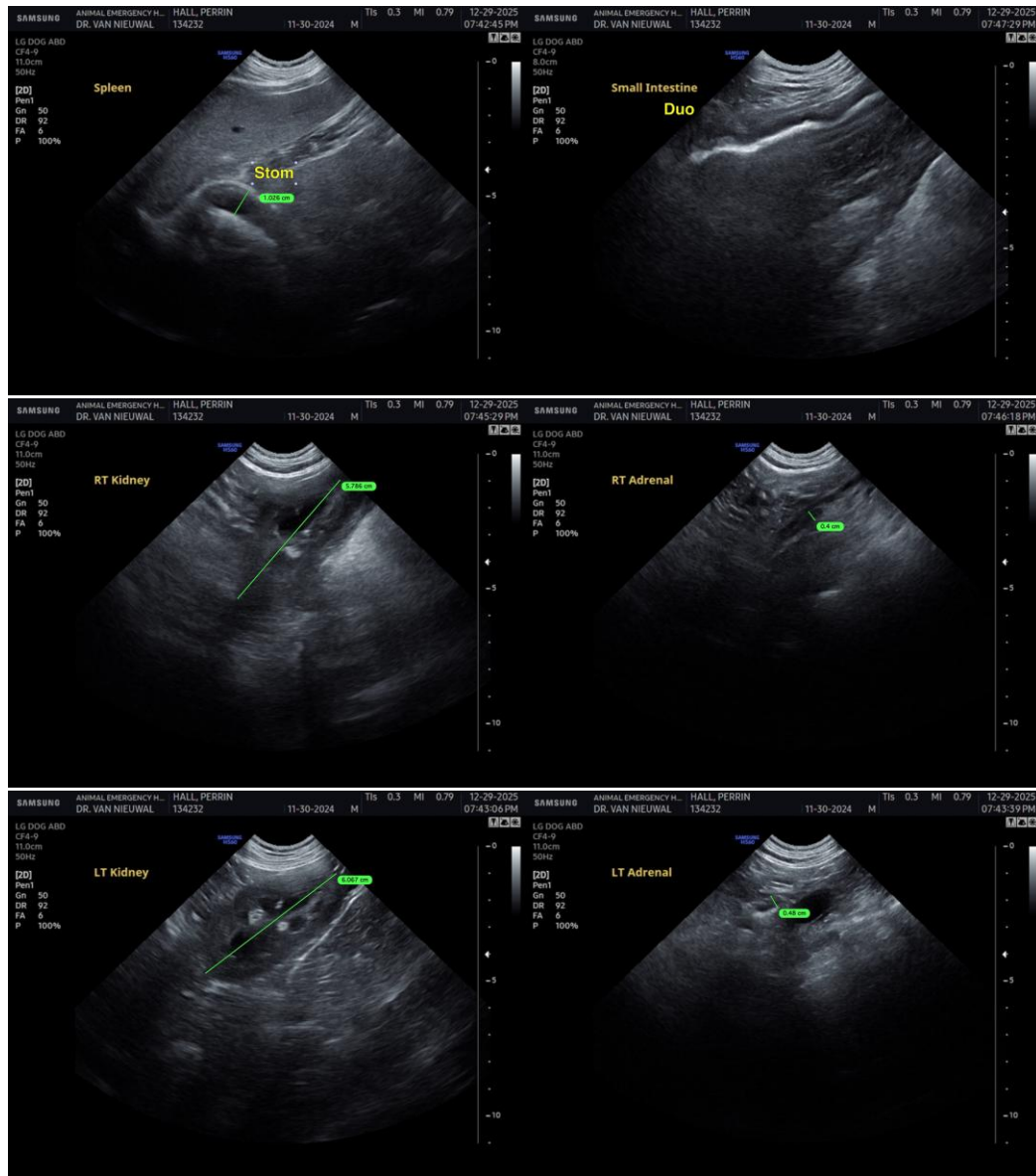
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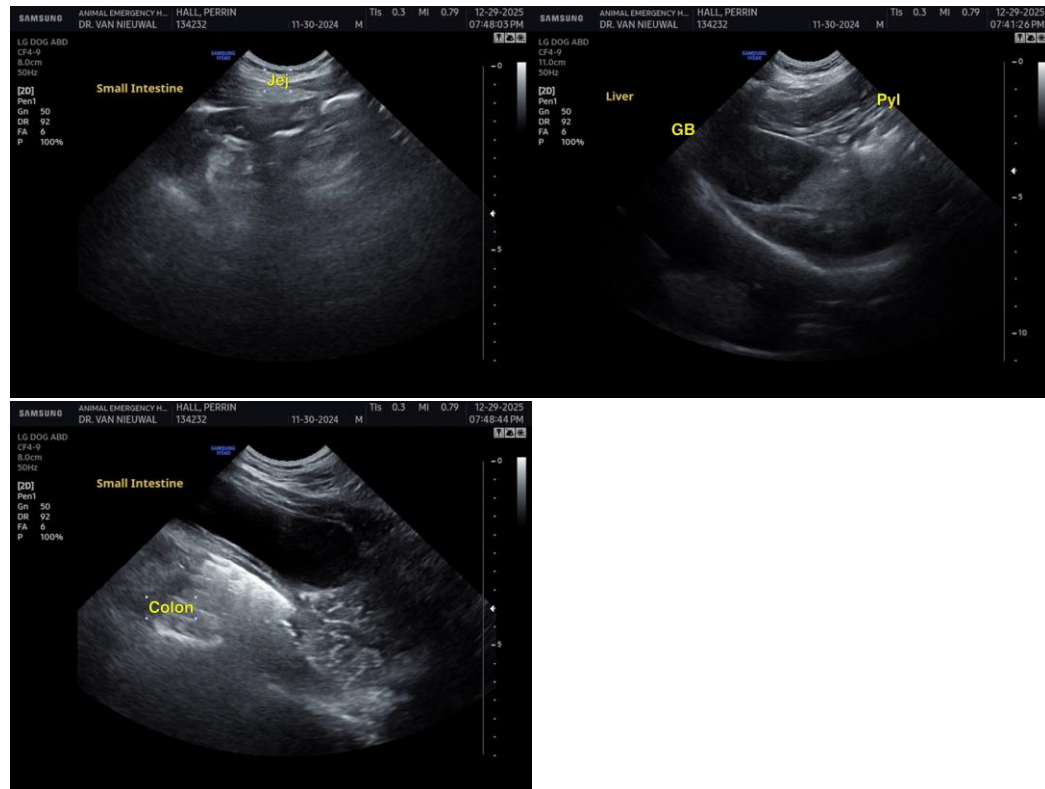
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com