



PATIENT

Maddie Fredenberg

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

1yr

WEIGHT

16.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

M. Kermendy CVT

HOSPITAL NAME

Wauwatosa Veterinary
Clinic

REFERRING VET

Dr Ericka Haynes

INVOICE

24361

DATE

03/30/2026

PRESENTING CLINICAL SIGNS

- Maddie, a 2-year-old Poodle mix presents for vomiting. Vomiting began approximately 1 month ago, occurring several times per week with no identifiable pattern or trigger. Vomitus consists of yellow bile and foam; occurs mostly overnight but has occurred in the evenings also. Owner reports decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Lab panel results normal other than mildly elevated Lymphocytes. Struvite and calcium oxalate crystals present in urine sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 3.7 cm in length. The right kidney measured 3.7 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 0.38 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 no signs of ileus, obstruction or foreign material.

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. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.32 cm width.

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

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal empty gastrointestinal tract
- Normal pancreas
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as an obvious cause of the patient's gastrointestinal signs. Dietary intolerance, food hypersensitivity, structurally insignificant to non-specific gastroenteritis or inflammatory bowel, mild pancreatitis which may present sonographically normal, occult parasitism with occult Addison's disease thought less likely given normal adrenal glands yet not definitively excluded given mild lymphocytosis.

A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol may be considered. A novel protein or hydrolyzed diet trial with late afternoon or evening feedings given vomiting pattern and gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID may prove beneficial. Empirical deworming suggested even if negative fecal testing. Recheck sonogram if persistent or progressive gastrointestinal signs is recommended.

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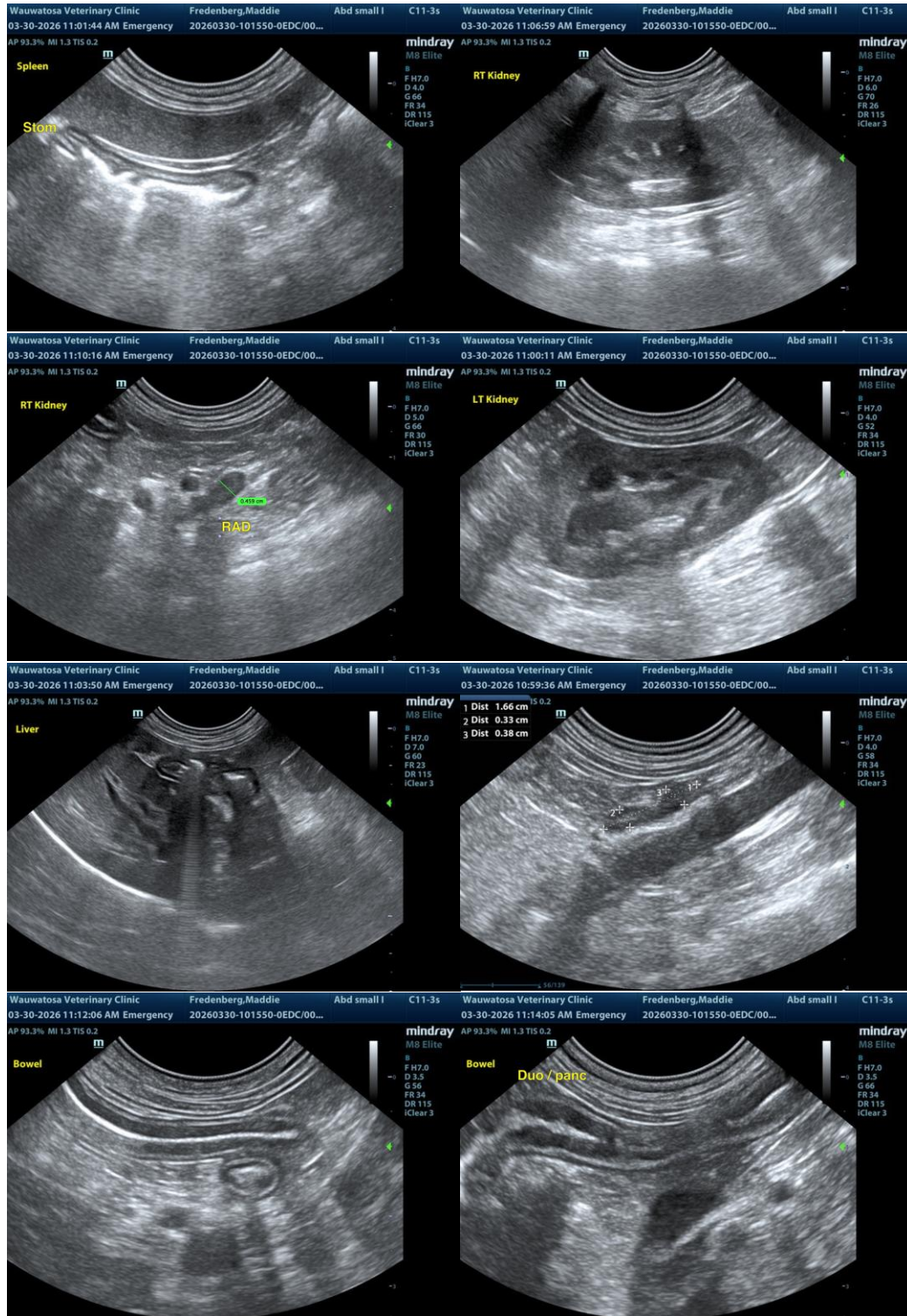
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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