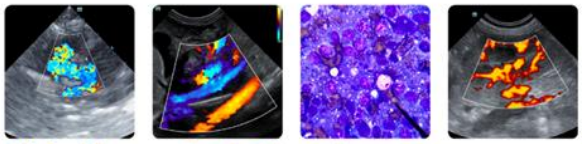


PATIENT

Oliver Candelario

SPECIES

Canine

BREED

GoldenDoodle

SEX

MN

AGE

3yr

WEIGHT

44.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Laura Solis

INVOICE
24437

DATE
04/09/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound, rDVM reports the following: Oliver is a 2 year old MN Poodle who presented yesterday with vomiting and soft stools. Patient was hospitalized for several hours with IV Fluids and was given cerenia, famotidine and vitamin B12 in hsopital. Hw was sent home on Cerenia, Famotidine, Proviable and low fat diet. Today he had 1 vomitng episode and feces was black with apparent fabric material. Radiographs had an abnormal gas pattern but consult did not mention anything about obstruction. Bloodwork was all unremarkable and cPL was normal. Referring for abdominal ulteasound for further evaluation.
- Patient is UTD on all vaccines and Simparica Trio. Patient is BAR and did not want to eat today.
- Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference

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.

The residual prostate appeared normal and free of pathology

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 5.5 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

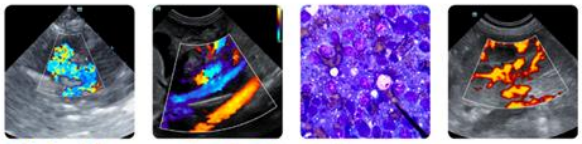
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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



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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

The stomach presented intact mildly thickened wall layering, exhibiting pinpoint hyperechoic mural foci, primarily in the subjective muscularis layer. The stomach was empty with mild lumen gas. No evidence of shadowing content or obstruction to pyloric outflow. The stomach wall measured 0.6 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. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.35 cm width.

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

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach with intact mildly thickened wall
- Normal empty small intestine
- Mildly prominent non-homogenous pancreas
- Normal bilateral adrenal glands
- Intermittent mild mesenteric lymphadenopathy -consistent with benign criteria, i.e. reactive hyperplasia or mild lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is most consistent with gastritis criteria. No definitive visualized evidence of macro-ulceration, although micro-ulceration is not definitively excluded. Emerging to occult gastrointestinal neoplasia thought less likely. No evidence of mechanical gastrointestinal obstruction or foreign material, although visualization of the gastric interior was limited by gas. If available, and in light of patient history, upper gastrointestinal endoscopy for further evaluation of the gastric interior and potential for biopsies would be ideal.

Gastrointestinal support, including broad spectrum gastroprotectants and empirical therapy for gastritis with clinical monitoring would be reasonable. Sonographic reassessment indicated if

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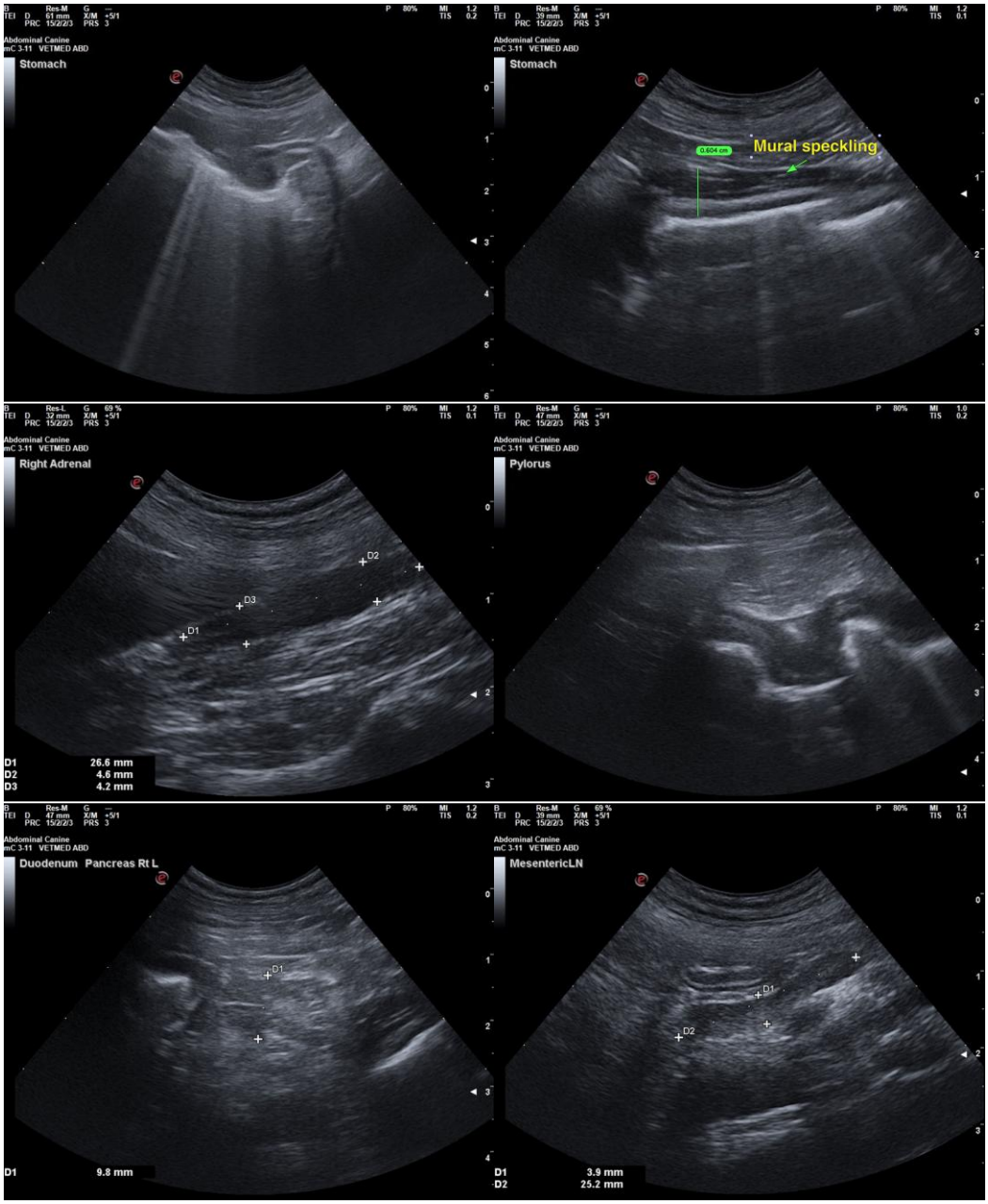
continued or progressive gastrointestinal signs. A GI panel and screening cortisol level to assess for non-structural intestinal or occult disease as a contributing factor is recommended.



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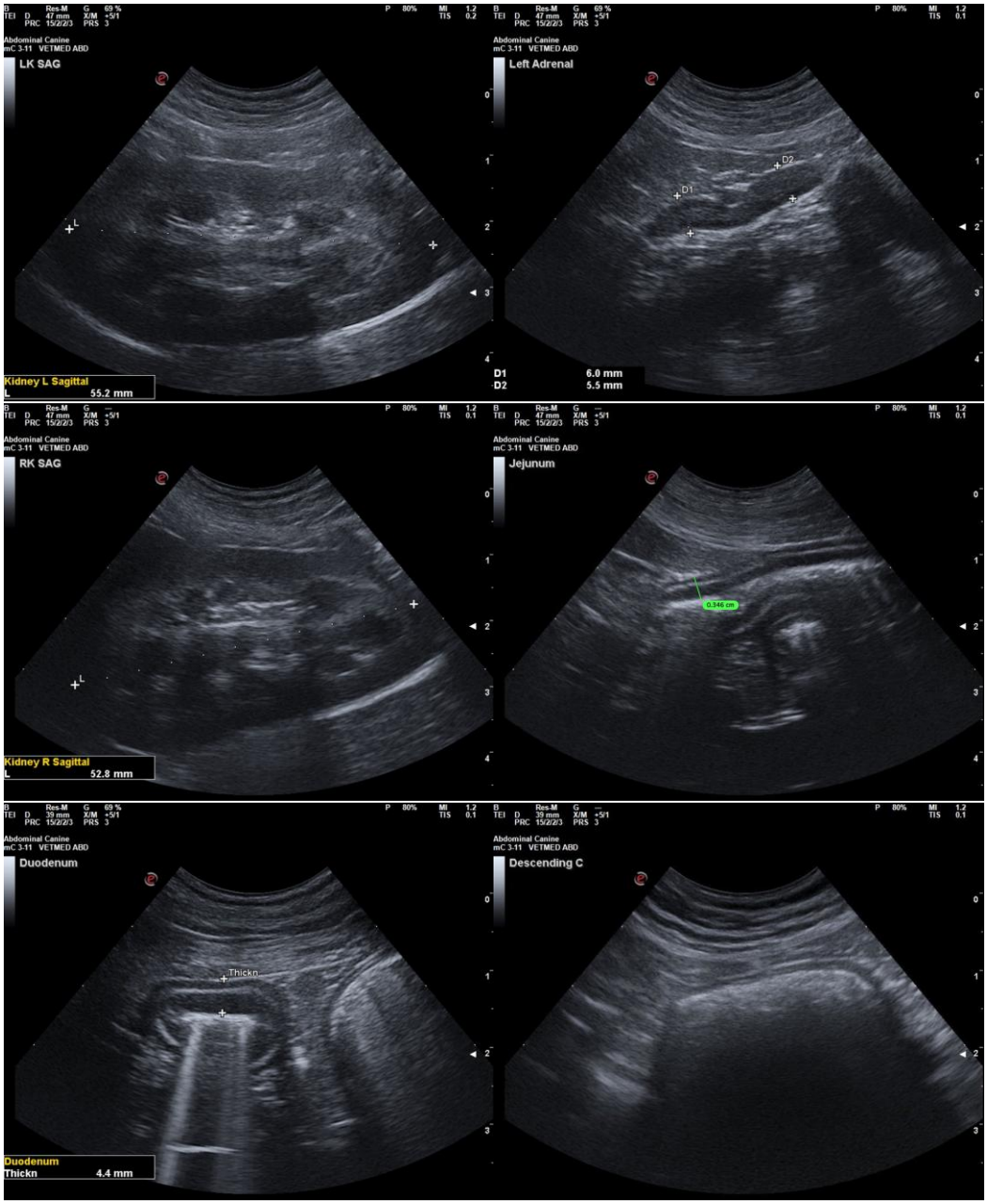

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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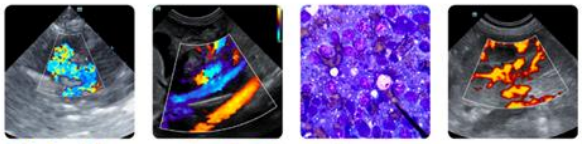

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