



## PATIENT

Sundae Ofstedahl

## SPECIES

Canine

## BREED

Labradoodle

## SEX

FS

## AGE

6Y

## WEIGHT

34.5kg

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

NA / KP

## HOSPITAL NAME

My Pet Mobile Vet

## REFERRING VET

Dr. Rene Garcia

## INVOICE

72595

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

Intermittent vomiting once every 10 days. Historically P has vomited once every 2-3 weeks, but it recently increased. Lethargic with energy at about 30% for a few weeks and increased urination during the night. Currently being treated for UTI, was given Convenia on 11/10/25 and starting 2 weeks course of Clavamox tonight.

Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound performed 11/12/25: thickening of bladder wall, Small size of the left adrenal gland raises concern for possible hypoadrenocorticism CBC/Chem 17 performed 11/4/25 WN. Urinalysis w/ culture performed 11/4/25: Urine protein 2+, Blood / Hemoglobin 2+, Red Blood Cells 20-50. Culture: Isolate 1: Proteus mirabilis - >100,000 CFU per ml

## RADIOGRAPHIC STUDY OF ABDOMEN

Orthogonal abdominal radiographs totaling six images, including ventrodorsal and both lateral projections, were provided for evaluation.

## RADIOGRAPHIC FINDINGS

The stomach contains a moderate amount of heterogeneous soft-tissue opaque material. Portions appear more rounded or oval; however, the overall appearance is most consistent with ingesta. The gastric contents redistribute with patient positioning, and no abnormal gastric distension is present.

On the ventrodorsal view, the duodenum is identifiable, normally positioned, gas-filled, and of normal diameter.

The small intestines are normally distributed and of normal diameter, containing a moderate amount of gas and mildly homogeneous soft-tissue fluid material.

No evidence of intestinal plication or mechanical obstruction is detected.

The cecum is gas-filled and in normal position.

The colon contains a moderate amount of heterogeneous fecal material admixed with gas. No abnormal mural thickening or displacement is identified.

The liver, spleen, and left renal silhouette are normal in size, shape, and contour. The right renal silhouette is not clearly visualized, incidental.

The urinary bladder is moderately filled and homogeneously soft-tissue opaque, with the apex extending to the level of cranial L7.

Abdominal serosal detail is normal.

The collimated thorax included in the field of view is unremarkable.

No additional radiographic abnormalities are identified.



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## RADIOGRAPHIC DIAGNOSIS

- Moderate gastric distention with mixed gastric content. The overall appearance is most consistent with ingesta, post-prandial stomach, or gastric ileus.
- No evidence of intestinal mechanical obstruction.
- Otherwise, normal abdomen.

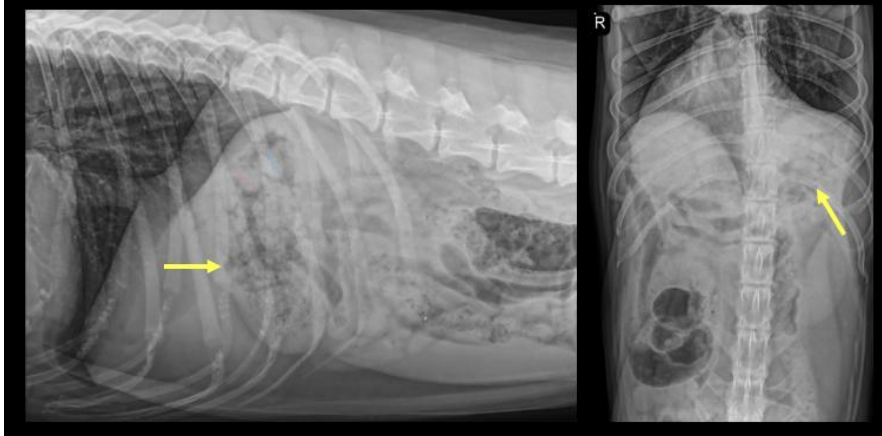
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric content is most likely ingesta, even considering the more rounded structures. There are no signs of mechanical obstruction. The potential differential diagnoses include a post-prandial stomach or gastric ileus. The best approach is to repeat the radiographs after 8–12 hours of fasting and/or perform an abdominal ultrasound for improved assessment of the gastric content.

Depending on the results, endoscopy may be considered for a more detailed evaluation of the gastric mucosa.

There is no evidence of radiopaque urinary calculi, which is relevant given the history of cystitis.

### Moderate gastric distention with mixed gastric content



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
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