



PATIENT

Boo Marchal

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

17.22 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ruth Loomis

HOSPITAL NAME

Brookwood Animal
Clinic LLC

REFERRING VET

Dr. Ruth Loomis

INVOICE

13042

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Intermittent inappetence and vomiting bile Recent bout of more persistent inappetence (2 days) and vomiting more than he has in the past.

Chem/cbc/UA/T4 - very mildly elevated PSL (198) GI to Texas A&M pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

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 4.2 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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. 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and evidence of obstruction to pyloric outflow. The gastric body wall measured 0.30 cm wall width.



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The intestinal walls demonstrated generalized intact mildly thickened wall layers (given the patient's body weight) exhibiting mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer as well as mildly prominent mucosa layer. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.39 cm width. The ileocolic wall measured 0.33 cm width.

Normal visible colon wall layers were present with semi formed to soft fecal matter 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

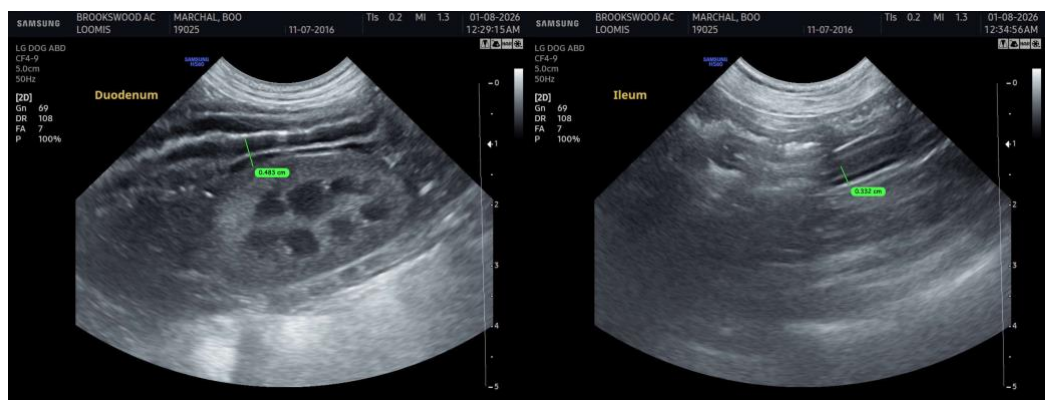
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty stomach.
- Nonspecific enteropathy.
- Semi formed to soft fecal matter in colon.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the small intestine exhibited mild mural changes which suggest inflammatory criteria, i.e. IBD or other with dietary intolerance, infectious disease, occult parasitism, low grade to emerging pancreatitis, less likely emerging to occult, intestinal neoplasia are all potentials. Correlation with pending diagnostics is recommended. Novel protein or hydrolyzed diet trial with long-term dietary therapy as needed gastroprotectants, empirical deworming (Panacur 50 mg/kg, SID for five consecutive days with repeat protocol in three weeks) even if no evidence of diarrhea and despite fecal testing with suggested cobalamin supplementation pending assessment of cobalamin level may prove beneficial. No evidence of gastrointestinal obstructive pattern or foreign material. Although considered less likely given normal right adrenal gland appearance, screening cortisol level to rule out occult Addison's disease is suggested.





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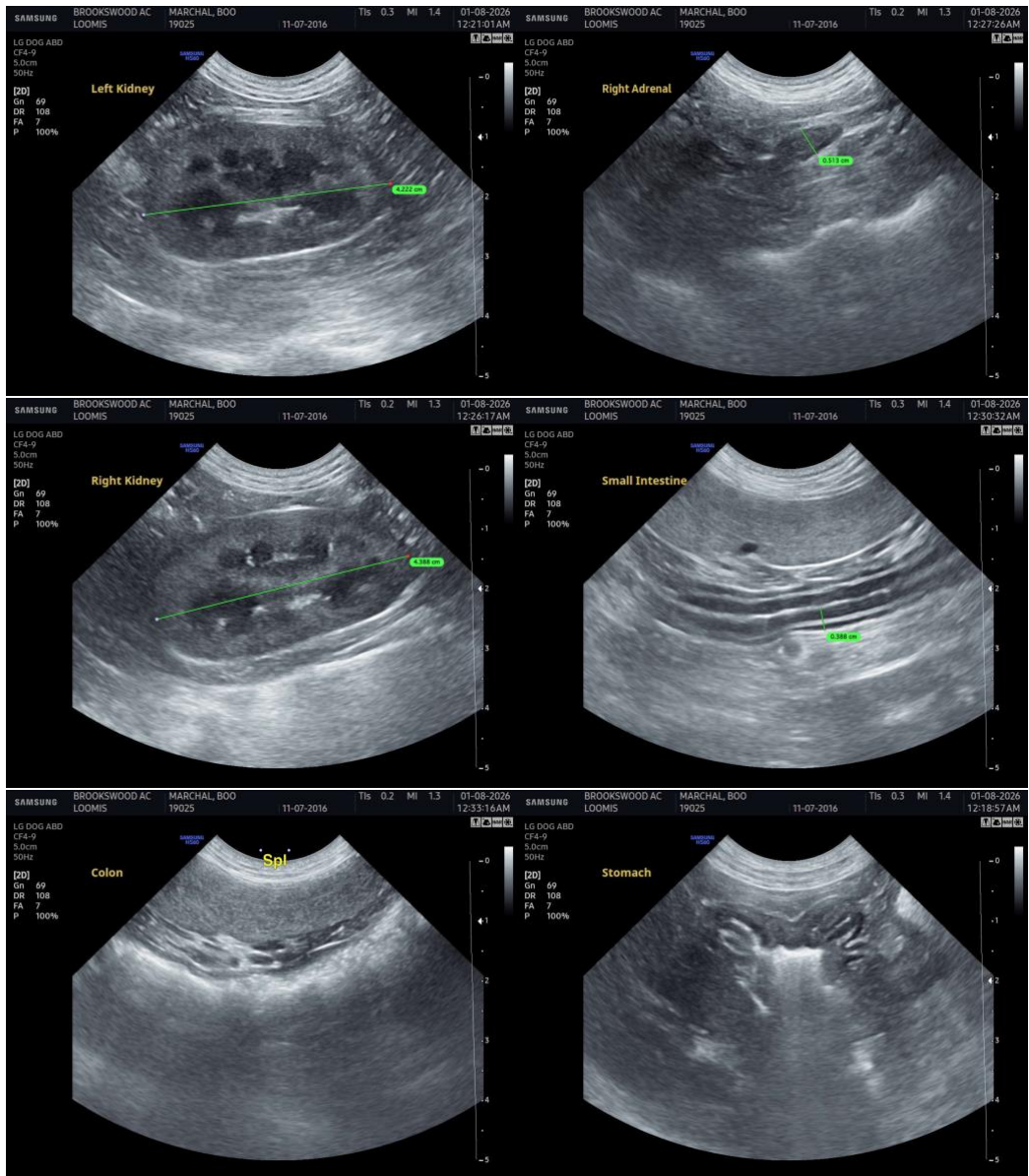
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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