



PATIENT

Zeet Cahill

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

10yr

WEIGHT

44lb

PRESENTING CLINICAL SIGNS

PU/PD for months, vomits if he eats more than a small amount at a time, distended abdomen. owner also concerned about weight and muscle loss.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Weight and muscle loss, distended abdomen
*Abnormal CBC/Chem/UA/rads (& date obtained): September 18, 2025 Bloodwork done, all normal except for T4 0.7, ALP 472 (5-160), usg 1.004. Sent out MSU thyroid panel and it was normal. Abdominal rads taken November 24, 2025. Two, 1cm smooth radio-opaque structures seen near the stomach. No masses seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was subjectively mildly enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 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 0.67 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Anne Rice, DVM

INVOICE 23092

DATE
12/02/2025



PATIENT

Zeet Cahill

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

10yr

WEIGHT

44lb

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.49 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 small intestinal wall measured 0.47 cm in width.

Normal visible colon wall layers were present with apparent 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

- Sonographically normal liver- consistent with benign hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Subjective mild left adrenomegaly
- Normal gastrointestinal tract with mild gastrointestinal gas
- Normal area of pancreas

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Anne Rice, DVM

INVOICE

23092

DATE

12/02/2025

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adrenal workup is warranted if strong clinical signs suggestive of Cushing syndrome are present. Renal staging to include screening C/S and baseline UPC level is recommended. Leptospirosis thought less likely given lack of hepatic inflammatory criteria. A GI panel and screening thoracic radiographs to assess for occult disease as a contributing factor to the gastrointestinal signs and weight loss is warranted.

No obvious evidence of intra-abdominal lymphadenopathy or masses. Smaller, more frequent feedings of a novel protein or hydrolyzed diet with as needed gastroprotectants may be considered.

Sonographic reassessment of the adrenal glands potentially under sedation would be ideal in 4 weeks.



PATIENT

Zeet Cahill

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

10yr

WEIGHT

44lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

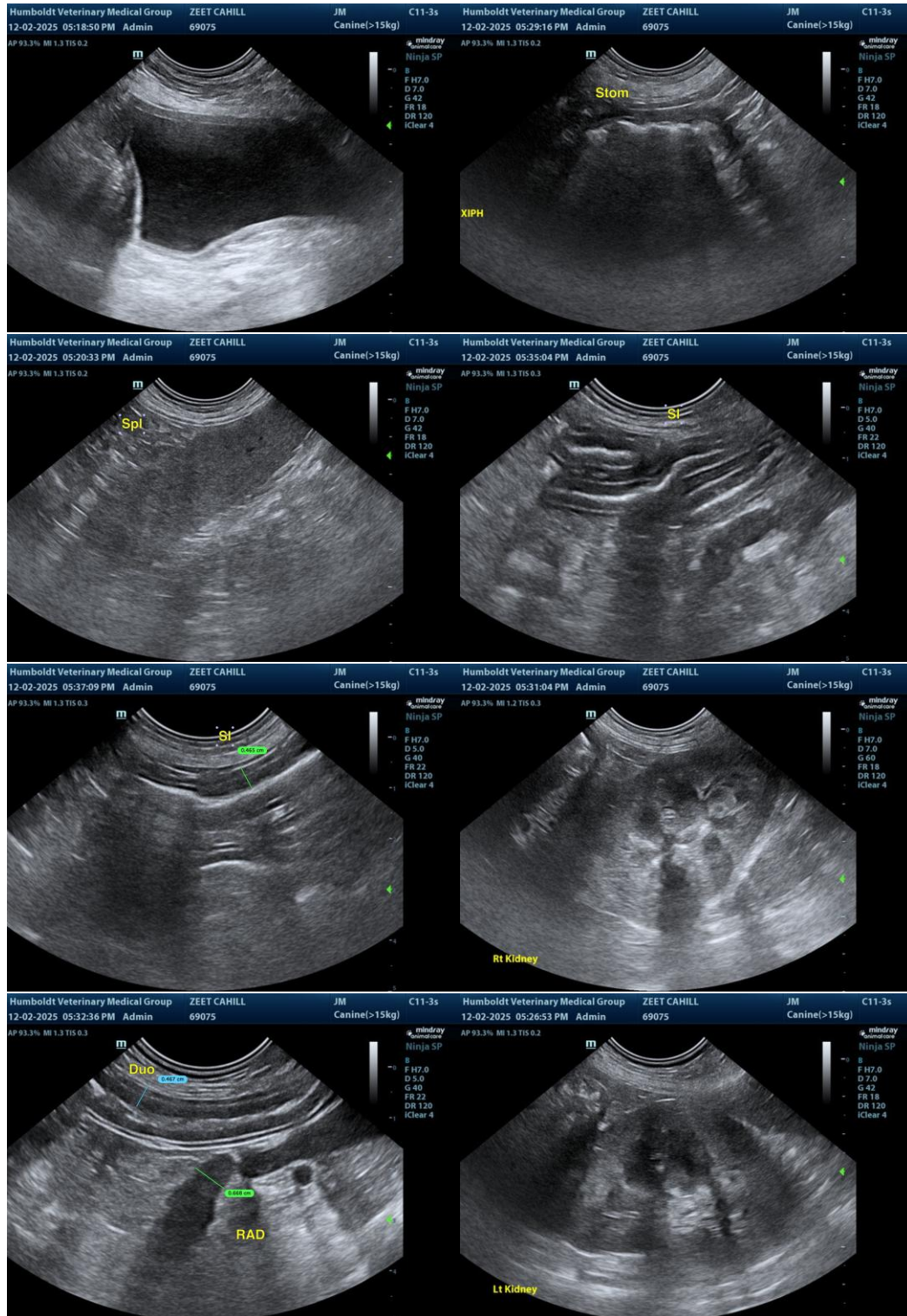
Humboldt Veterinary
Medical Group

REFERRING VET

Anne Rice, DVM

INVOICE
23092

DATE
12/02/2025





PATIENT

Zeet Cahill

SPECIES

Canine

BREED

English Bulldog

SEX

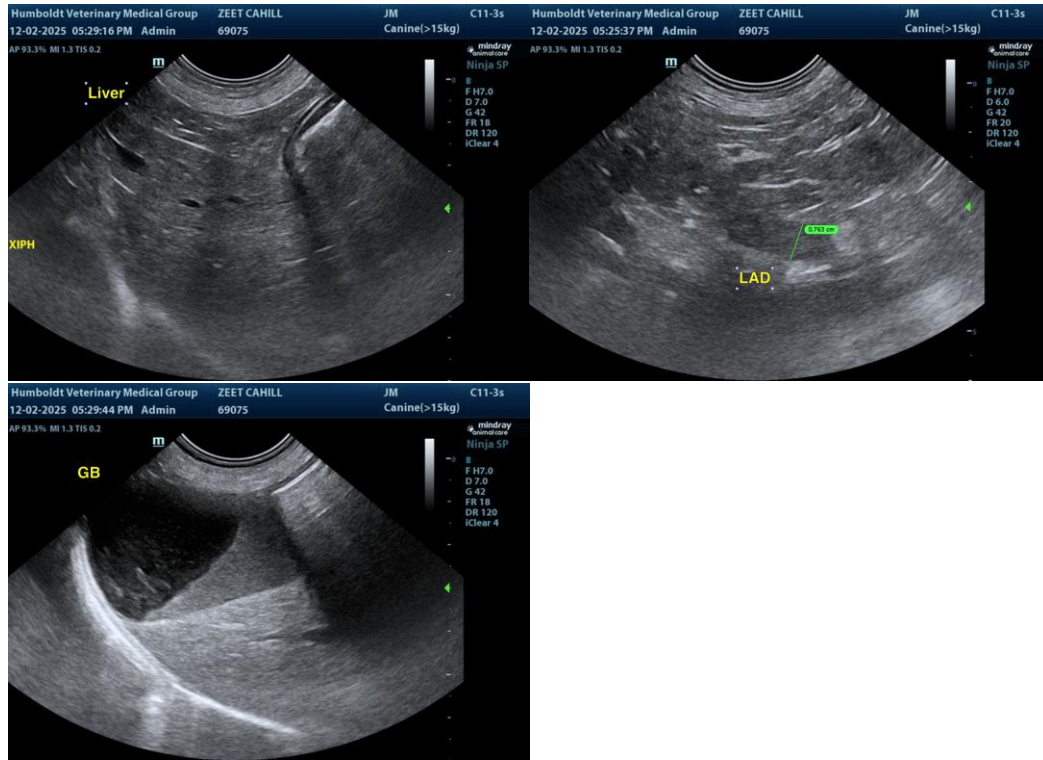
MN

AGE

10yr

WEIGHT

44lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Anne Rice, DVM

INVOICE
23092

DATE
12/02/2025

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