



PATIENT

Buddy Sherbondy

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

Mt. Pleasant Animal
Hospital

REFERRING VET

Dr. Justin Kontir

INVOICE

14300

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Vomiting blood in December 2025 with history of doing this 1-4 times per month
- Occasional large bowel diarrhea, about once per month
- Was taking gastroprotectants (omeprazole, famotidine, sucralfate) and vomiting seemed to continue and worsen but improved after stopping medications

Abnormal PE/Chem/CBC/UA Results: Bloodwork from 2/6/2026 attached.

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 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.

The area of the aortic trifurcation was 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 4.7 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 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 0.42 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.



PATIENT

Buddy Sherbondy

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Brandon Holmes

HOSPITAL NAME

Mt. Pleasant Animal
Hospital

REFERRING VET

Dr. Justin Kontir

INVOICE

14300

DATE

03/12/26

Gastrointestinal

The stomach presented intact nonthickened wall layering with subjective to mildly prominent gastric mucosa. Empty lumen with mild lumen gas. No evidence of obstruction to pyloric outflow.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.51 cm wall width. The jejunum wall measured 0.40 cm wall 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

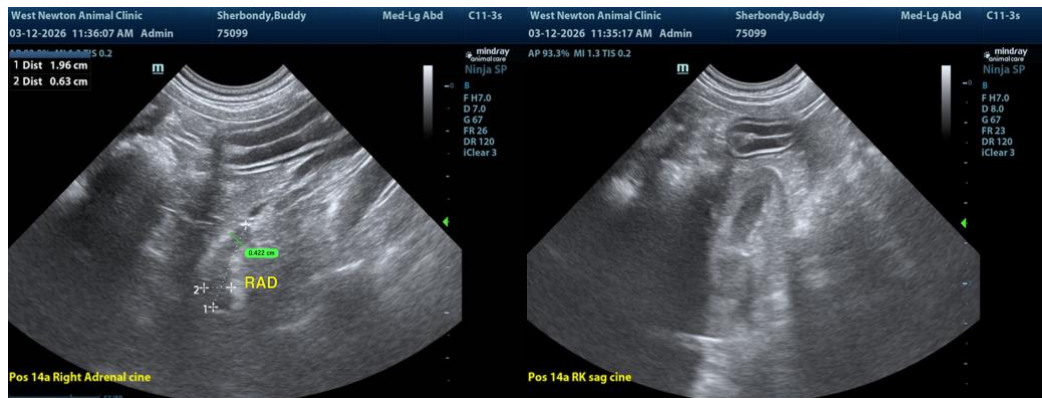
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonthickened stomach with subjective mildly prominent mucosa.
- Sonographically normal small intestine.
- Normal area of the pancreas.
- Current formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the stomach may suggest mild chronic gastritis. No evidence of gastroenterocolic neoplastic criteria. A GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or mild pancreatitis may be considered. Dietary trial which may include hydrolyzed diets, continued as needed gastroprotectants +/- helicobacter coverage if recurrent hematemesis may prove beneficial. Although considered unlikely, screening cortisol level to rule out occult Addison's disease is recommended. Endoscopic upper gastrointestinal and colon biopsies with histopathology may be considered if recurrent to progressive upper and lower gastrointestinal signs.





PATIENT

Buddy Sherbondy

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Brandon Holmes

HOSPITAL NAME

Mt. Pleasant Animal
Hospital

REFERRING VET

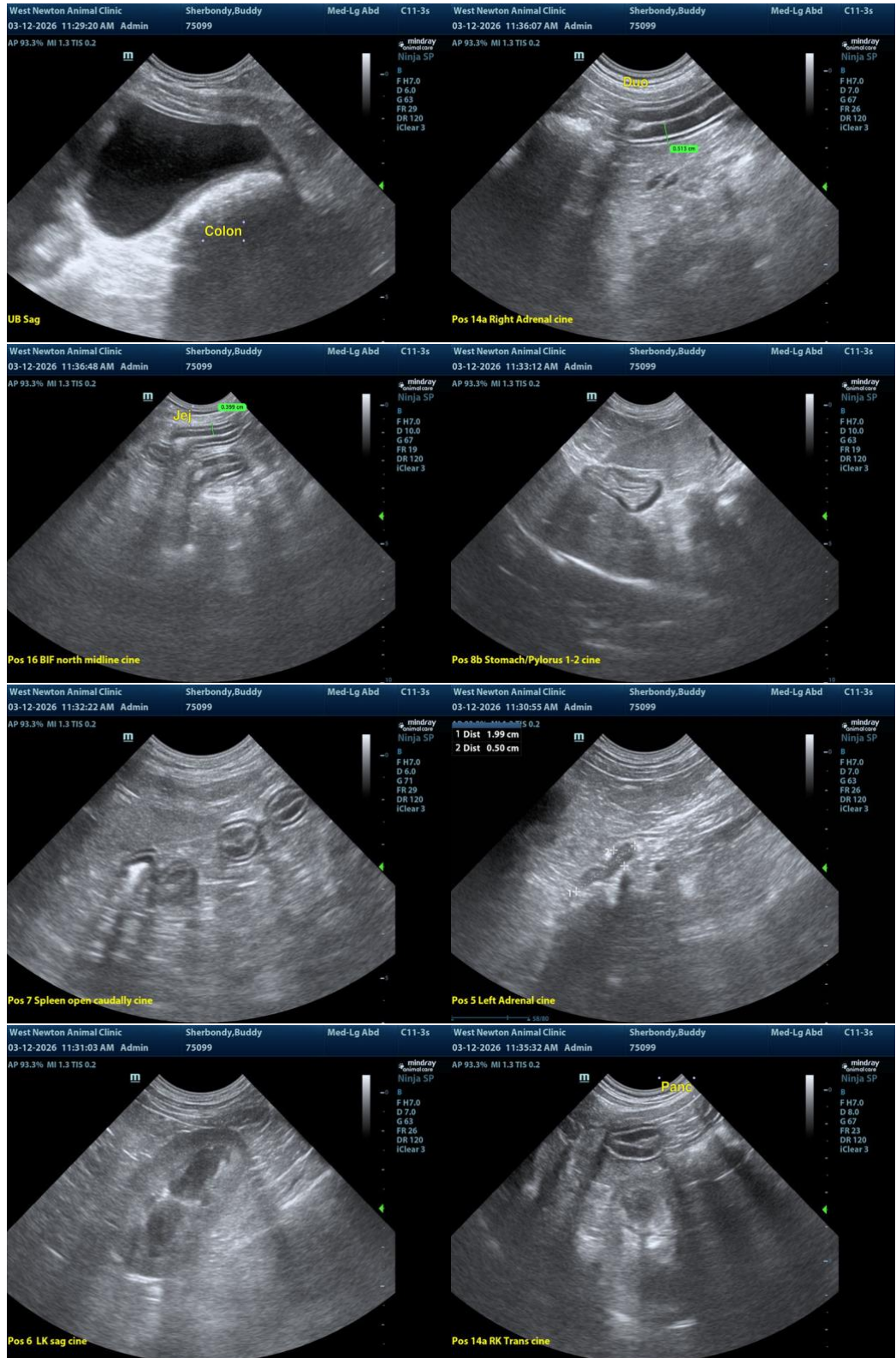
Dr. Justin Kontir

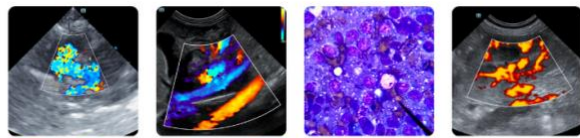
INVOICE

14300

DATE

03/12/26





PATIENT

Buddy Sherbondy

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

22.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

Mt. Pleasant Animal
Hospital

REFERRING VET

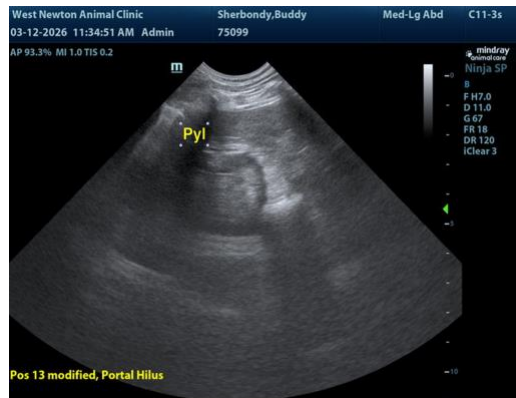
Dr. Justin Kontir

INVOICE

14300

DATE

03/12/26



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