



PATIENT

Boston Carruth

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Anna Riedl, DVM

INVOICE

16243

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Owner reports a few weeks of decreased appetite and weight loss. Vomiting started after they gave him a "weight gain" supplement, may have been high in fat. Seems to feel pretty good otherwise. Weight loss of 9# since last time, BCS 3/9 but good muscling.

Abnormal PE/Chem/CBC/UA Results: Low BCS 3/9 4/19/26 CBC/Chem 17 Mild leukocytosis of 20.4 (5-16.7) mild neutrophilia 18 (3-11.6) Rads done- rugal folds of stomach appeared thick

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.

Normal size and margination was 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 6.1 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland subjectively measured 0.62 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact mildly thickened wall exhibiting mild prominent rugal folds. Primarily empty lumen with minor retained fluid and lumen gas. The gastric body wall measured 0.92 cm wall width. No evidence of obstruction to pyloric outflow.



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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.

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.

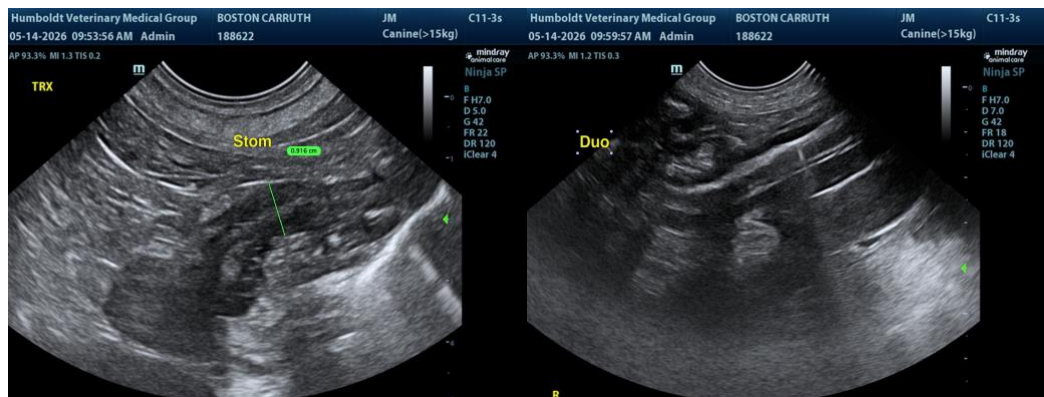
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened, primarily empty stomach.
- Sonographically normal empty small intestine.
- Normal area of pancreas.
- Normal adrenal glands.
- Mild gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mildly thickened stomach may indicate nonspecific gastritis, infectious gastropathy, low potential for emerging gastric neoplasia, although thought less likely is not definitively excluded. No obvious sonographic evidence of concurrent intestinal mural pathology, pancreatitis, or adrenal disease as a contributing factor. The presence of a stressed leukogram indicates unlikely potential for occult Addison's disease.

Screening cortisol level and GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for non-obvious intestinal or occult disease. Broad-spectrum gastroprotectants, dietary trial, which may include novel protein or hydrolyzed diet +/- empirical therapy for helicobacter with clinical and sonographic monitoring would be reasonable. If available, upper gastrointestinal endoscopy with potential for biopsy is recommended for further assessment.





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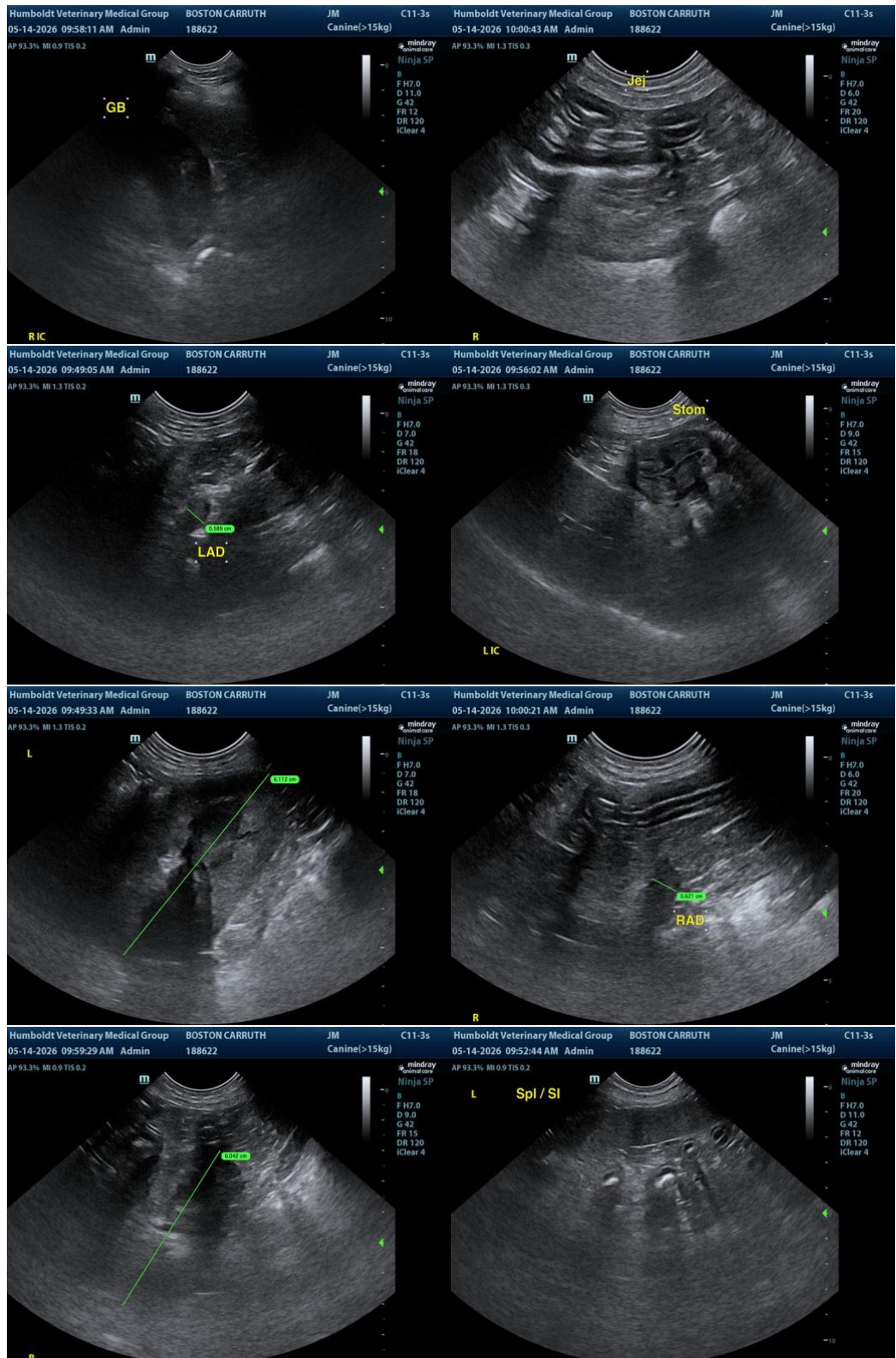
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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