



## PATIENT

Blue Schneider

## SPECIES

Canine

## BREED

Rottweiler

## SEX

MN

## AGE

11 y.o.

## WEIGHT

90 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt  
Veterinary Medical  
Group

## REFERRING VET

Kris Flores, DVM

## INVOICE

10861

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

- Unexplained weight loss, hyporexia. - Changes to coat quality and body composition - muscle atrophy/weight loss. - Carprofen daily 100 mg PO once to twice daily for orthopedic disease - Blood work, U/A unremarkable

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, palpable spinous processes. Non painful in the abdomen. No noted lymphadenopathy. Seborrhic coat, dandruff. Abnormal CBC/Chem/UA/rads (& date obtained): Mild hemoconcentration, leukogram unremarkable. Mildly elevated CK 411 (10-200), all other parameters WNL. U/A unremarkable, negative 4DX. Sr. Wellness Panel performed - unremarkable results.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was nondistended with urine, prohibiting full evaluation of the urinary bladder wall. There is no evidence of urinary bladder tumors. Focal dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

Solitary, visualized, asymmetrical, nonhomogeneous medial iliac lymphadenopathy was noted, measuring 3.0 cm x 1.8 cm.

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 8.1 cm in length. The right kidney measured 8.3 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size, with the right adrenal gland indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.82 cm width in the caudal pole. The right adrenal gland subjectively measured 0.85 cm caudal pole width.

### *Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.



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## *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

## *Gastrointestinal*

The stomach presented intact, mildly thickened wall layering. The gastric lumen was empty with minor retained fluid. The ventral gastric wall measured 0.65 cm width. The ventral pylorus wall measured 0.65 cm width. There was no 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.

Normal visible colon wall layers were present with formed feces 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 obvious mesenteric lymphadenopathy was visualized. No evidence of effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal / adrenal changes
- Subjective age-related hepatosplenic changes
- Empty stomach with mildly thickened wall, sonographically normal small intestine
- Nonorganized gallbladder debris (non mucocele)
- Focal urinary bladder lumen mineral
- Mildly enlarged nonhomogeneous medial iliac lymphadenopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly thickened empty stomach is nonspecific and may indicate mild, possibly chronic gastritis, while potential for emerging infiltrative gastric etiology such as neoplasia is not definitively excluded. The medial iliac lymphadenopathy may indicate reactive hyperplasia, inflammation, or early metastatic lymphadenopathy. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, in conjunction with neurological / musculoskeletal exam, given reported orthopedic disease, is recommended.

The medial iliac lymph node is not likely accessible to FNA cytology, given patient size and lymph node depth. Gastrointestinal support, including gastroprotectants, empirical therapy for potential gastritis, and sonographic monitoring of the stomach and lymph node for evidence of progression, is recommended.



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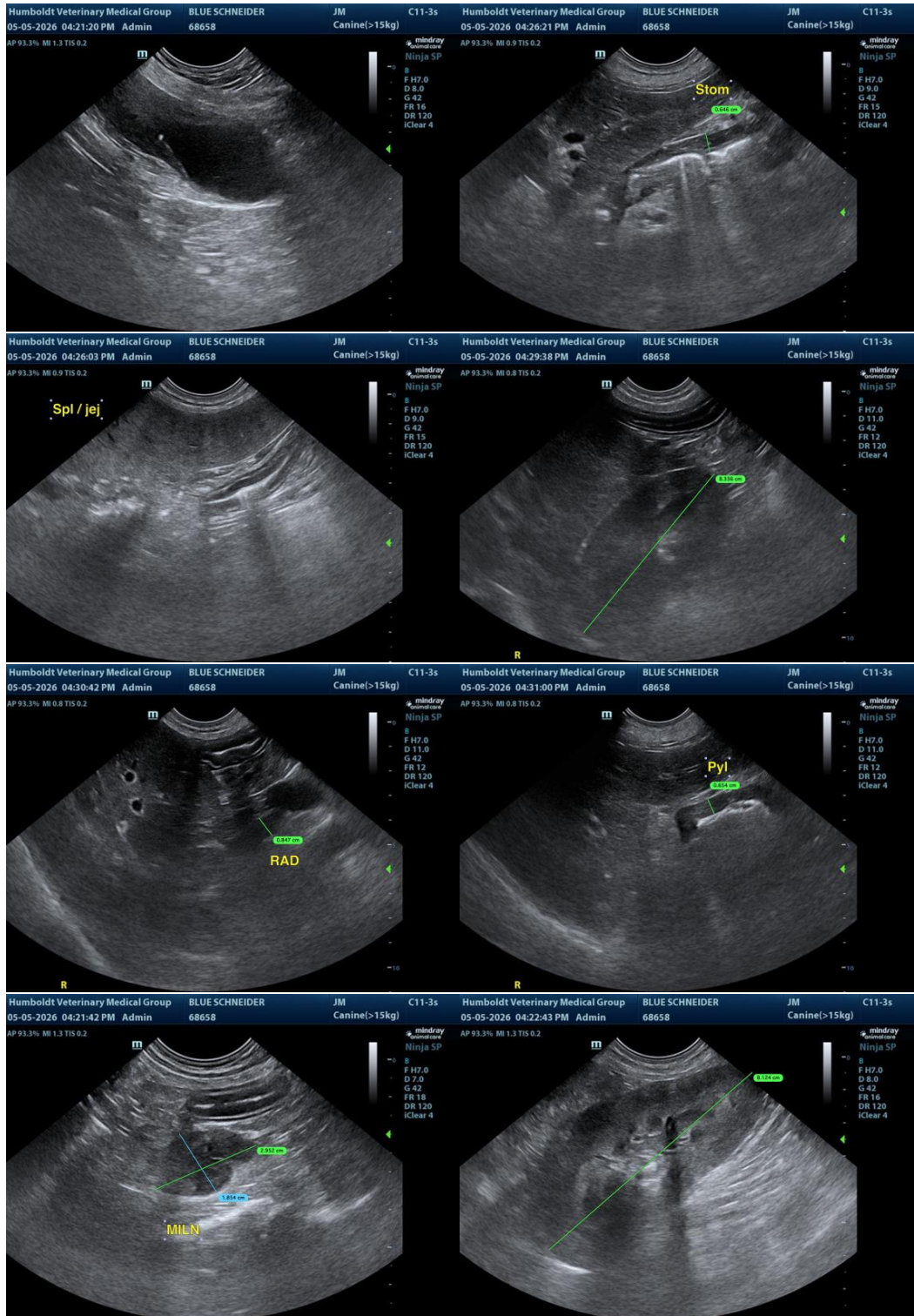
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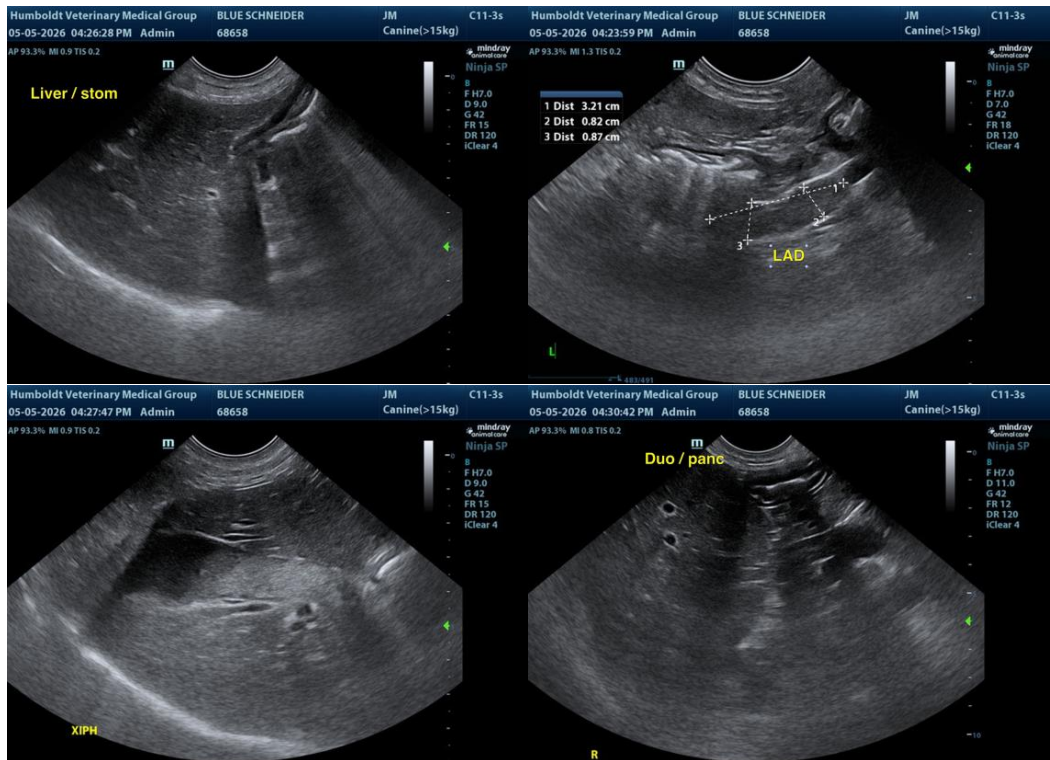
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)