



PATIENT

Mowgli Gores

SPECIES

Canine

BREED

Burmese Mountain

Dog

SEX

MN

AGE

8Y

WEIGHT

26kg

INTERPRETED BY

Sebastian Schaub, DVM

Dr. med. vet.

DipECVDI

IMAGING PERFORMED BY

NB & KP

HOSPITAL NAME

My Pet Mobile Vet

REFERRING VET

Dr. Rene Garcia

INVOICE

73132

DATE

12-29-25

PRESENTING CLINICAL SIGNS

Vomiting 1-2 times daily for a couple months. Decreased appetite for 1 week and eating slowly for about 2 weeks where it takes about 15 minutes to eat a meal. The past couple of days not interested in eating at all. Has to take Cerenia with food or else he will vomit the meal. Weight loss and lethargy. Abnormal PE/Chem/CBC/UA Results: Normal physical exam. In-house bloodwork run with cPL 12/29/25. Decreased: PDW (8.3), Phosphorus (2.0), Albumin (2.1), ALP (15). cPL WNL (169). Abdominal ultrasound performed, unremarkable findings, but with gastric wall at the pylorus appears to be thickened.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen are provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.



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The stomach is in its anticipated position. The gastric wall appears prominent and the rugal folds are partially lost or have a plump conformation.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

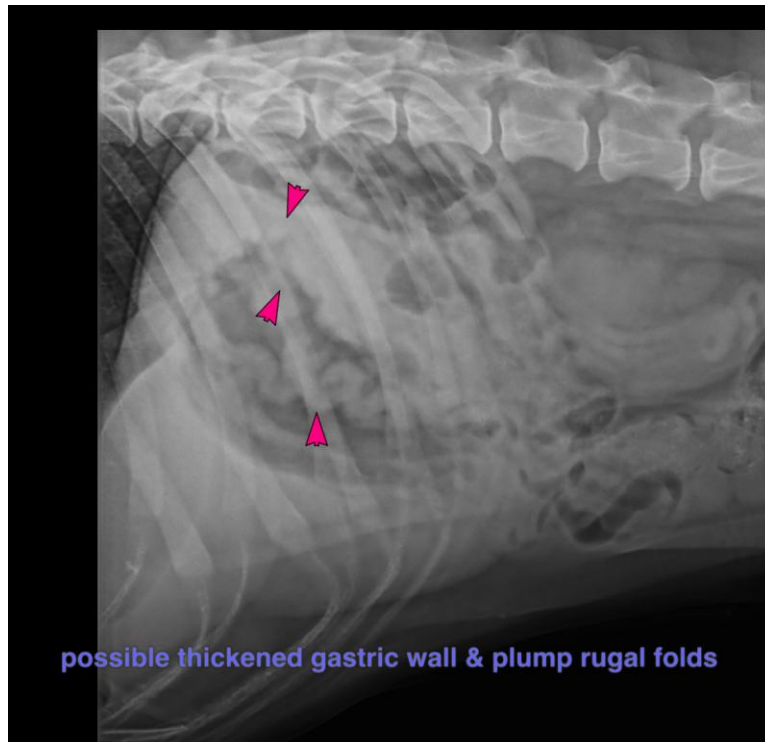
- Possible thickening of the gastric wall
- Hepatomegaly
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the gastric wall by plain radiographs is limited and ultrasound or a CT study is warranted to confirm/rule out pathology of the gastric wall entirely – likely differentials include gastritis or neoplastic transformation.

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration. Ultrasound can be used for specification and will allow FNA sampling as advanced minimally invasive diagnostic tool.

There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction.





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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com