



PATIENT

Barraby Williams

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

16

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Botros

INVOICE

23562

DATE

01/14/2026

PRESENTING CLINICAL SIGNS

Weight loss PU/PD The pet is trying to drink his own urine A history of an enlarged prostate prior to castration was done in 2023

Abnormal PE/Chem/CBC/UA Results: BW- low TT4 <0.5, low FT4-6.8, Normaf TSH Hematuria BRAF- pending, for urine to be dropped by the owner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Subjective generalized thickened urinary bladder wall, exhibiting mild asymmetrical luminal surface contour with the urinary bladder wall measuring 0.53 cm in width. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral areas of medullary mineral and medullary mineral were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Prostatomegaly exhibiting asymmetrical capsule contour and non-homogenous parenchyma exhibiting intermittent indistinct hyperechoic parenchyma. A large cystic lesion occupying the majority of the residual prostate parenchyma containing mild echogenic fluid measuring ~ 3 cm in diameter was present. The overall prostate measured 4.4 cm in diameter. Periprostatic hyperechoic omentum was present.

Adrenal Glands

The left adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland. The right adrenal gland was indistinctly visualized, exhibiting subjective age-related changes. The right adrenal gland measured 0.51 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Pancreas

MN

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Empty subjective diffusely thickened urinary bladder
- Residual prostatomegaly exhibiting large prostatic cystic lesion
- Normal gastrointestinal tract with non-shadowing gastric ingesta consistent with food echogenicity
- Chronic renal changes exhibiting medullary mineral and mild pyelectasia
- Mild non-organized gallbladder debris (non-mucocele)
- Mild chronic pancreatitis / fibrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the prostate may include residual prostatitis with large prostatic cyst vs abscess, potential necrosis or neoplasia. Correlation with pending BRAF assay recommended. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition. If prostatic neoplastic process is confirmed, concern for diffuse urinary bladder involvement is warranted.

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A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for occult disease as a contributing factor to the weight loss may be considered.

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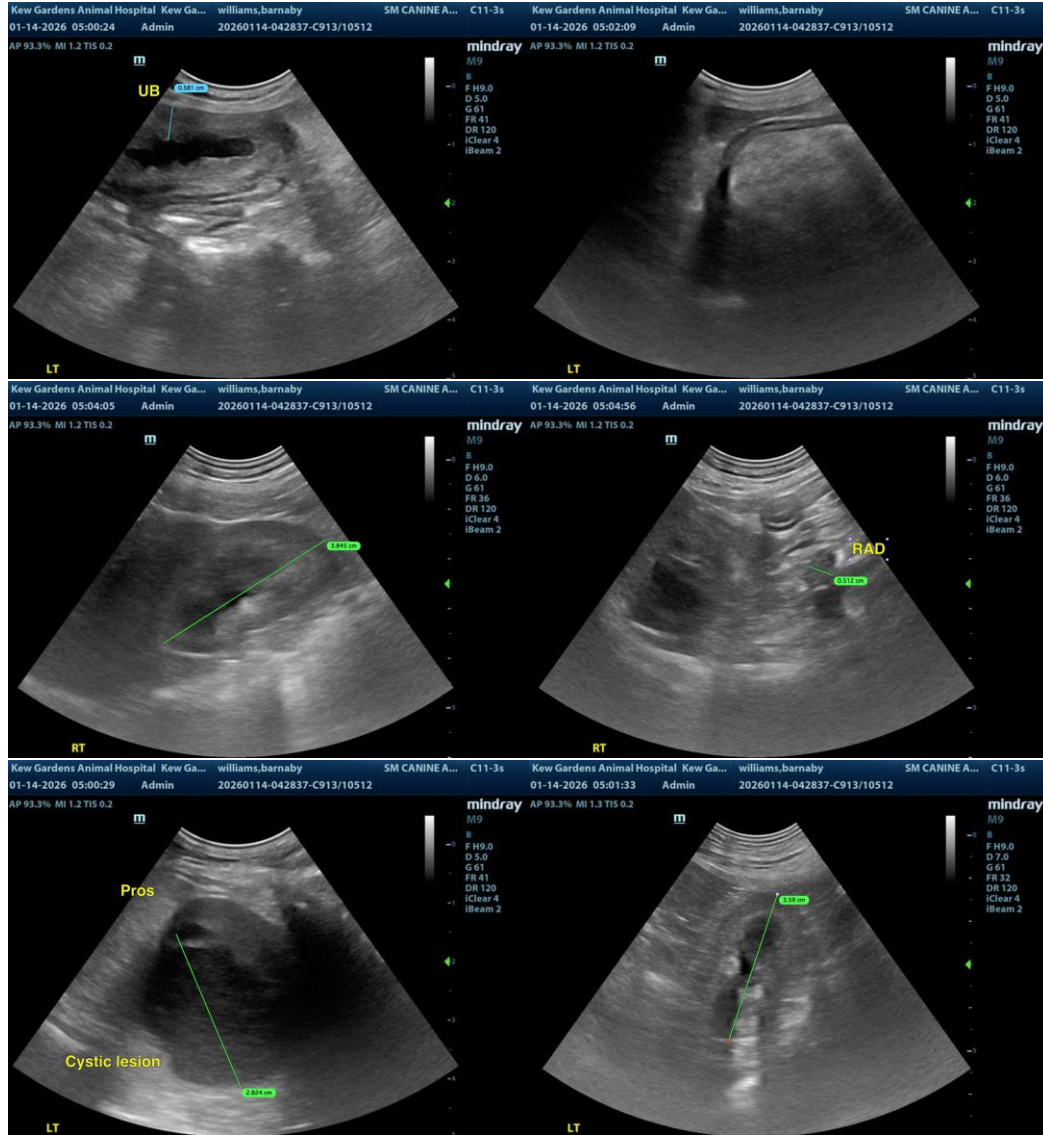
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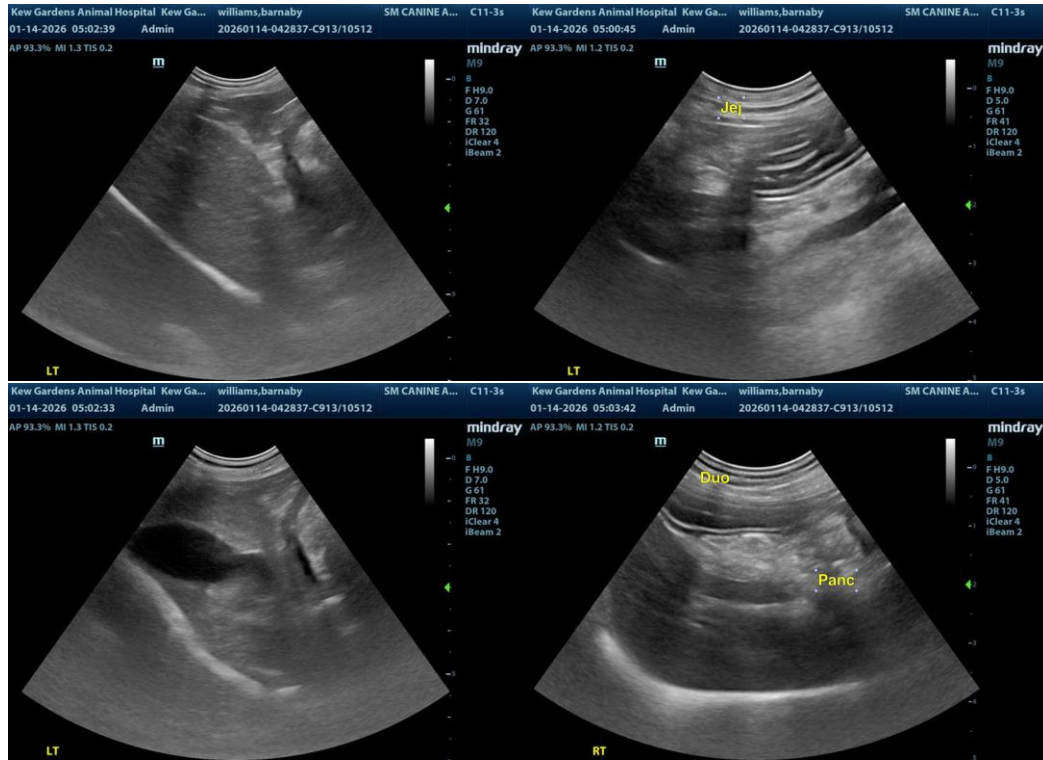
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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