



## PATIENT

Toby Cardenas

## SPECIES

Canine

## BREED

Yorkie

## SEX

MN

## AGE

8yr

## WEIGHT

2.95kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alexandra Pasaturo

## HOSPITAL NAME

Greater Staten Island  
Veterinary Srerrvice

## REFERRING VET

Natalie Henriques

## INVOICE

23654

## DATE

01/22/2026

## PRESENTING CLINICAL SIGNS

### Patient History:

- History of gastroenteritis in November/December 2025, treated with probiotics, metronidazole, and Cerenia; resolved after treatment
- Previous blood work in December showed mildly elevated glucose (attributed to stress) and lactate; otherwise normal
- Previous radiographs showed no abnormalities
- Current episode began yesterday after eating wet food that had been left out for several hours and became hard
- Watery diarrhea since yesterday afternoon
- Vomited twice: once last night, once today with visible blood
- Decreased appetite yesterday, not eating today but drinking water normally
- Walks one hour daily, still has energy and not lethargic
- No other dietary changes or access to toxins at home
- Last full meal was yesterday morning

Abnormal PE/Chem/CBC/UA Results: tense abdomen, dehydrated, dental disease  
Diagnostics 1/22/26 -CBC: Reitulocytosis: 113.3 (H), PLT:P 525 (H), -Chemistry: Unremarkable - Courtesy  
PCV/TS: 50%/7.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 2.9 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

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

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 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 0.49 cm width at the caudal pole.

### Spleen



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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. Normal vascular volume. 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.

### *Gastrointestinal*

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.33 cm width. Mild gastric distension with lumen gas was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width.

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

### *Pancreas*

The parenchyma of the right 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. The area of the left pancreas was sonographically normal.

### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Gastroenteritis pattern with soft fecal matter in colon
- Right limb chronic pancreatitis pattern with possible fibrosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or significant gastroenterocolic mural



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pathology. Correlation with a spec CPL or full GI panel is recommended. Given patient history, dietary indiscretion with associated non-structural inflammatory bowel episode and chronic pancreatitis is favored. Infectious disease, emerging IBD, occult parasitism, less likely occult Addison's disease given normal adrenal glands, all potentials.

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Gastrointestinal support and empirical therapy for chronic pancreatitis with clinical monitoring is recommended. Sonographic reassessment if persistent or non-responsive gastrointestinal signs is recommended.

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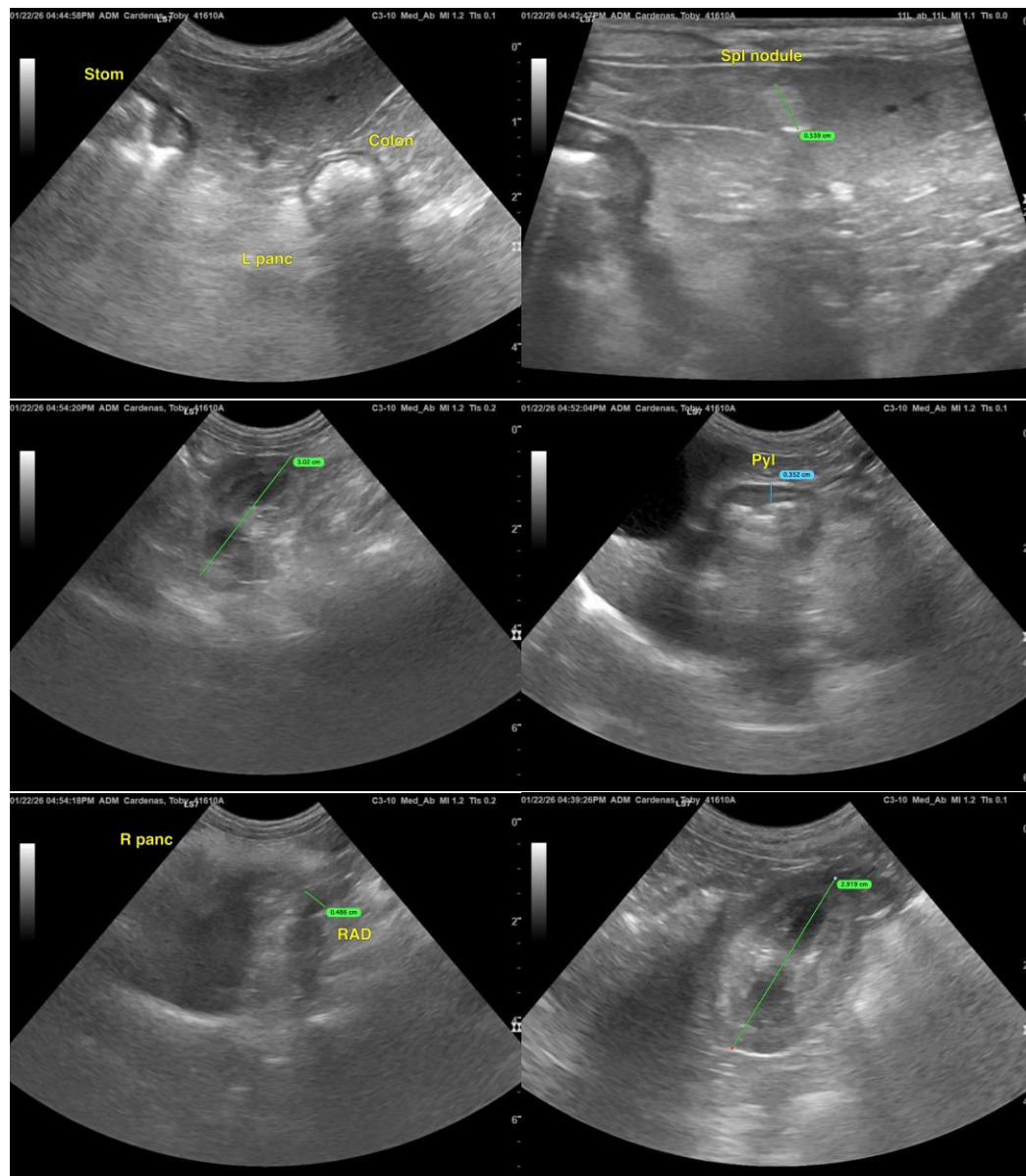
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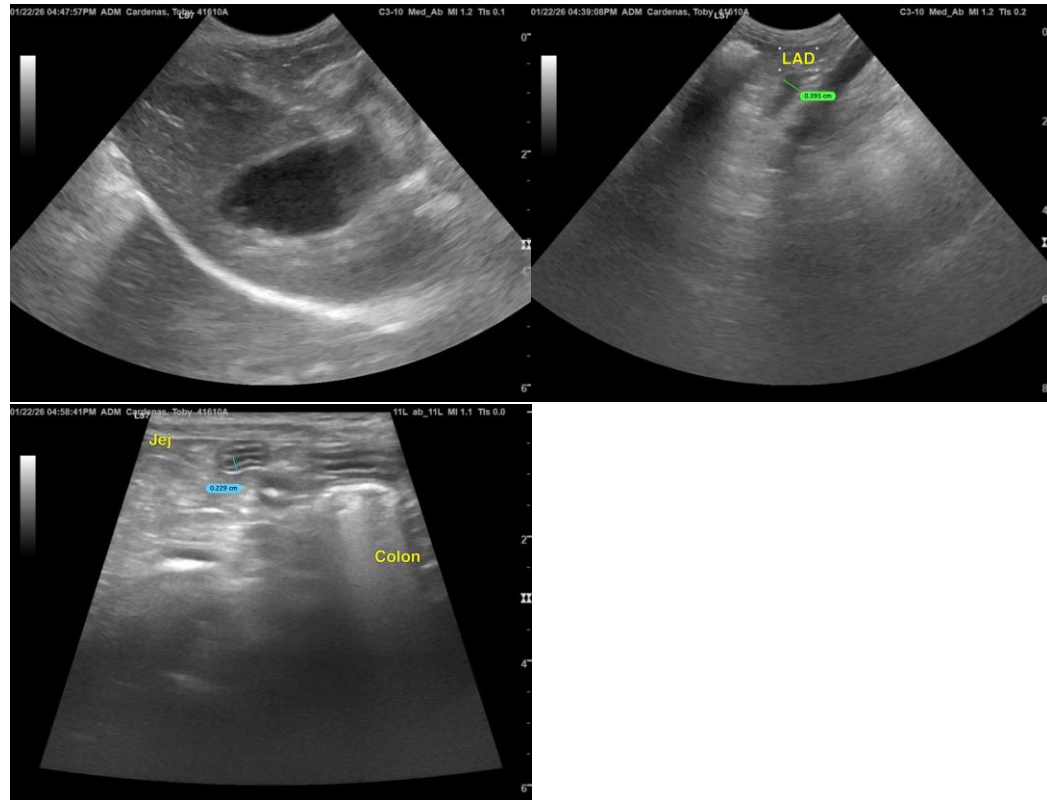
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)