



## PATIENT

Zeus Mousa

## SPECIES

Canine

## BREED

Pom Mix

## SEX

MN

## AGE

9

## WEIGHT

36.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Salazar

## INVOICE 23405

DATE  
1-3-26

## PRESENTING CLINICAL SIGNS

suspect fb no vomiting since Sunday very decreased appetite Current meds Unasyn Metro Cerenia

Abnormal PE/Chem/CBC/UA Results: WBC 29.95 Neuts 22.47 Lipase 408

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.4 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 mildly enlarged in size with symmetrical contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole. The right adrenal gland was not visualized.

### 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. 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was mild lumen gas and with no signs of ileus, obstruction or foreign material.



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The small intestine presented primarily intact wall layering with maintained muscularis/mucosa ratio. Segmental jejunum exhibited mildly thickened wall with indistinct mural detail, measuring 0.44 cm jejunal wall width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed fecal matter was present in the colon lumen with lumen dilation.

## Pancreas

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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

## SEX

MN

Multiple enlarged, hypoechoic mid abdomen mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 6.8 cm length and 2.5 cm width.

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Surrounding perilymphatic hyperechoic omentum was present. No visualized significant peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

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## Primary

- Empty gastrointestinal tract with segmentally thickened jejunum exhibiting indistinct mural detail
- Multifocal hypoechoic swollen non-homogenous mesenteric/ mesenteric root lymph nodes.
- Sonographically normal liver/ spleen.

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. The mesenteric to mesenteric root lymphadenopathy meets neoplastic criteria with severe hyperplasia or inflammation thought less likely.

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FNA cytology of an accessible lymph node recommended for further clarification and potential for oncology consult. Emerging concurrent segmental jejunal mural mass is highly suspected, assuming neoplastic process is confirmed on cytology.

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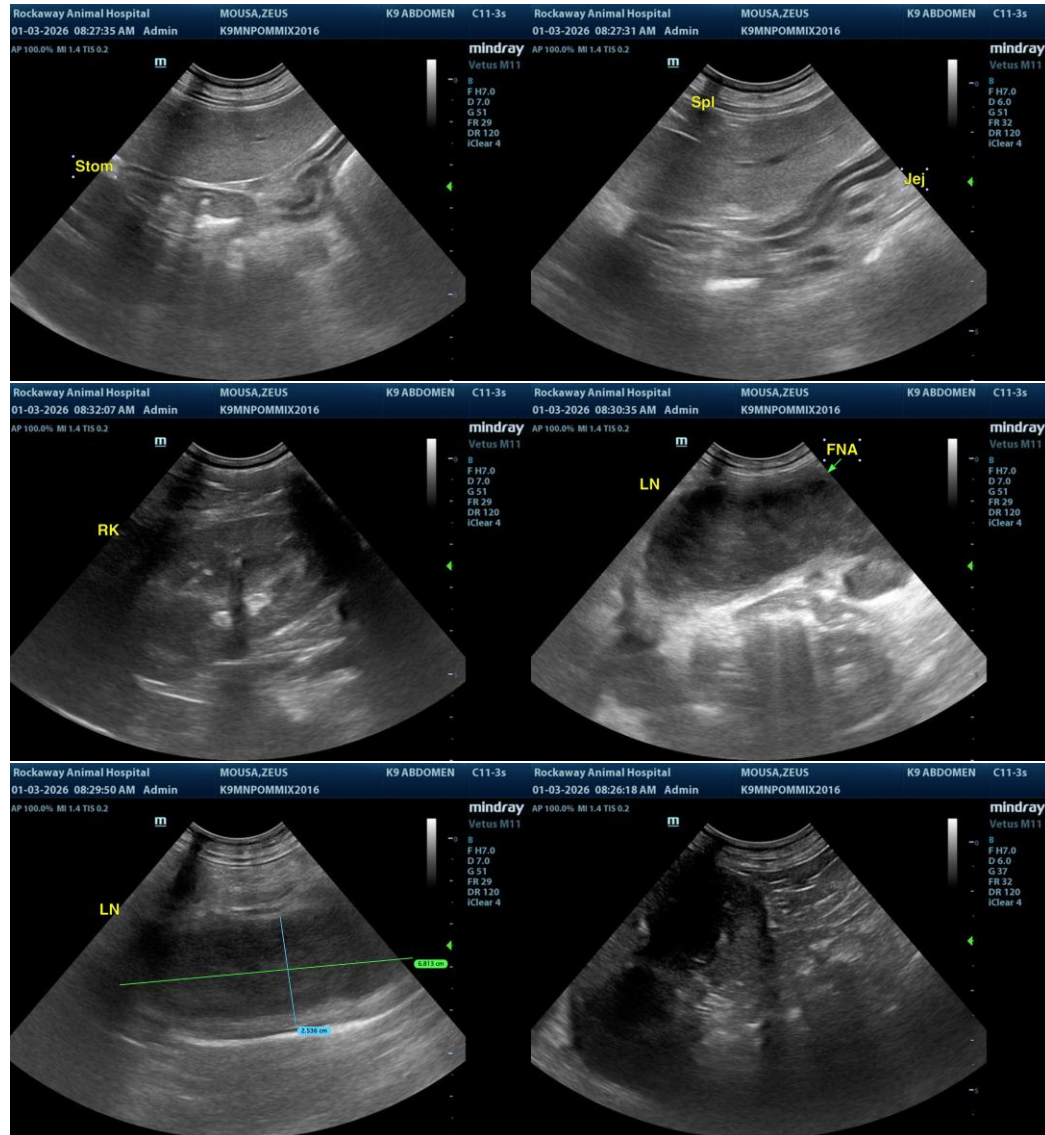
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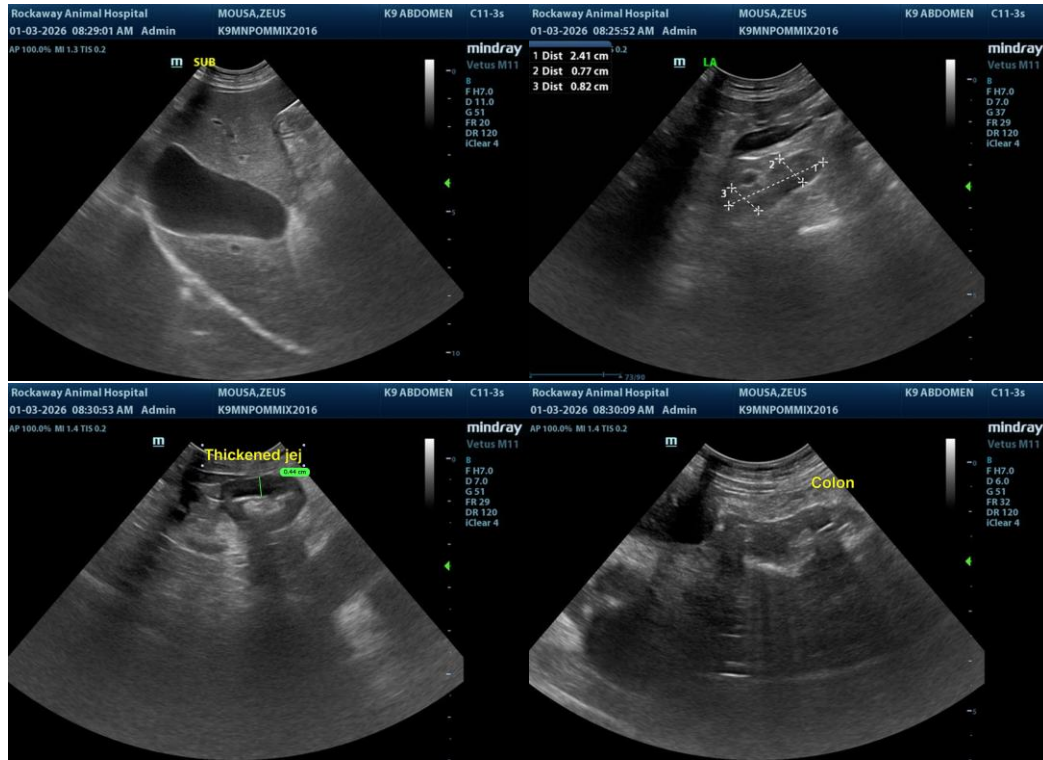
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)