



PATIENT

Luna Tepale

SPECIES

Canine

BREED

Yorkie Mix

SEX

F

AGE

10yr

WEIGHT

5.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Ghobrial

INVOICE

22906

DATE

11/08/2025

PRESENTING CLINICAL SIGNS

Presented for acute onset of vomiting and diarrhea with blood.

Abnormal PE/Chem/CBC/UA Results: PE: LS OU , dental ds, mild discomfort on abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. Mildly thickened cortex with increased to hyperechoic corticomedullary border echogenicity and indistinct corticomedullary border demarcation was present. Pinpoint medullary hyperechoic foci which may indicate pinpoint areas of medullary fibrosis, mineralization, or infarcts were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 primarily uniform and hypoechoic to the spleen with a mild coarse echotexture. Solitary to intermittent discreet hypoechoic non-disruptive intraparenchymal nodule to nodules were present. An example measured 1.1 cm in diameter. 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 mild non-organized debris. 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 empty with no signs of ileus, obstruction or foreign material.

The small intestine presented subjective mildly prominent submucosal layer and minor segmental non-shadowing chyme without obstructive pattern to the level of the colon.



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

Pancreas

SPECIES

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The area of the pancreas was sonographically normal.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

SEX

F

- Gastroenterocolitis / acute hemorrhagic diarrhea syndrome pattern
- Normal area of pancreas
- Bilateral chronic renal changes
- Discrete hepatic nodules -subjective benign, discrete minor hyperplasia or hematopoiesis suspected
- Non-organized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.9lb

Dietary discretion / intolerance, infectious disease, enterotoxin, inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis, less likely occult neoplasia, all potentials. Gastrointestinal support and empirical therapy for acute hemorrhagic diarrhea syndrome with clinical monitoring is recommended. Sonographic monitoring of the discrete splenic nodules would be reasonable.

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A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

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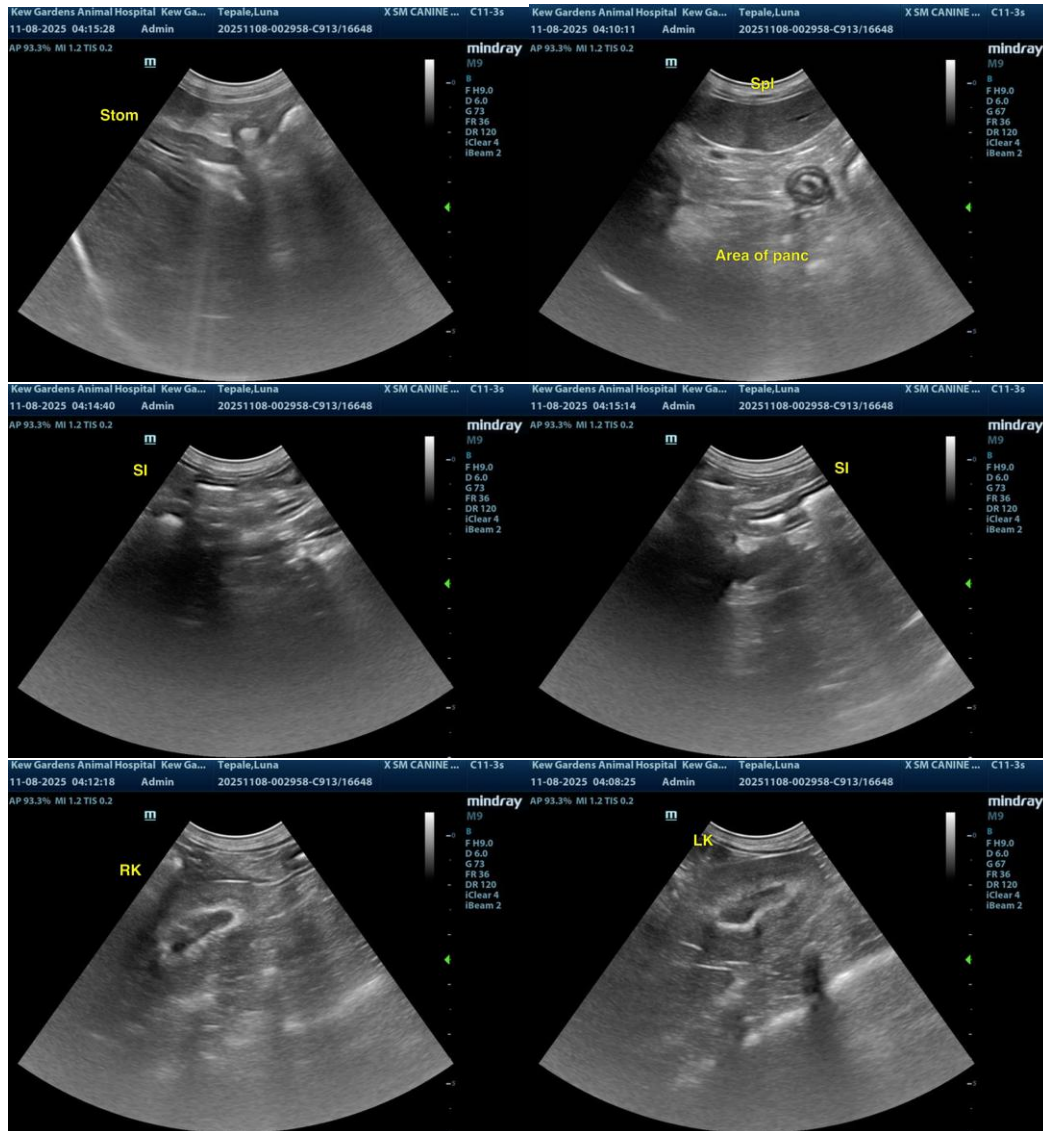
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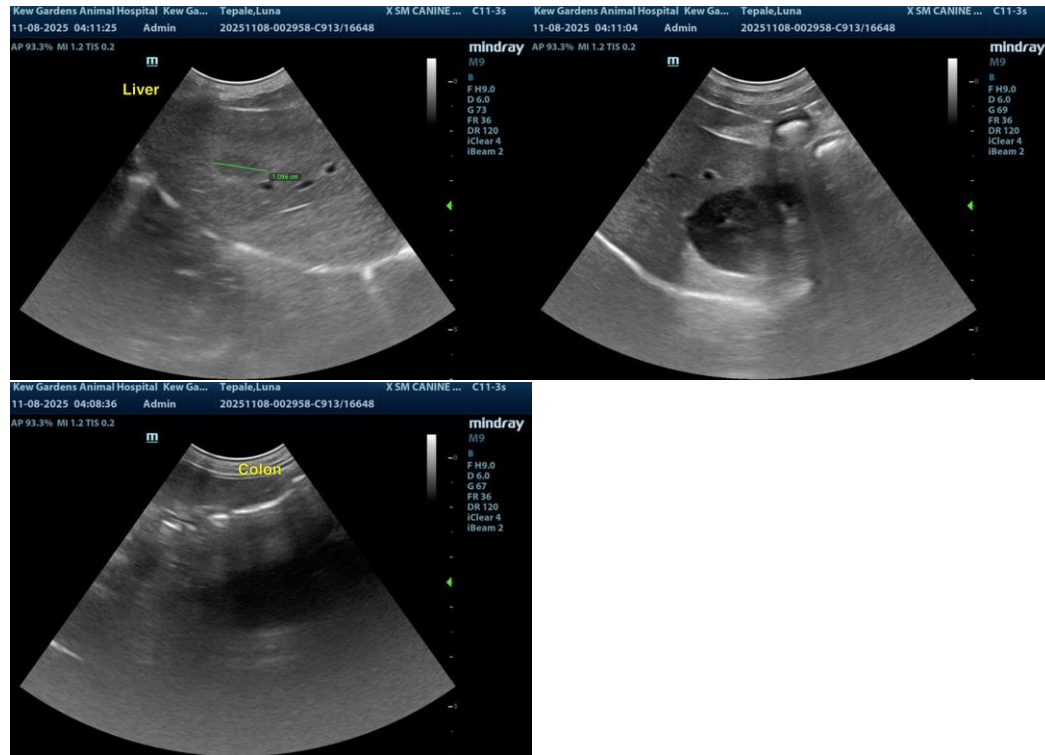
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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