

PATIENT

Zoe Broomfield

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

4yr

WEIGHT

22.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Masha Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Masha Axenoff

INVOICE

22322

DATE

12/23/2025

PRESENTING CLINICAL SIGNS

On the 12th pt started turning down treats and food and did not eat all day Saturday. Sunday pt got chicken and rice and only ate the chicken for both times. Sunday pt had a walk and had liquid D (5). and V Monday and it was neon yellow green bile with the treats she ate. Pt V same color and everything Tues and O took pt to rdvm. rdvm ran bw (unremarkable) and sent home cerenia and Denamarin and a supplement. Went home and did not eat, still lethargic, and her bowel movements are smaller and harder nickel size. Thursday O doesn't fully remember if pt ate or how she was but went back to rdvm Fri and got Entyce to get pt to eat. Pt did not want to eat Friday after appt. But Saturday pt ate breakfast 1/4 can food and ate fresh pet for dinner, ate it in increments. Sunday pt stopped eating again, but did eat the beef jerky sticks. This morning O tried all the types of food again and pt was not interested. She has been drinking a lot. Bowel movements continues to be small and more formed. Pt seems nauseas, licking lips a lot and wavering. Holiday party on the 11th, O knows people were feeding her turkey and ham(O unsure how it was all seasoned).

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 42.36 (H), Lymph 16.91 (H), Mono 18.18 (H), PLT 211 (L, manual platelet smear pending) CHEM10: TP 4.7 (L), Albumin 740 (L), ALT 740 (H), ALP 683 (H) CHEM17: TP 4.5 (L), Albumin 2.0 (L), ALT 768 (H), ALP 749 (H), GGT 16 (H) EPOC: NSF pT: 18s (mildly prolonged) AFAST: Scant FAF cranial to the liver in DH view, along with cranial to the urinary bladder in CC view. A heterogenous, eccentric mass is noted encircling a loop of SI in the CC view, with color flow within mass noted using color doppler.

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 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 6.5 cm in length. The right kidney measured 7.1 cm in length.

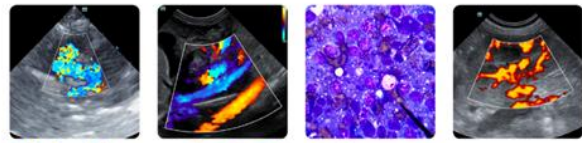
A mildly enlarged hypoechoic medial iliac lymph node exhibiting width to length ratio less than 0.5 was present. The lymph node measured 1.1 cm x 0.42 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited enlarged size with mild folding and 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



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volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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The liver presented mild to moderately enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

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The gallbladder was non-distended in size with mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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.

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The small intestine presented primarily intact variably thickened wall exhibiting variable segmental altered wall layer ratio and propensity for thickened muscularis layer. A segmental jejunal mural mass exhibiting thickened wall, indistinct to loss of mural detail and hypoechoic mural echogenicity was present measuring 0.73 cm wall width.

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

Pancreas

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.

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Free Abdomen

Mild volume peritoneal effusion was present.

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Several to multiple variably enlarged non-homogenous hypoechoic mesenteric lymph nodes were present. An example measured 6.5 cm x 2.6 cm.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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Primary

- Hepatosplenomegaly
- Mild gallbladder debris
- Thickened small intestine with segmental jejunal mural mass
- Multiple hypoechoic to swollen mesenteric lymph nodes
- Mild omental hyperechogenicity and mild volume peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

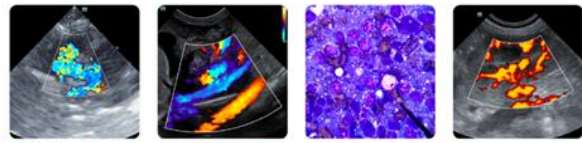
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Although sampling is required for further clarification, multi-centric neoplastic criteria is met with multi-centric round cell neoplasia such as lymphoma or similar highly probable. Assuming normal clotting status and using a 25g needle, a hepatosplenic and accessible lymph node FNA for screening



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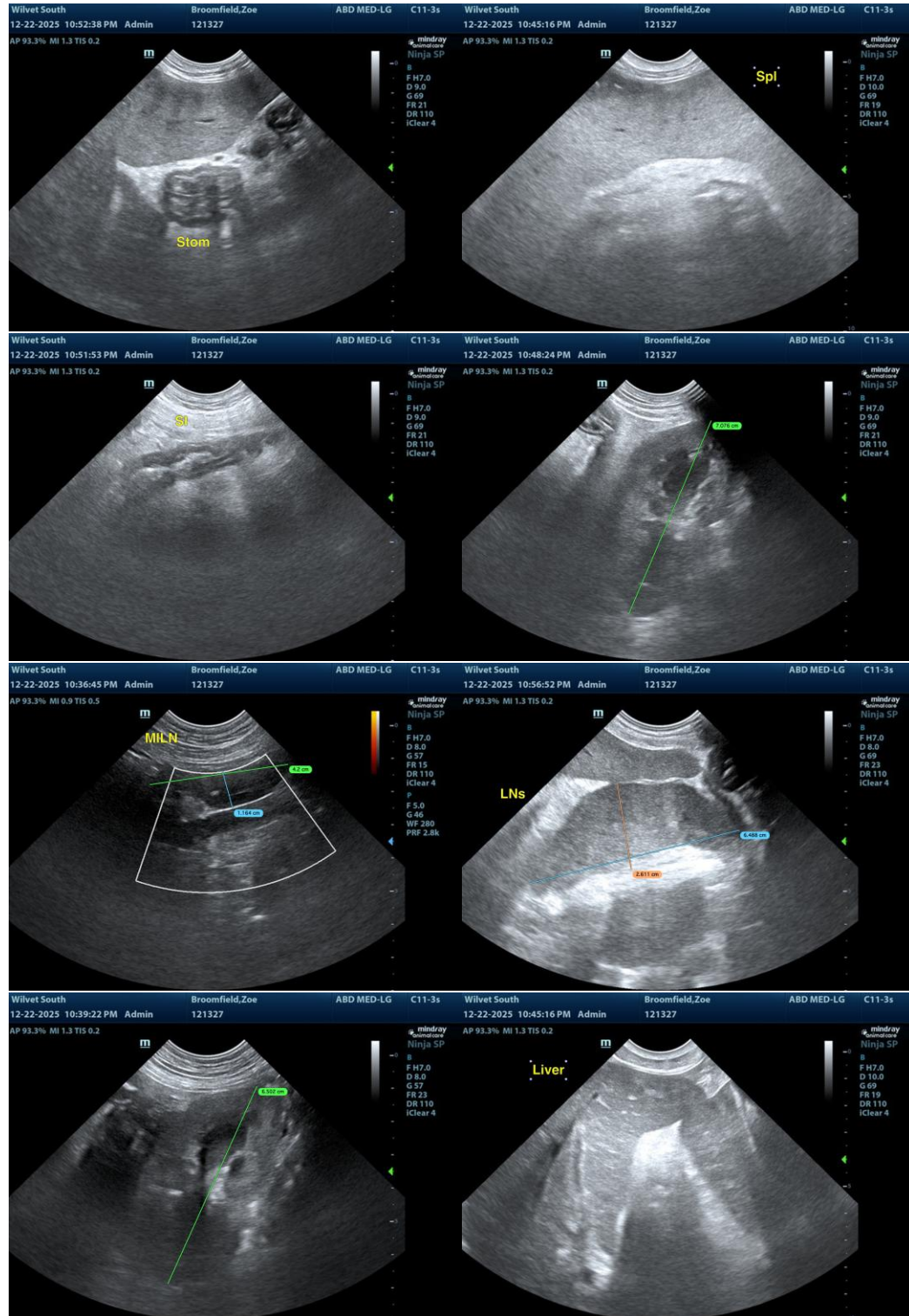
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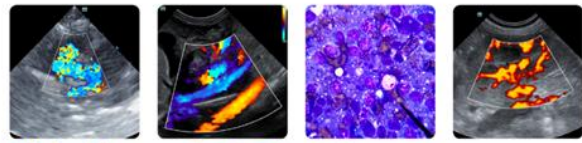
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cytology may be considered for further assessment and oncology consult.





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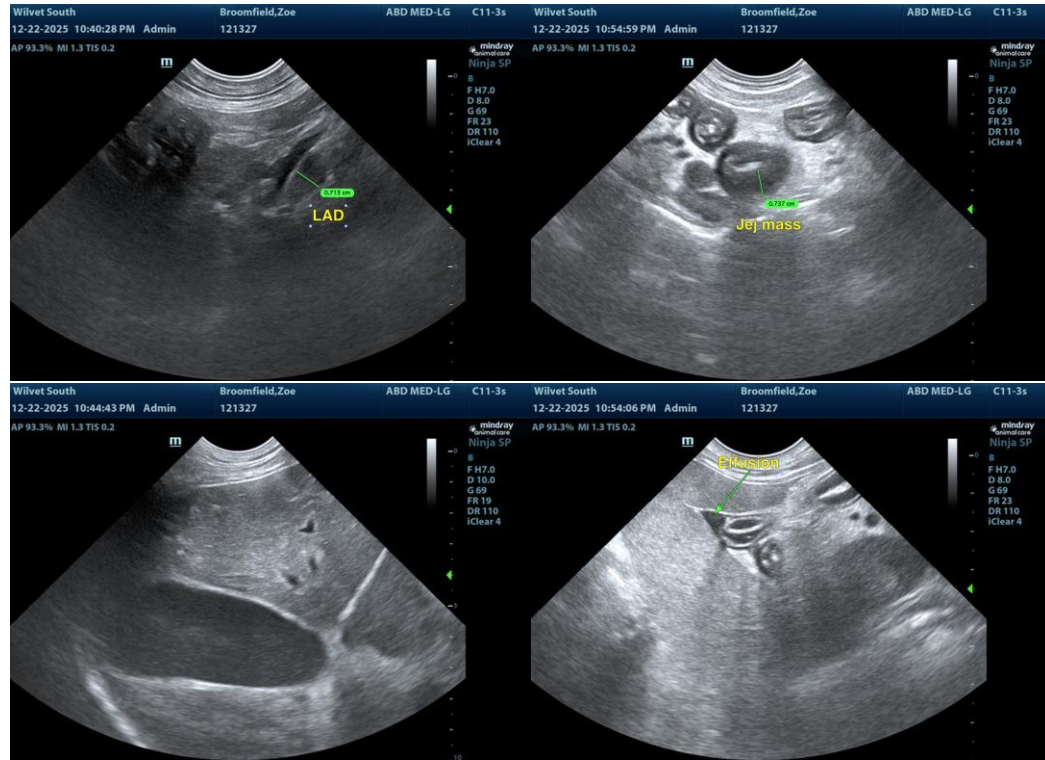
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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