



PATIENT PRESENTING CLINICAL SIGNS

Ted Sherman Inappetance, lethargic, shaking, tense abdomen, new heart murmur, increased respiratory effort
Current meds: Gabapentin 200mg

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC: WBC 18.41, Neuts 14.29, Monocytes 1.41 chem
WNL U/A: UPC 0.3, USG 1.037

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mixed 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.

SEX

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.1 cm in length.

AGE

14yr

WEIGHT

26.4lb

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate was normal in size and contour with primarily homogenous parenchyma with areas of pinpoint hyperechoic prostatic parenchyma. The residual prostate measured 0.92 cm in diameter.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.96 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the caudal pole.

IMAGING PERFORMED BY

Meghan Morse

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary well-defined, symmetrical, hyperechoic nodule was present in the perihilar parenchyma. The nodule measured 0.5 cm in width. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr Santo

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a

INVOICE
23344

DATE
12/26/2025



PATIENT

Ted Sherman

mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

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 with no signs of obstruction or foreign material.

BREED

Mixed

A mid-abdomen intestinal mass exhibiting variably thickened hypoechoic intestine wall with loss of intestinal mural detail was present. Thickened intestine wall within the mass measured ~ 1.0 cm in diameter with the mass potentially measuring 3-4 cm in length. Adjacent intestinal segments exhibited intact thickened wall. Adjacent thickened intestine wall width measured 0.63 cm. The duodenum wall measured 0.50 cm. By comparison, non-thickened intestine wall measured 0.40 cm in width.

SEX

MN

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

AGE

14yr

Pancreas

The right pancreas was minor prominent in size with mild capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

WEIGHT

26.4lb

Free Abdomen

Peri-intestinal to mid-abdomen non-homogenous to nodular omentum and minor volume peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal mass with adjacent intact thickened segmental intestine.
- Peri-intestinal to mid-abdomen non-uniform nodular omentum and mild peritoneal effusion.
- Borderline/ mild non-congested hepatomegaly.
- Bilateral mildly enlarged non-homogenous adrenal glands.
- Possible concurrent mild pancreatitis.

Secondary

- Bilateral chronic renal changes.
- Small hyperechoic splenic nodule -consistent with probable benign myelolipoma.

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Bergen County VC

REFERRING VET

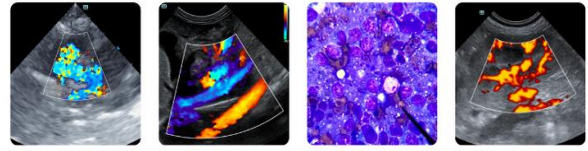
Dr Santo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is most consistent with jejunal involvement and neoplastic criteria with high concern for regional peri-intestinal omental seeding. The intestinal mass does not appear to be obstructive although some degree of mild paralytic ileus associated with the intestinal mass is

INVOICE
23344

DATE
12/26/2025



PATIENT

probable.

Ted Sherman

Bilateral mild adrenal hyperplasia or adenomatous change are possible with potential emerging unilateral or bilateral adrenal tumors thought less likely yet not excluded.

SPECIES

Canine

Concurrent monitoring for clinical signs suggestive of adrenal disease, hepatopathy, USG and systemic BP is recommended.

BREED

Mixed

SEX

MN

AGE

14yr

WEIGHT

26.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Bergen County VC

REFERRING VET

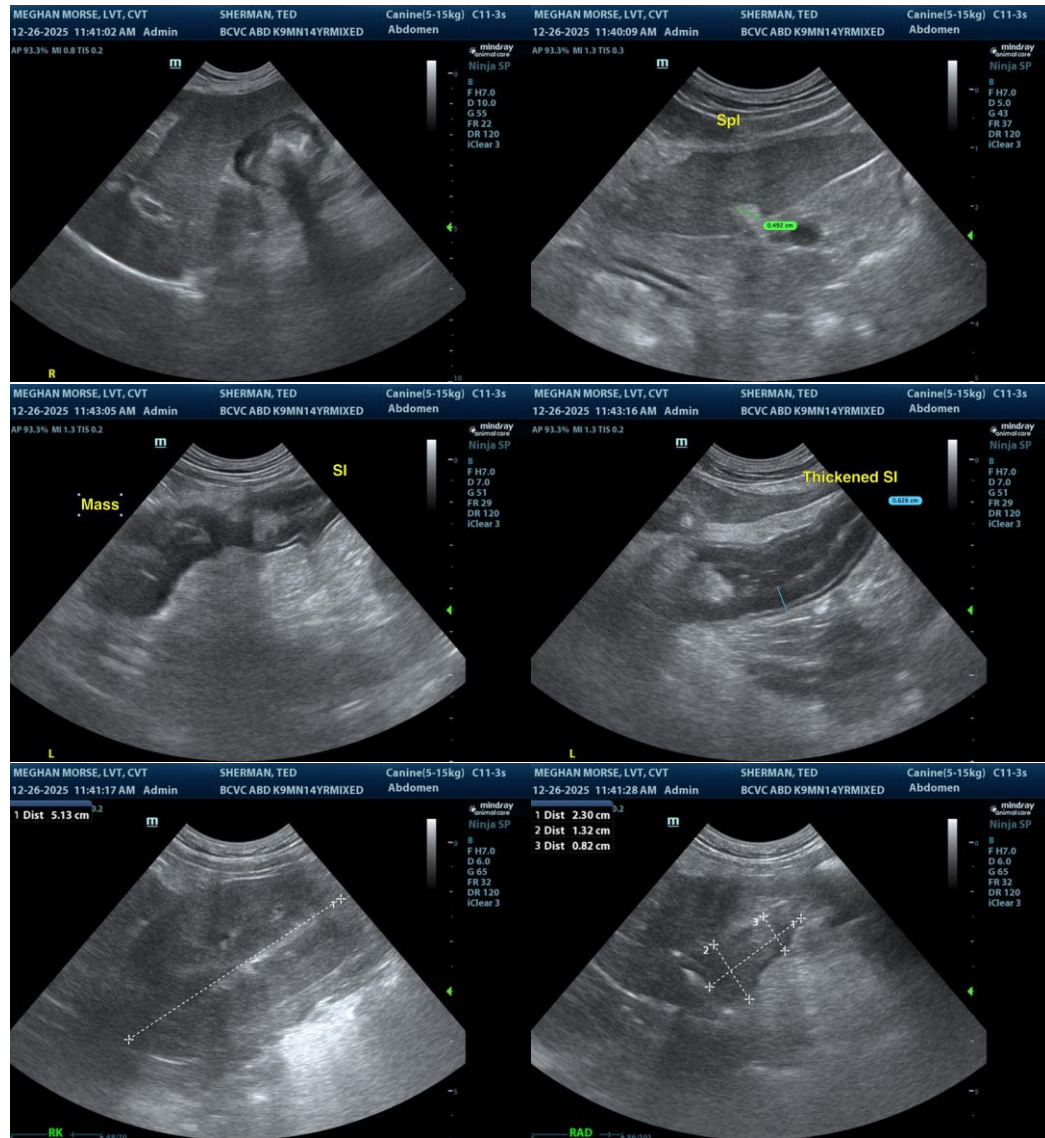
Dr Santo

INVOICE

23344

DATE

12/26/2025





PATIENT

Ted Sherman

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

14yr

WEIGHT

26.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

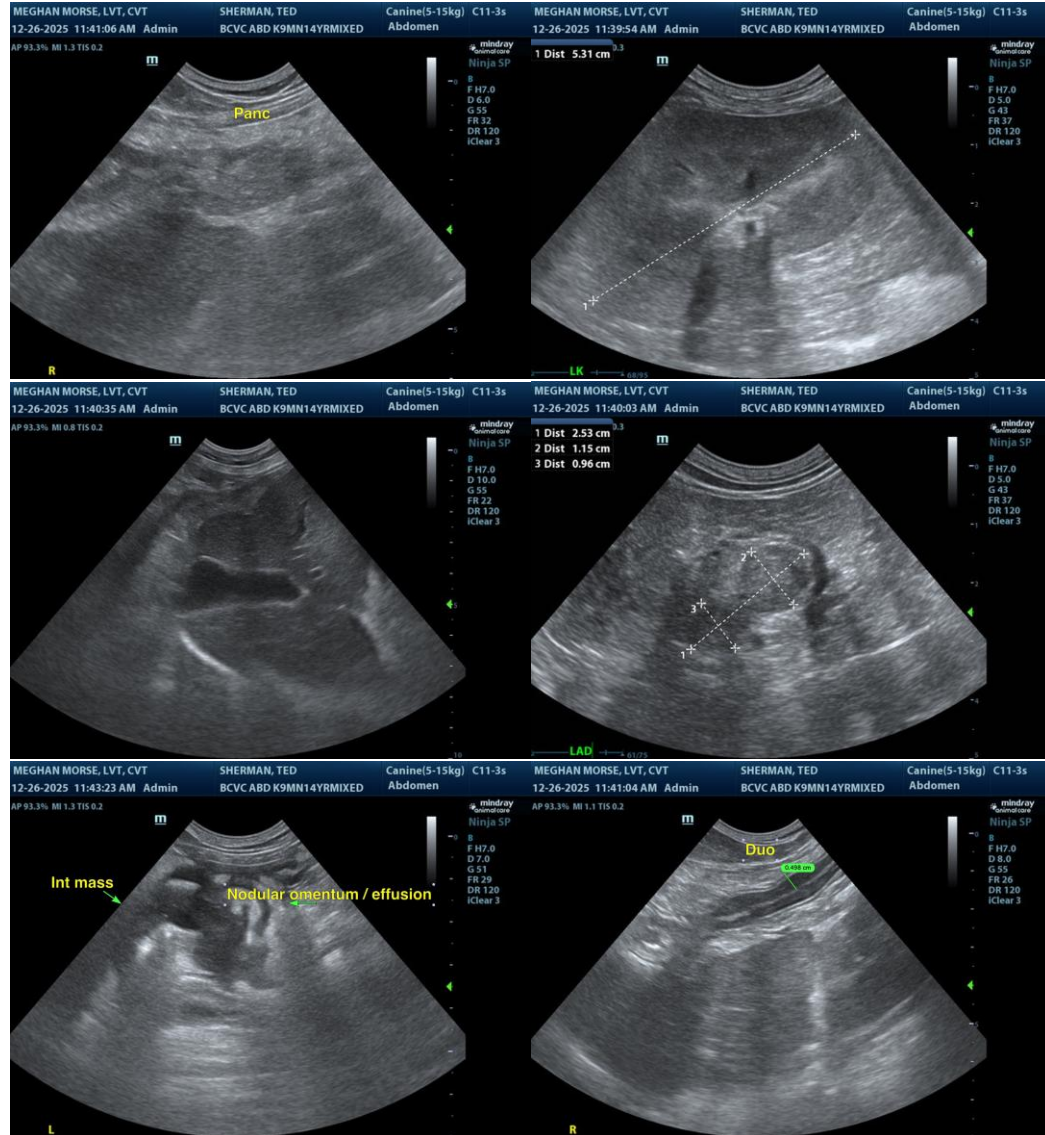
Bergen County VC

REFERRING VET

Dr Santo

INVOICE
 23344

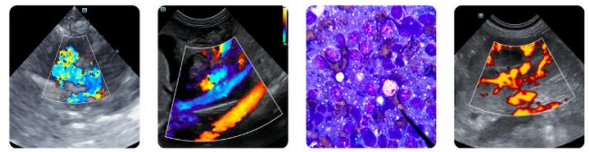
DATE
 12/26/2025



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



PATIENT

Ted Sherman

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

14yr

WEIGHT

26.4lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr Santo

INVOICE

23344

DATE

12/26/2025