



PATIENT

Chase Fernandez

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

8y

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Ray

INVOICE

12995

DATE

12/28/25

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea for the past 8 days, lethargic, and vomiting after eating. The owner mentioned that the patient lost around 6lb over the past week.

Abnormal PE/Chem/CBC/UA Results: Blood work - non-regenerative anemia, Mild hypoglycemia, mild hypocalcemia, neutrophilia PE- suspected hard, painful abdominal mass with abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.7 cm in diameter.

Normal size and margination was 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 4.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively 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

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. 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 mildly prominent wall and mildly prominent gastric mucosa. The stomach contained a mild amount of retained anechoic fluid and linear-like echoes. No definitive visualized obstruction to pyloric outflow.



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The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine exhibited a primarily empty lumen with mild, segmental, non-obstructive jejunal ileus.

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Normal visible colon wall layers were present with apparent non-formed feces and lumen gas.

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

SEX

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Multiple, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 3.4 cm x 1.6 cm. Surrounding peri-intestinal to perilymphatic hyperechoic omentum and mild volume peritoneal effusion present.

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Within the caudal abdomen, a segmental intestinal mass exhibiting thickened hyperechoic wall and loss of mural detail with intestinal mass wall width measuring ~1.0 cm in diameter. Associated segmental paralytic ileus within the intestinal mass with concurrent similar appearing hyperechoic linear echoes.

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ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with concurrent multicentric hypoechoic to swollen mesenteric lymphadenopathy
- Mildly thickened hypomotile stomach with retained gastric fluid and mild hyperechoic to linear gastric and segmental intestinal lumen echoes
- Mild volume peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric intestinal and lymphatic neoplastic criteria is met with multicentric round cell neoplasia, i.e. lymphoma favored, potential for carcinoma or other. A mild amount of non-obstructive hyperechoic to linear-like gastric and segmental intestinal foreign material, i.e. grass or similar possible. Further assessment may include, assuming normal clotting status, FNA cytology of accessible mesenteric lymph node +/- intestinal mass wall with potential for oncology consult. 3-view chest radiographs recommended, if not done.

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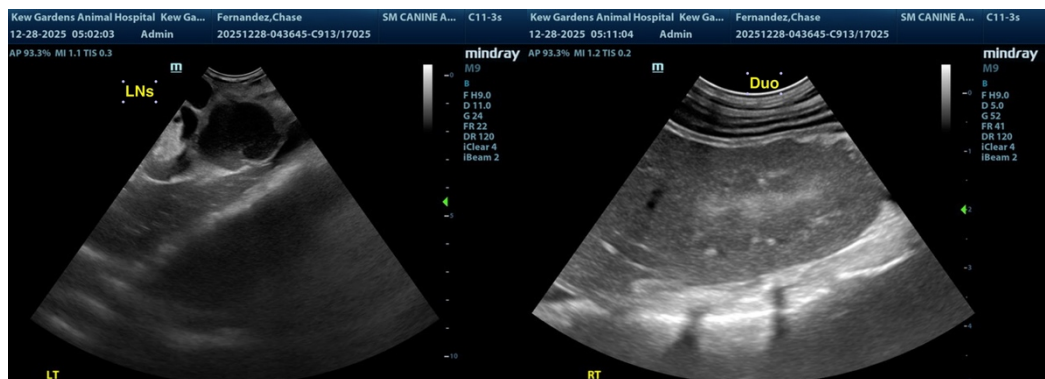
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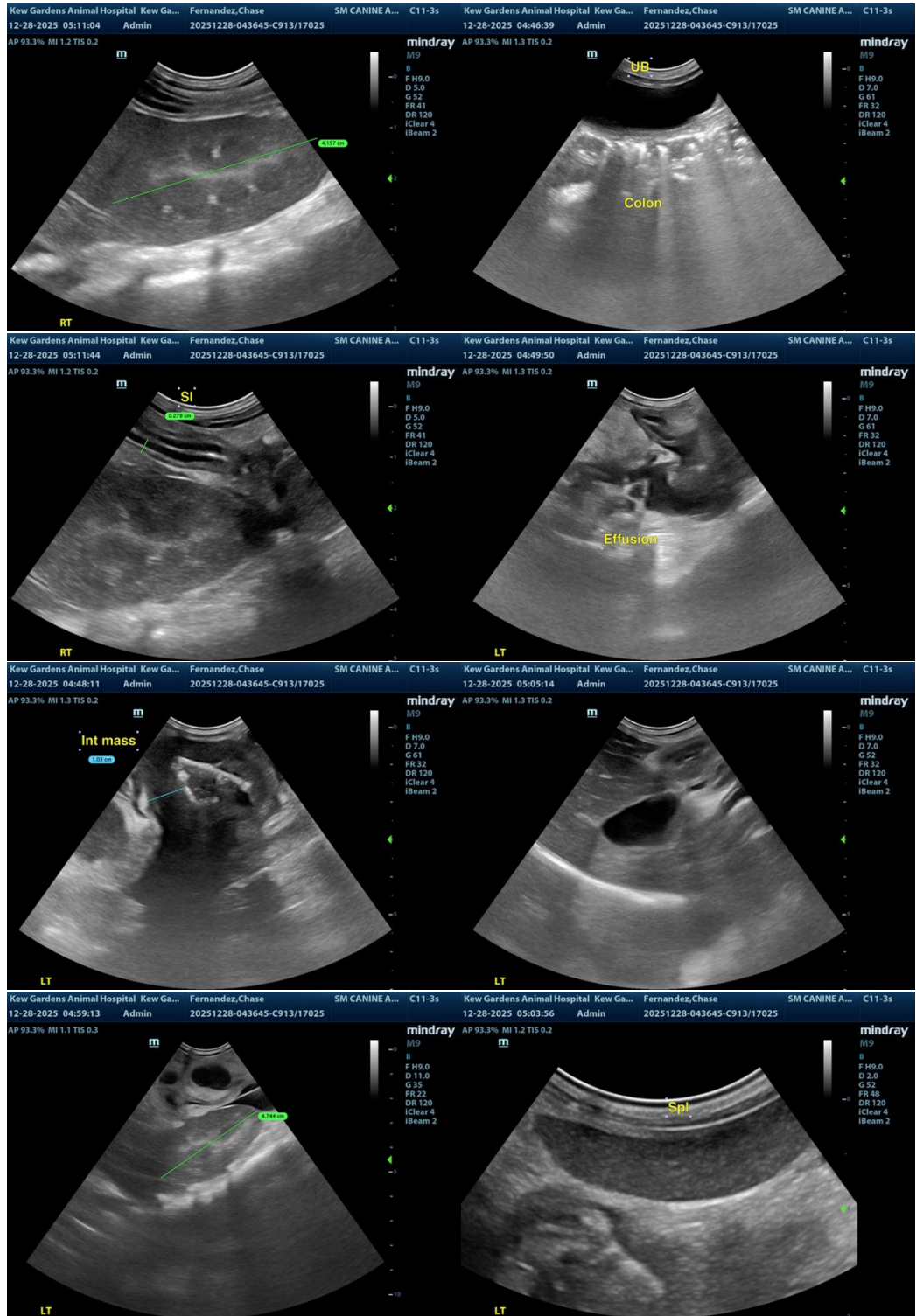
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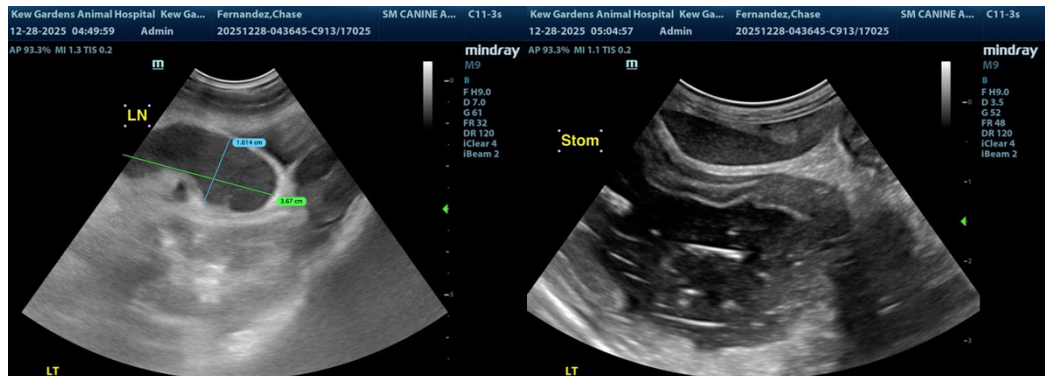
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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