



PATIENT

Danny Goralski

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

72852

DATE

12/29/25

PRESENTING CLINICAL SIGNS

P presented for respiratory distress. P has been V+ and D+ for a week and half. Went to rDVM on Thursday and had BW & Radiographs which revealed pleural effusion. Current Medications: Provable, Clavamox, sucralfate

Abnormal PE/Chem/CBC/UA Results: Removed 215 mls thoracic fluid ALB 1.6 Epoc: pCO2 27.3, BE(ecf) -5.8, Hct 28 CONCLUSION: 1. Moderate volume pleural effusion could represent hemorrhage, neoplastic effusion, transudate from hypoproteinemia. Chylothorax or pyothorax. A diagnostic and therapeutic thoracocentesis with fluid analysis is recommended. 2. Small soft tissue opaque nodule in the region of the right middle lung lobe on the ventrodorsal view could represent atypical summation of soft tissues. A pulmonary mass (primary versus metastatic) etiology is not excluded. Reevaluation and radiographs post thoracocentesis are recommended. 3. The remainder of the thorax is within normal limits. 4. Radiographically normal abdomen This report was finalized by Erica Noddings-Zinola, DVM, DACVR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

No evidence of pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm at the caudal pole.

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.



PATIENT

Danny Goralski

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

72852

DATE

12/29/25

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 common bile duct was not visualized.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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.

Generalized intact, non-thickened wall exhibiting subjective prominent duodenojejunal mucosal layer with segmental pinpoint hyperechoic duodenojejunal mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

Pancreas

The parenchyma of the pancreatic base and right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

Scant pockets of primarily peri intestinal free fluid noted. No visualized significant omental lymphadenopathy. Mild increased omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable non-congested liver.
- Transdiaphragmatic comet tail artifact.
- Prominent small intestinal mucosa with mild hyperechoic mucosal speckling.
- Scant peri intestinal/peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given hypoalbuminemia in conjunction with gastrointestinal signs and intestinal mucosal speckling, PLE intestinal criteria is highly suspected. Considerations may include IBD or other inflammatory disease, lymphangiectasia, or infiltrative disease such as neoplasia, less likely fungal. GI panel to include PLI, TLI, cobalamin and folate and fresh fecal analysis is recommended. No evidence of hepatic congestion, which suggests less likely potential for right-sided heart disease, although concurrent primary pulmonary pathology cannot be excluded. No definitive evidence of intraabdominal neoplasia. Correlation with pleural effusion analysis, cytology +/- culture and sensitivity, ideally full echocardiogram, and urinalysis to assess for or rule out proteinuria in conjunction with hypoalbuminemia.



PATIENT

Danny Goralski

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

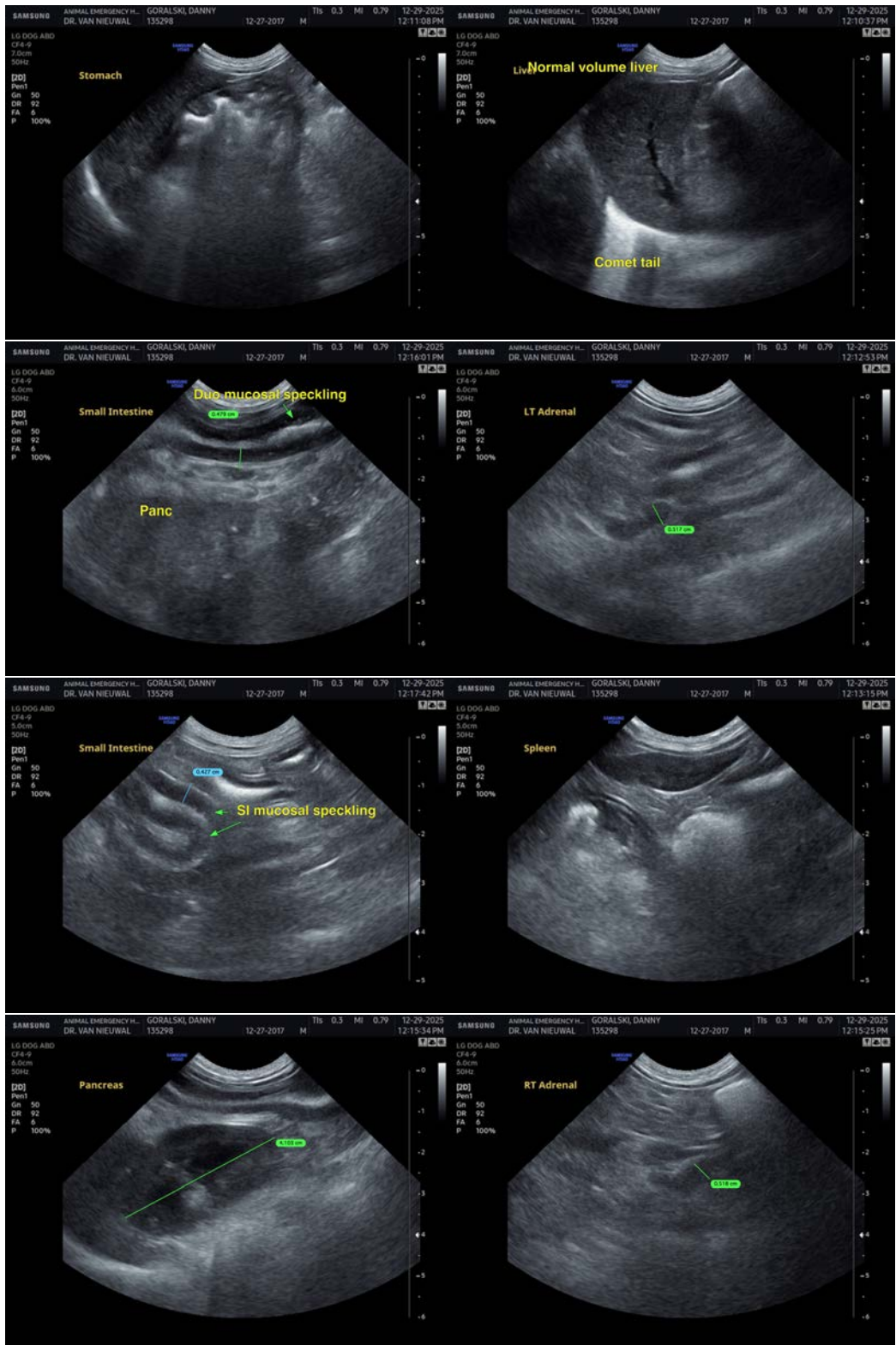
Dr. Van Nieuwal

INVOICE

72852

DATE

12/29/25





PATIENT

Danny Goralski

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

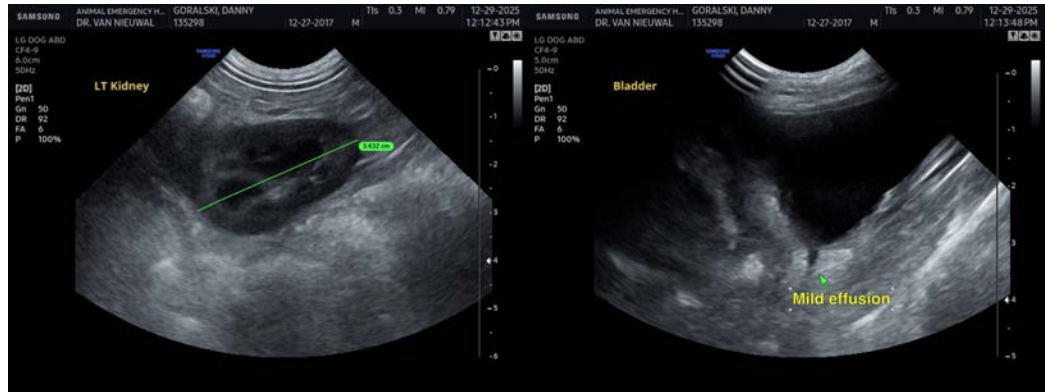
Dr. Van Nieuwal

INVOICE

72852

DATE

12/29/25



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