



PATIENT

Henry Berger

SPECIES

Canine

BREED

Boston Terrier

SEX

M

AGE

12 yr

WEIGHT

10.35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Michelle Bammel,
DVM

INVOICE 23985

DATE

02/25/2026

PRESENTING CLINICAL SIGNS

Presented for a 3-week history of progressive inappetence, daily vomiting, projectile black diarrhea, and weight loss.

Projectile diarrhea has occurred 1-2 times per day for the duration of the illness. The owner reports the stool was initially a rusty brown color but is now dark and black. He had projectile black diarrhea last night and this morning despite minimal food intake.

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.

The bilateral kidneys were not visualized.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were not visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented regional intact normal non-thickened wall. A segment of dorsal gastric body wall exhibited thickened hypoechoic wall with loss of regional gastric mural detail, measuring 1.2 cm in wall width. The stomach contained a mild amount of retained anechoic fluid.



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The small intestine exhibited variably thickened hypoechoic duodenojejunal wall with indistinct loss of duodenojejunal mural detail. Within the mid abdomen, a large intestinal mass was present exhibiting markedly thickened wall, mural hypoechoogenicity and loss of intestinal wall layer detail.

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

Pancreas

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

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Free Abdomen

Mild volume peritoneal effusion was present.

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Surrounding the intestinal mass, non-homogenous hyperechoic to hypoechoic mesentery was present with infiltrative mesenteric mass measuring ~ 7-10 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Multiple intestinal masses with concurrent regional thickened hypomotile stomach.
- Peri-intestinal non-homogenous mesentery with infiltrative mesenteric mass.
- Mild peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric gastrointestinal and mesenteric neoplastic criteria is met and likely consistent with multicentric high grade neoplasia, i.e. lymphoma, carcinoma, or other. No obvious evidence of current mechanical gastrointestinal obstruction secondary to gastrointestinal and omental pathology. Unfortunately, curative surgical options are precluded. FNA cytology of mesenteric mass +/- thickened intestinal wall for cytology staging and potential oncology consult could be considered. However, an unfavorable prognosis is indicated.

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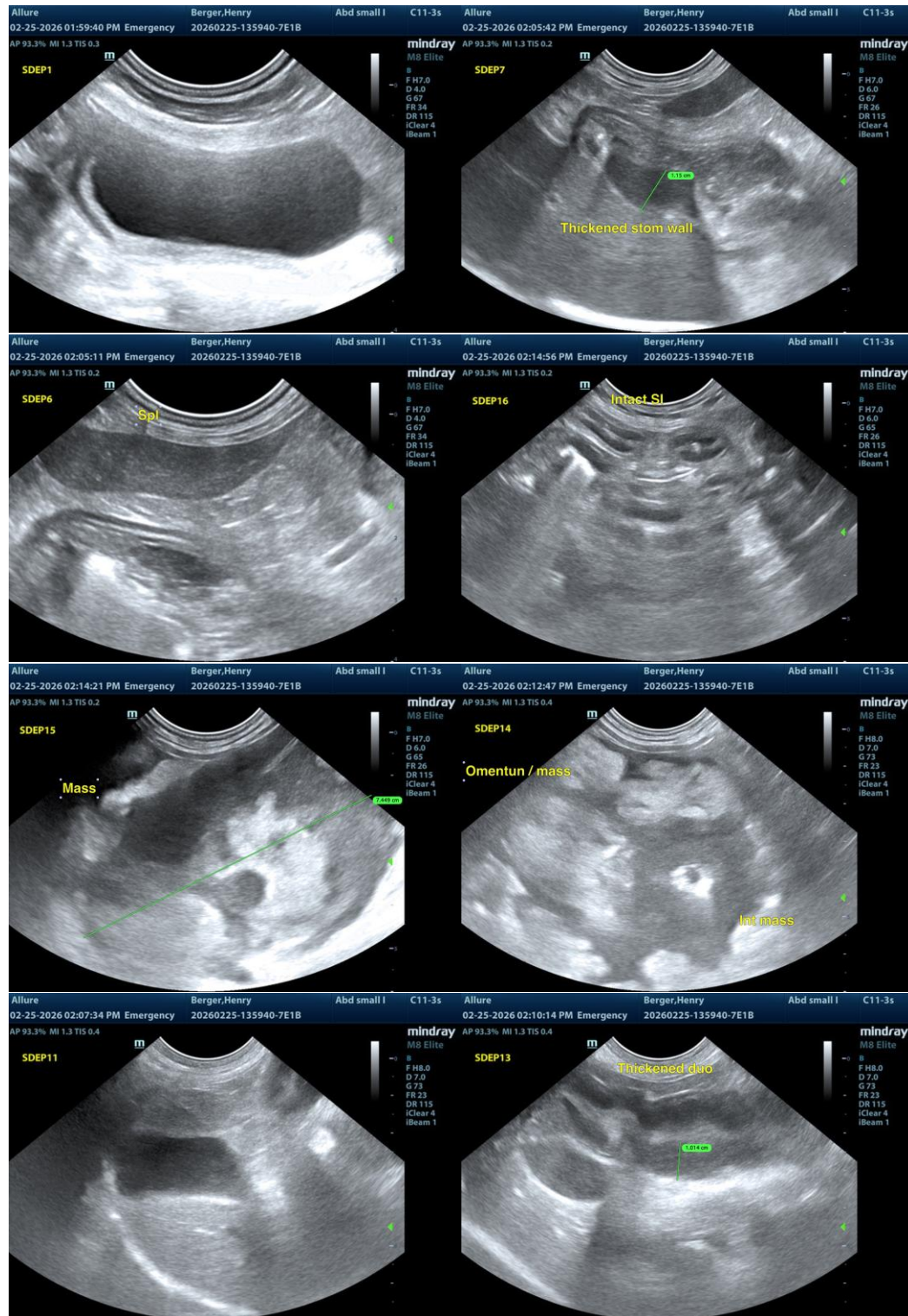
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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