



## PATIENT

Chauncey Lafkas

## PRESENTING CLINICAL SIGNS

- Seen at referral practice for vomiting blood and they rec an ultrasound
- Abnormal PE/Chem/CBC/UA Results: Pending

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

## BREED

Terrier Mix

## SEX

FS

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 5.6 cm in length. The right kidney measured 5.2 cm in length.

## AGE

10yr

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

## WEIGHT

40lb

The left adrenal gland was borderline to subnormal in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was borderline subnormal in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole.

## INTERPRETED BY

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

### Spleen

The spleen exhibited normal size and contour. Subtle heterogeneous parenchyma exhibiting discrete hypoechoic non-homogenous non-capsule deforming nodules was present, a nodule measured 0.8 cm in diameter.

## IMAGING PERFORMED BY

Rodriguez

### Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

## HOSPITAL NAME

Foxfield Veterinary  
Services

### Gastrointestinal

## REFERRING VET

Rodriguez

The stomach presented borderline mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No evidence of obstruction to pyloric outflow.

## INVOICE 24061

The small intestine presented intact wall layering with mild altered wall layer ratio, exhibiting subjective mildly prominent hyperechoic submucosa and mildly prominent muscularis layers. The small intestinal wall measured 0.45 cm in width.

## DATE

03/02/2026

Normal visible colon wall layers were present with soft to non-formed feces in lumen.



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## 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.

## Free Abdomen

No peritoneal effusion was present.

Intermittent indistinct to mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mild hypomotile gastritis pattern
- Non-specific enteropathy
- Soft to non-formed fecal matter in colon
- Borderline subnormal bilateral adrenal glands
- Discrete splenic nodules
- Mild gallbladder debris (non-mucocele)

### Secondary

- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, infectious disease, dietary intolerance, mild pancreatitis which may present sonographically normal, occult Addison's disease, emerging to occult gastrointestinal neoplasia, although thought less likely, are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Discrete benign lymphoid hyperplasia, hematopoiesis, potential mild splenic inflammation or other benign etiology suspected with emerging splenic neoplasia thought less likely. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered primarily to ensure suspected benign changes are present. Otherwise, sonographic monitoring of the spleen with initial recheck in 4 weeks would be more conservative. Correlation with pending lab work recommended.



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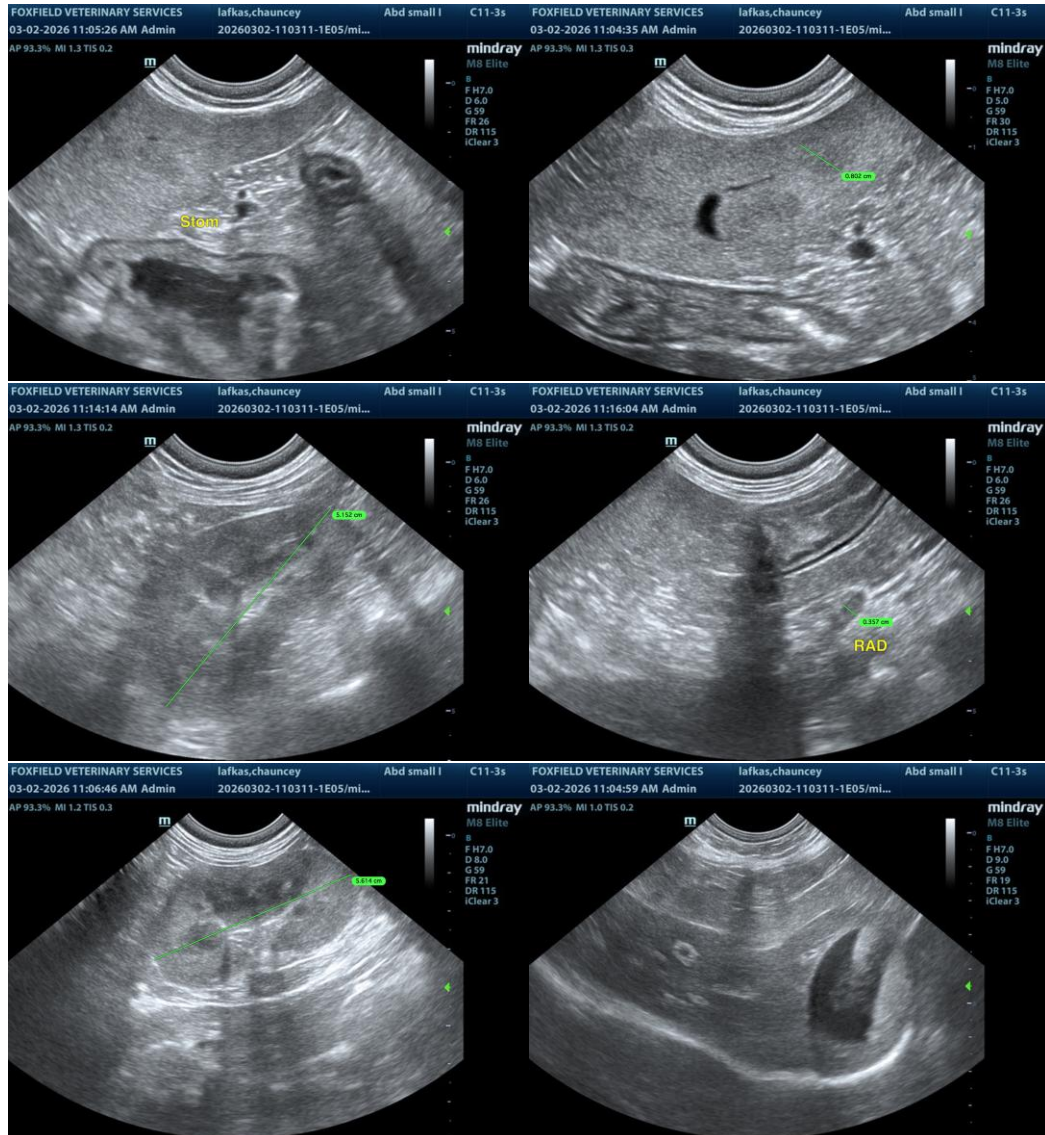
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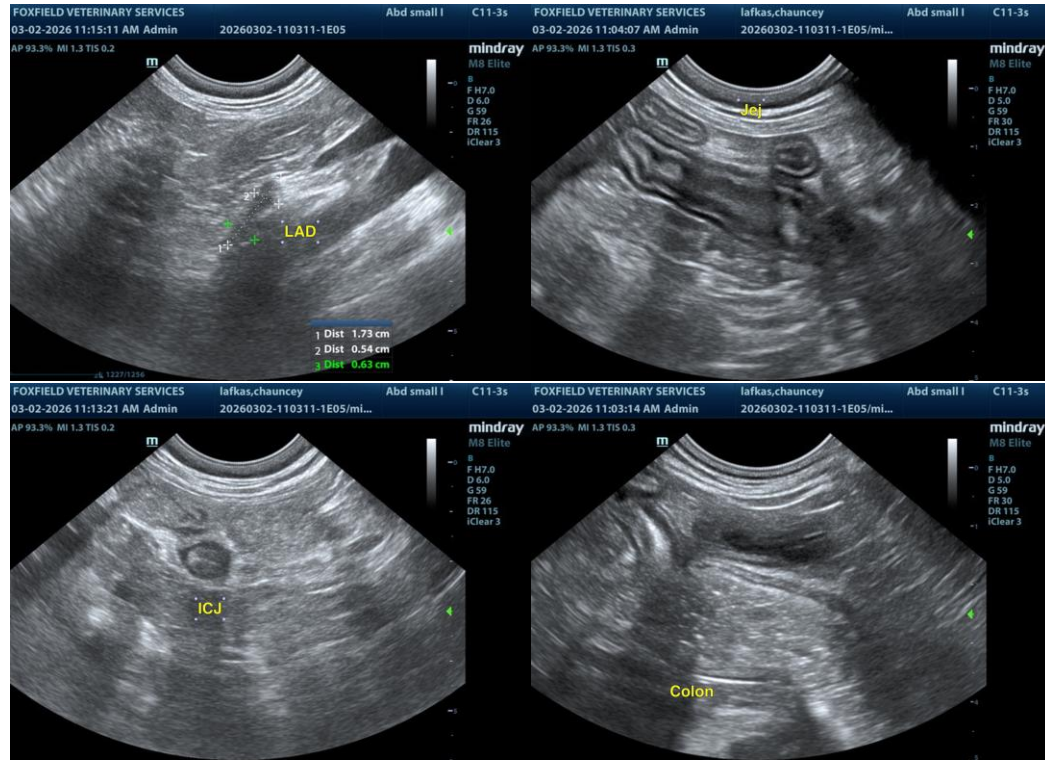
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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