



PATIENT

Hazel Ferreira

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

17 Years

WEIGHT

3.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

14499

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- Presented today for acute anorexia. 2 weeks ago presented to ER with tense and uncomfortable abdomen with hemorrhagic diarrhea (unsure if hematochezia or melena). Pt also has a grade 4/6 murmur. Previous bloodwork showed azotemia, elevated amylase and lipase, elevated white blood cells, and cPL of 840. Today, the O reports diarrhea and vomiting has resolved, but Pt has acute anorexia over the past 48 hours

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Areas of mild medullary mineral and intermittent small cortical cysts were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length. Mild pyelectasia was present in the left kidney.

Adrenal Glands

The adrenal glands were asymmetrically enlarged with nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 2.0 cm length x 1.1 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 1.8 cm width.

Spleen

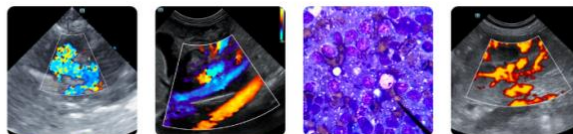
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 revealed subjective mild hepatomegaly with nonhomogenous remodeled parenchyma and normal vascular volume. No mass or nodules were evident.

The gallbladder was non distended in size with mild congealed debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, primarily mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with variably echogenic nonshadowing gastrointestinal ingesta- most consistent with food echogenicity.
- Normal colon with semi formed/soft fecal matter.
- Mild heterogeneous remodeled pancreas.
- Mildly enlarged nonhomogenous liver.
- Mild congealed gallbladder debris.
- Bilateral chronic renal changes with mild left kidney pyelectasia.
- Bilateral asymmetrical adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported anorexia, the presence of gastrointestinal ingesta is suggestive of food echogenicity and may suggest metabolic or non-obstructive gastrointestinal ileus or inefficient peristalsis. No evidence of mechanical gastrointestinal obstruction. Chronic pancreatitis is suspected in conjunction with cPL or if evidence of cranial abdomen/subxiphoid discomfort on palpation. Gastrointestinal support and empirical therapy for chronic pancreatitis is recommended.

The bilateral adrenals may indicate benign hyperplasia, functional versus non-functional adenomatous change with potential for emerging unilateral/bilateral adrenal tumors. Adrenal workup is indicated if clinical signs consistent with Cushing's syndrome are non-reported or arise. Monitoring of systemic blood pressure for hypertension +/- urine metanephrine level if hypertension is present or concern for pheochromocytoma is recommended. Urinalysis +/- renal staging to include culture/sensitivity or UPC level given azotemia is recommended.



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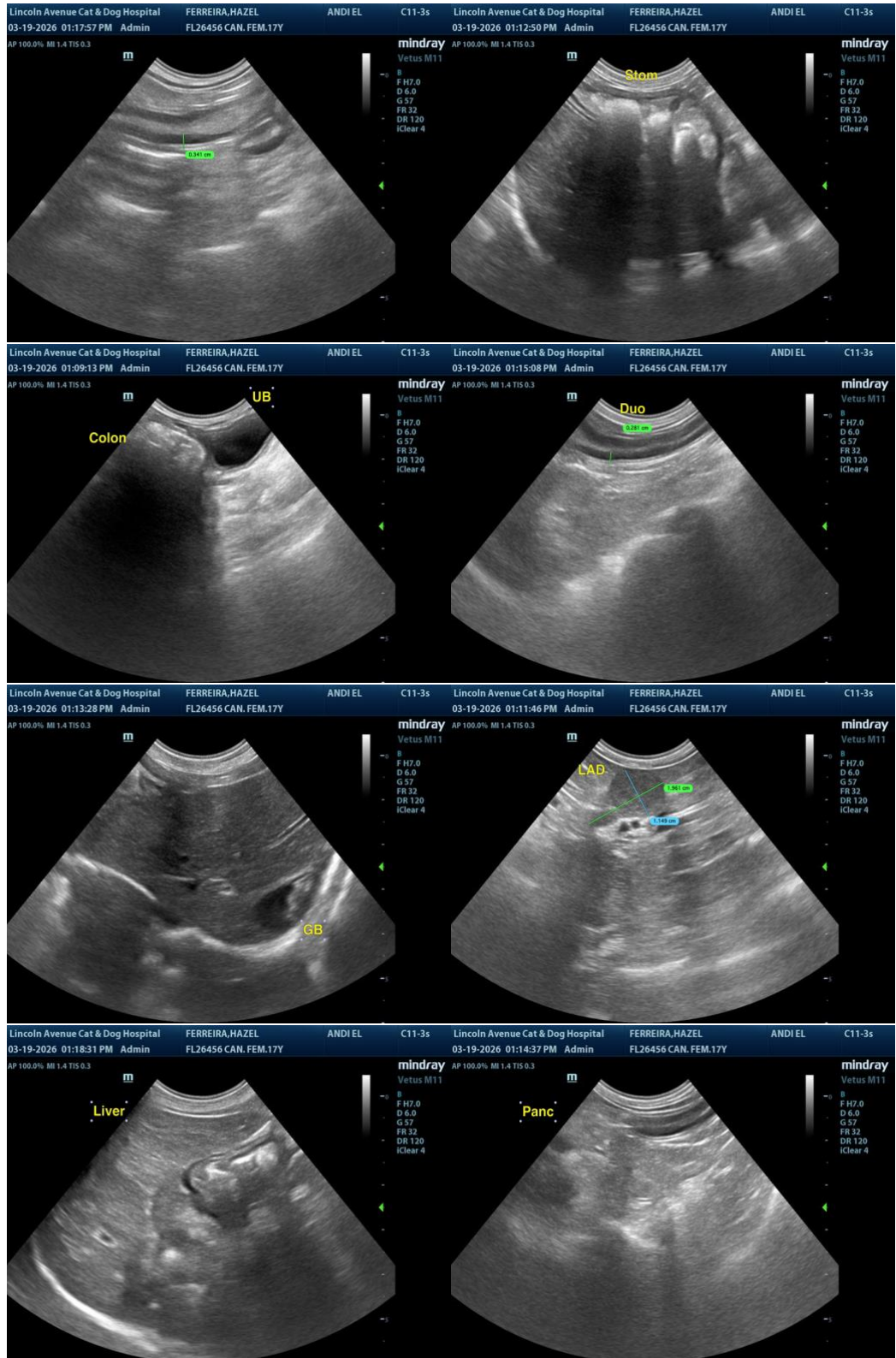
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com