



PATIENT

Bella Yeske

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

9yr

WEIGHT

78.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Companion Animal
Hospital

REFERRING VET

Skylar Brenden, DVM

INVOICE
24133

DATE
03/05/2026

PRESENTING CLINICAL SIGNS

2/16/25: Presented for 1-2 week history of intermittent vomiting, O noticed blood in vomit that morning, otherwise doing very well- E/D well, no D/C/S, normal stools, normal energy. Given the changes on labs, O declined XR and elected medical management. Admin Cerenia 1mg/kg SQ. O to feed a bland diet with Forti Flora SA PO SID and famotidine 0.5mg/kg PO BID x 3-5d.

2/27/25: Presented for recheck, O reports did well that 1st week but then started vomiting with blood again past 3-4d, still doing well otherwise- E/D well, no D/C/S, normal stools, normal energy. Given findings on x-ray, recommended either exploratory surgery or transfer to emergency clinic for AUS, O declined in favor of waiting for scheduled AUS since otherwise doing well. Admin Cerenia 1mg/kg SQ.

Abnormal PE/Chem/CBC/UA Results: 2/16/26: PE NSF. CBC PLT 528 (H) otherwise WNL. Chem GLU 112 (H) otherwise WNL including Na:K. O declined AXR in favor of supportive care. 2/27/26: PE NSF. AXR (3 view) showed soft tissue opacity within gastric lumen, focal small intestinal (appears duodenal) gas dilation with clear two populations, stool within colon. TXR (1 view) showed normal esophagus, not dilated/mega.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with heterogenous parenchyma.

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall width measured ~ 3.5 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

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

Regional perigastric hyperechoic omentum and variably swollen to hypoechoic perigastric to cranial omental lymph nodes. An example of a lymph node measured 2.9 cm x 2.8 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric mass
- Perigastric hyperechoic omentum and variably swollen hypoechoic lymphadenopathy
- Non-enlarged mild heterogeneous spleen
- Sonographically normal empty small intestine
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further assessment, the stomach mass is consistent with neoplastic criteria with considerations including round cell neoplasia such as lymphoma, carcinoma or other. Evidence of perigastric lymphatic metastasis is present with perigastric reactive or inflamed omentum. Potential for regional perigastric and omental seeding not excluded. No obvious sonographic evidence of intestinal involvement. Initial FNA cytology of thickened stomach wall for cytology could be considered. Biopsies likely required for definitive diagnosis. Given the extent of gastric mural pathology, curative surgical options appear precluded.



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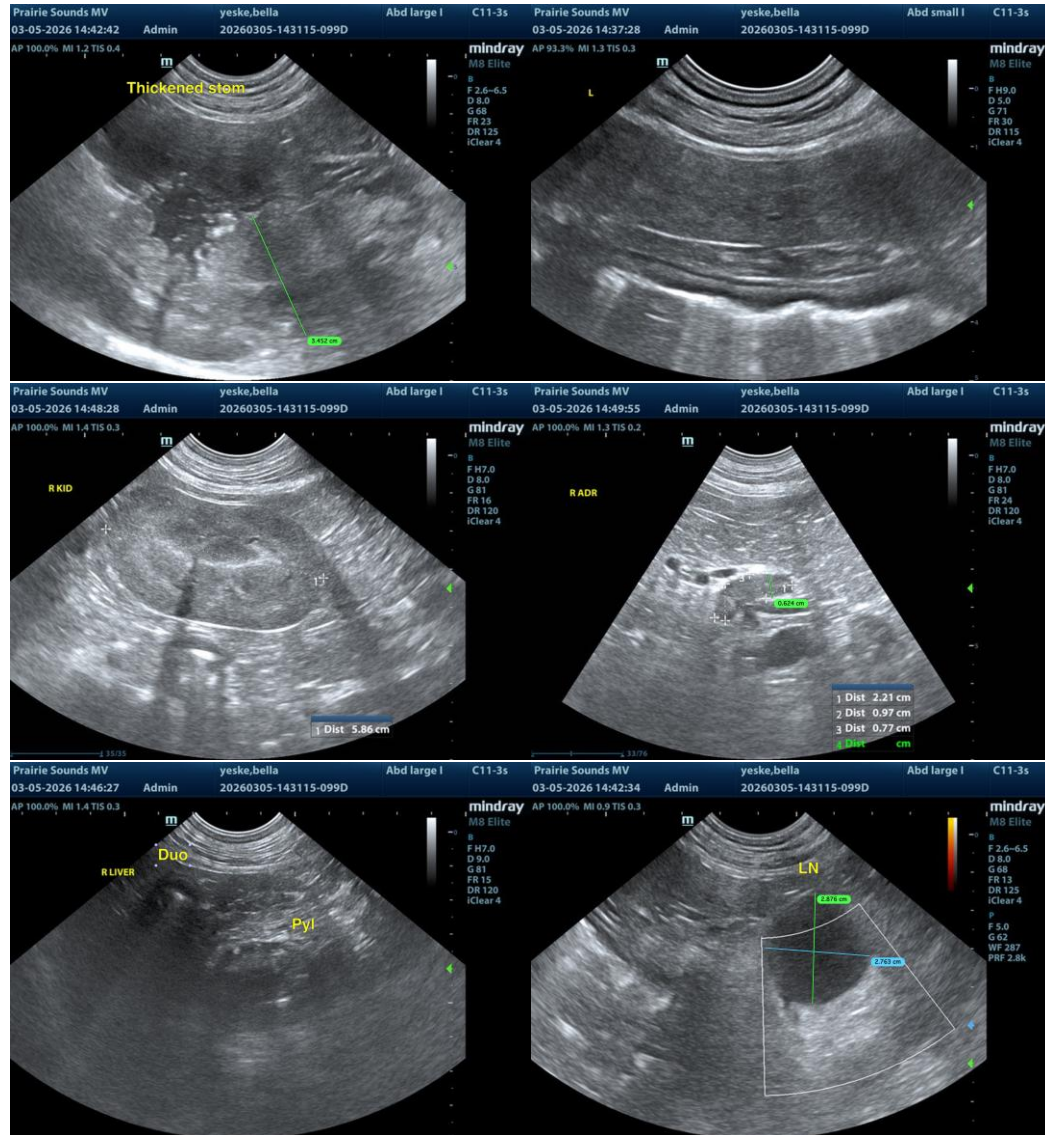
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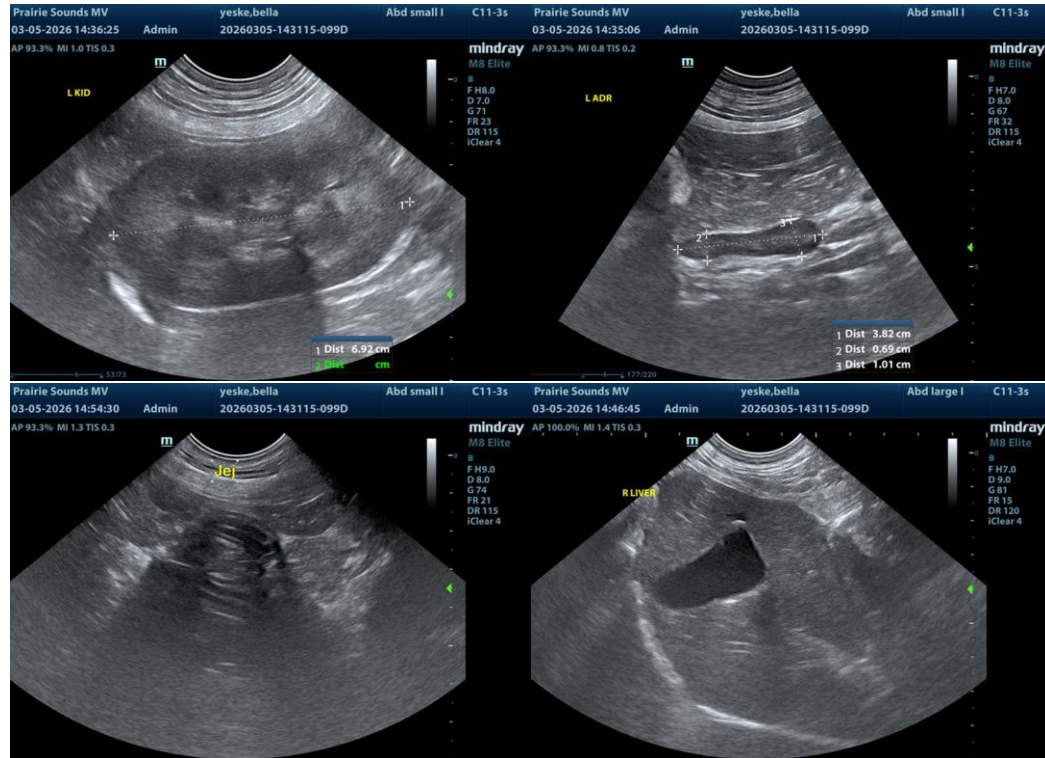
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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