



## PATIENT

Daphne Murray

## SPECIES

Canine

## BREED

Basenji Mix

## SEX

Spayed Female

## AGE

14 Years 3 Months

## WEIGHT

32.2 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Nader Shafik

## INVOICE

15414

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

Presented for acute onset vomiting blood and collapsed.

PE: LS OU , OD prominent third eyelid , increase breath sound on lung auscultation , dental ds , multiple sq masses.

## 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 change were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intermittent small cortical cysts were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

### *Adrenal Glands*

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.57 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

### *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.

### *Liver & Gallbladder*

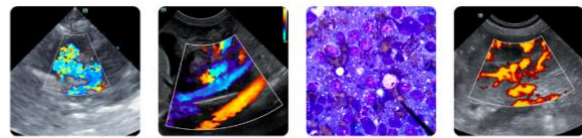
The liver revealed generalized hepatomegaly exhibiting mild nonhomogenous increased parenchyma echogenicity with variable coarse echotexture. Intermittent discrete hypoechoic hepatic nodules were present with an example measuring 1.0 cm in diameter.

The gallbladder was non distended in size with mild to moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The visualized stomach exhibited overtly normal intact visible wall. The stomach was overall nondistended in size with lumen gas.

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



**PATIENT**

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

Daphne Murray

**Pancreas**

**SPECIES**

The area of the pancreas was sonographically normal.

Canine

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Basenji Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Normal visualized gastrointestinal tract with mild gastric gas distention.
- Normal area of the pancreas.
- Hepatomegaly exhibiting nonuniform hyperechoic to discretely hypoechoic nodular parenchyma.
- Nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes with small cortical cysts.

Spayed Female

**AGE**

14 Years 3 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

No overt evidence of mechanical gastrointestinal obstruction. Non-visualized gastrointestinal mural pathology as an obvious cause of hematemesis is not definitively excluded. Correlation with current clinical signs and gastrointestinal support is recommended. Assessment of hepatic enzymes given evidence of hepatopathy is recommended.

32.2 pounds

**INTERPRETED BY**

Chronic vacuolar or cholestatic hepatopathy, inflammation, hyperplasia, hematopoiesis, fibrosis, occult hepatic neoplasia are all potentials. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification. Hepatosupportive medications, if evidence of cholestasis may be considered.

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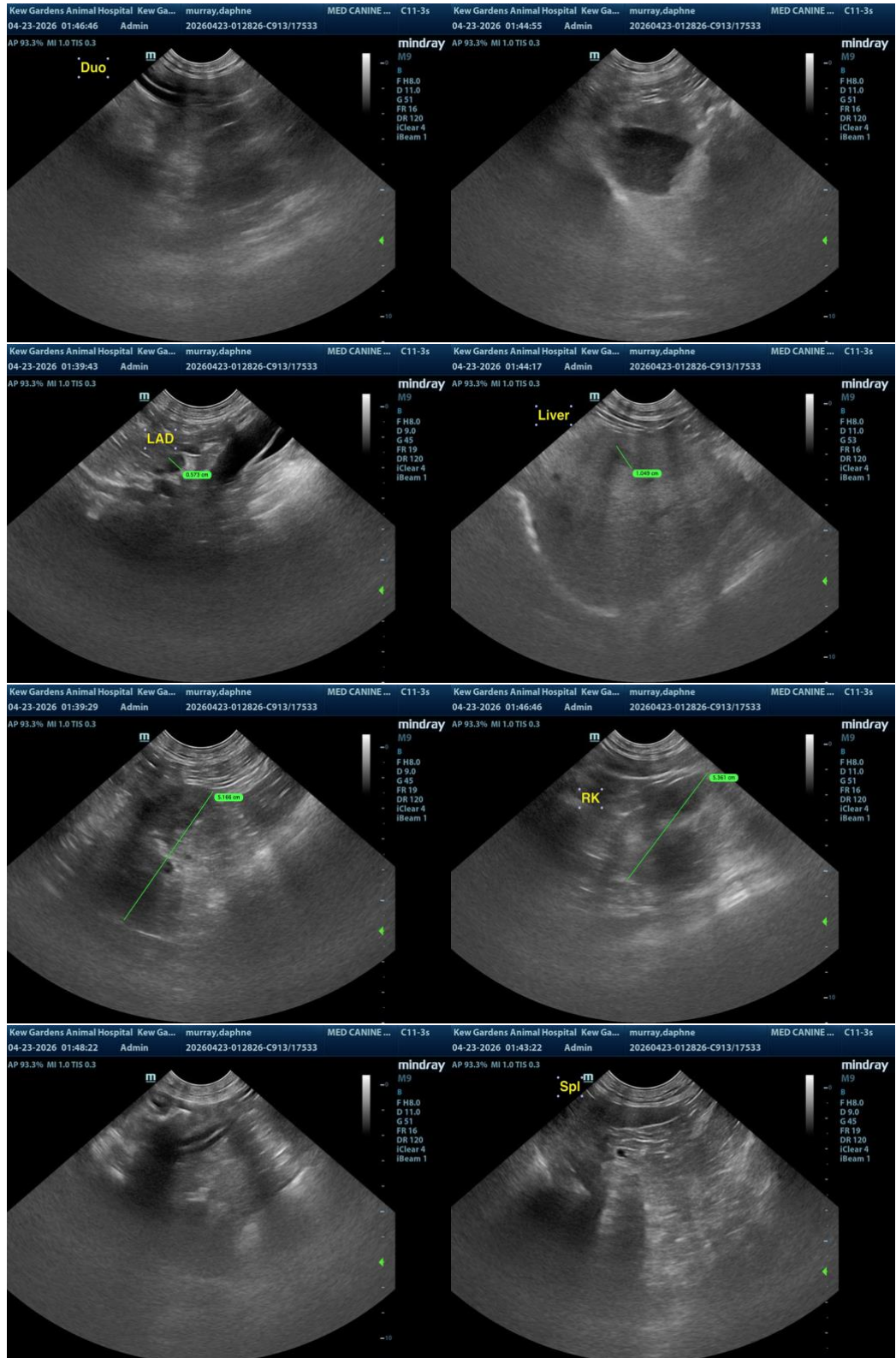
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)