



PATIENT

Brooklyn Wood

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

9yr

WEIGHT

34.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr Almeida

INVOICE

24811

DATE

05/12/2026

PRESENTING CLINICAL SIGNS

GI signs with severe weight loss. Normal labs

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.

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 7.1 cm in length. The right kidney measured 7.2 cm in length.

The visualized medial iliac lymph nodes were sonographically normal without inflammatory or overt metastatic criteria. An example measured 2.6 cm x 0.47 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited possible mild enlargement with symmetrical, mildly rounded medial splenic capsule contour and subtle parenchyma heterogeneity. No visualized masses or nodules were present. Subjective mildly prominent hepatic vasculature at the level of the hilus.

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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

Extensive to ill-defined mid-abdomen asymmetrical intestinal mass exhibiting marked to variable thickened wall and non-homogenous mural echogenicity with loss of intestinal wall layer detail potentially measuring 11 to 12 cm in diameter. Intestinal lumen noted within the mass. Surrounding non-homogenous hyperechoic omentum. Adjacent intact to thickened intestinal segments exhibiting altered wall layer ratio were present. An example of thickened intestine measured 0.64 cm wall width.



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The colon exhibited overtly normal intact visible wall with generalized distention with non-formed fecal matter. A solitary hyperechoic linear distal descending colon echo was visualized.

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

Asymmetrically enlarged to swollen hypoechoic jejunal lymph nodes, were present in the mid-abdomen an example measured 5 cm x 2.8 cm with minor effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Extensive to ill-defined intestinal mass
- Adjacent thickened intact intestinal segments
- Generalized distended colon with non-formed fecal matter
- Hypoechoic to swollen jejunal lymph nodes, non-homogenous hyperechoic omentum and mild peritoneal effusion
- Mildly enlarged possibly congested spleen exhibiting mild heterogeneous parenchyma

Secondary

- Mild adrenal changes
- Mild hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass and associated lymphadenopathy is most consistent with multicentric neoplastic criteria. Potential for regional omental seeding is of concern along with extension of pathology into adjacent intestinal segments given thickened altered intestinal wall layering. Intestinal segments involved in the mass could not be definitively ascertained to a given extent. Assuming no pathology on three view chest radiographs, abdominal CT could be considered for further clarification. However, given multicentric neoplastic criteria, curative surgical options are suspected to be precluded.



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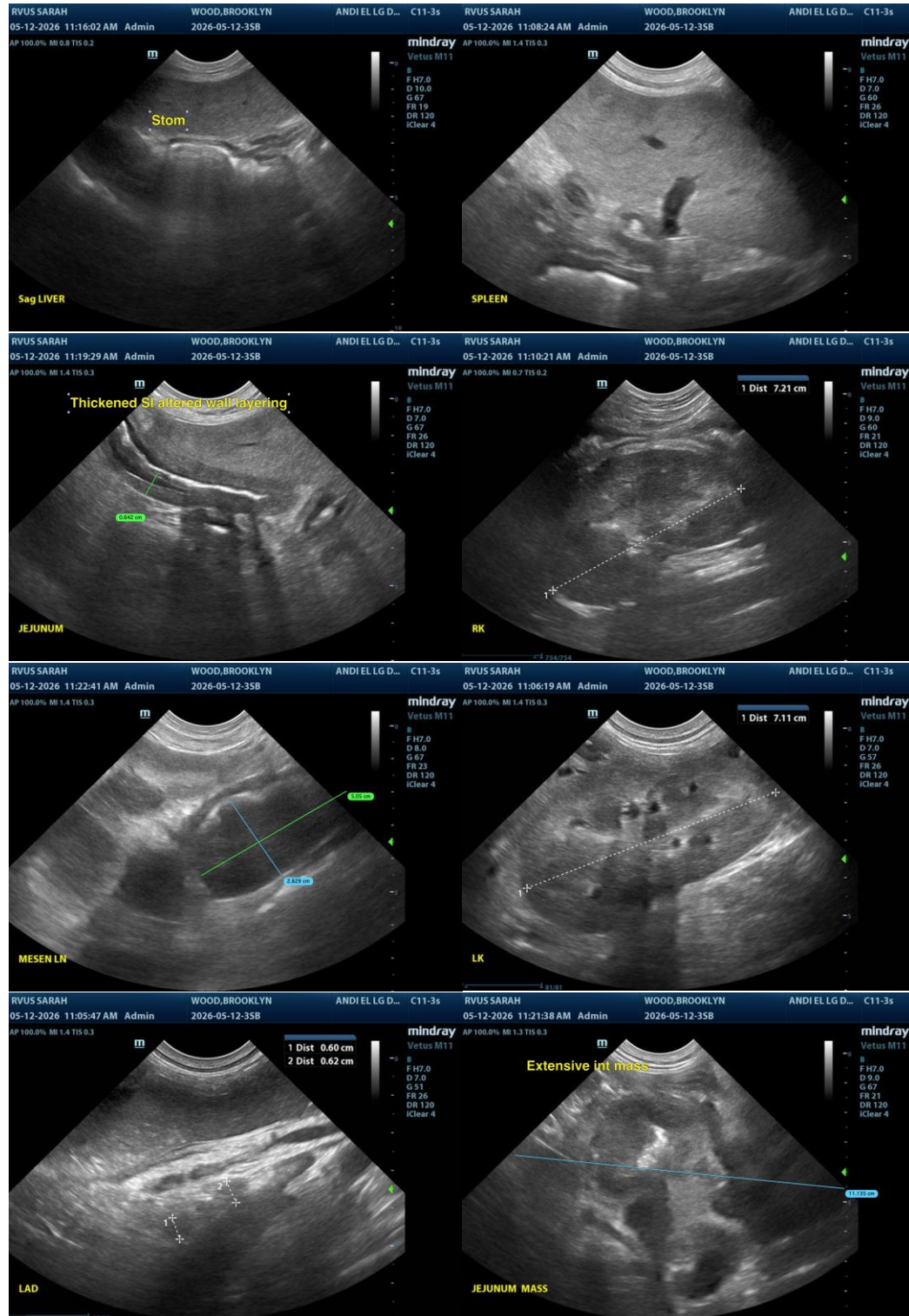
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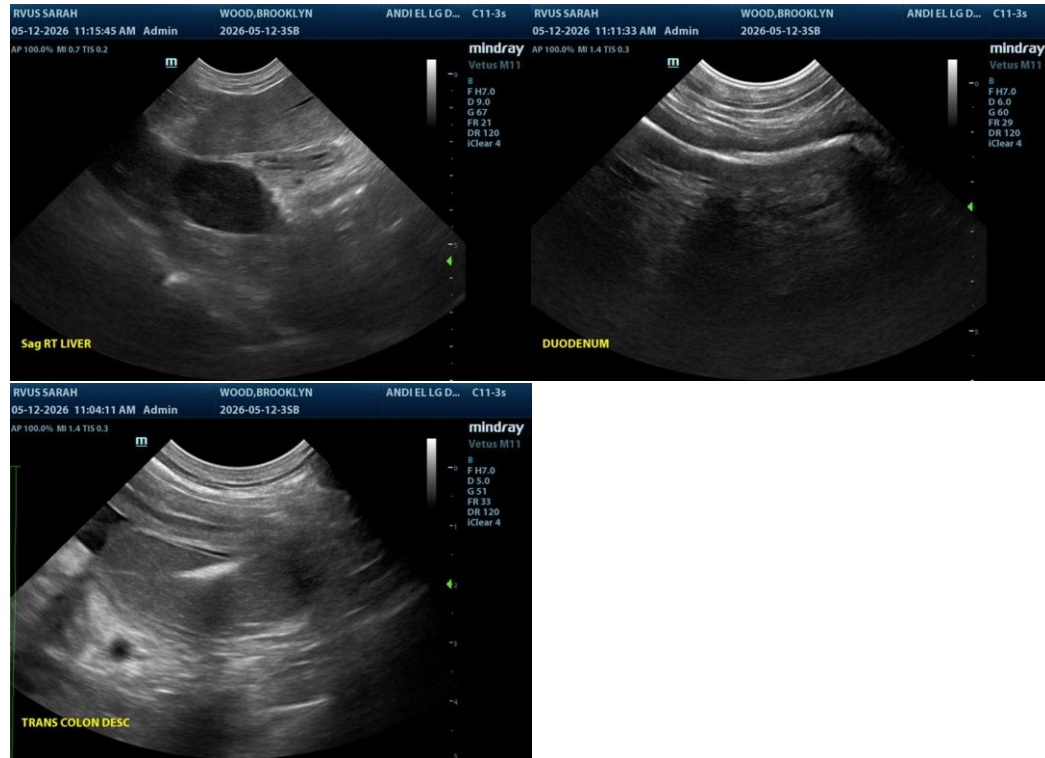
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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