



PATIENT PRESENTING CLINICAL SIGNS

Jeesie Ortiz

SPECIES

Canine

BREED

Standard Poodle

SEX

Female Spayed

AGE

4

WEIGHT

61.4 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

Dr. Alfred Marzan

INVOICE

23112

DATE

6-2-26

History: - Px presented as a referral for an abdominal ultrasound due to persistent abdominal discomfort. Owner reports that the abdominal discomfort began 2-3 years ago after Px underwent a spay/abort procedure via C-section. Px has been exhibiting significant abdominal pain and straining/difficulty defecating. Approximately 1 week ago Px started presenting bilateral corneal opacity and loss of vision, Px was then prescribed vetropolycin, lantanoprost, dorzolamide, and Prednisone, and was referred to a Veterinary Ophthalmologist, which then ruled out any ophthalmologic cause for the acute blindness and would like to rule out any systemic condition. Sample of abdominal mass was collected via FNA, results are currently pending. Urine sample collected via cystocentesis and sent to rDVM for Urinalysis and Culture & sensitivity testing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.64 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. (See also "Other" category).

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Lymph Nodes

A 0.66 x 0.26 cm mesenteric lymph node is visualized.

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Free Abdomen

Trace free fluid is observed.

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Other

In the left mid- to caudal abdomen, adjacent to the tail of the spleen, a >5.5 cm ill-defined hypoechoic- to heterogenous mass effect, with ill-defined cystic areas is observed. Adjacent to mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the ill-defined mass effect in the left mid- to caudal abdomen is unclear. It may be arising from spleen, mesentery, or other origin. Considerations include inflammatory focus, adhesion/scar tissue, non-shadowing foreign material, neoplasia, other. Mild adjacent peritonitis is present.

Secondary Findings

- The prominent mesenteric lymph node is likely reactive, with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on cytology results from the abdominal mass effect, an abdominal exploratory may be warranted for further evaluation. An abdominal CT scan would be useful in presurgical planning. Three-view thoracic radiographs are recommended prior to anesthesia.

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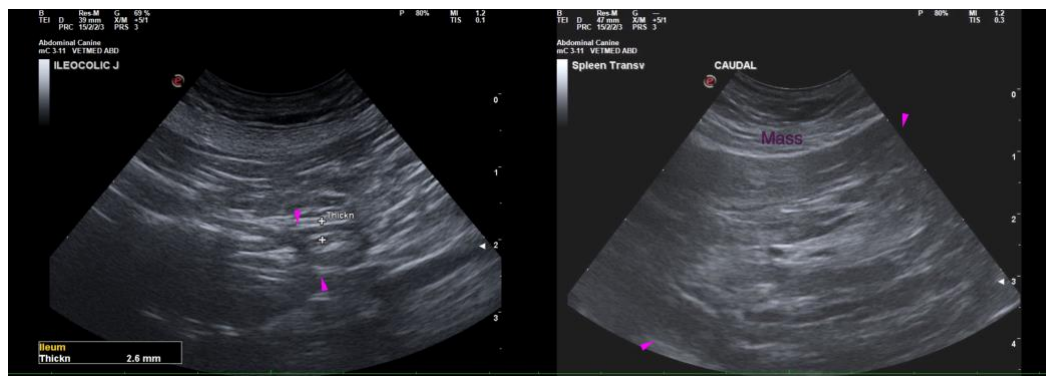
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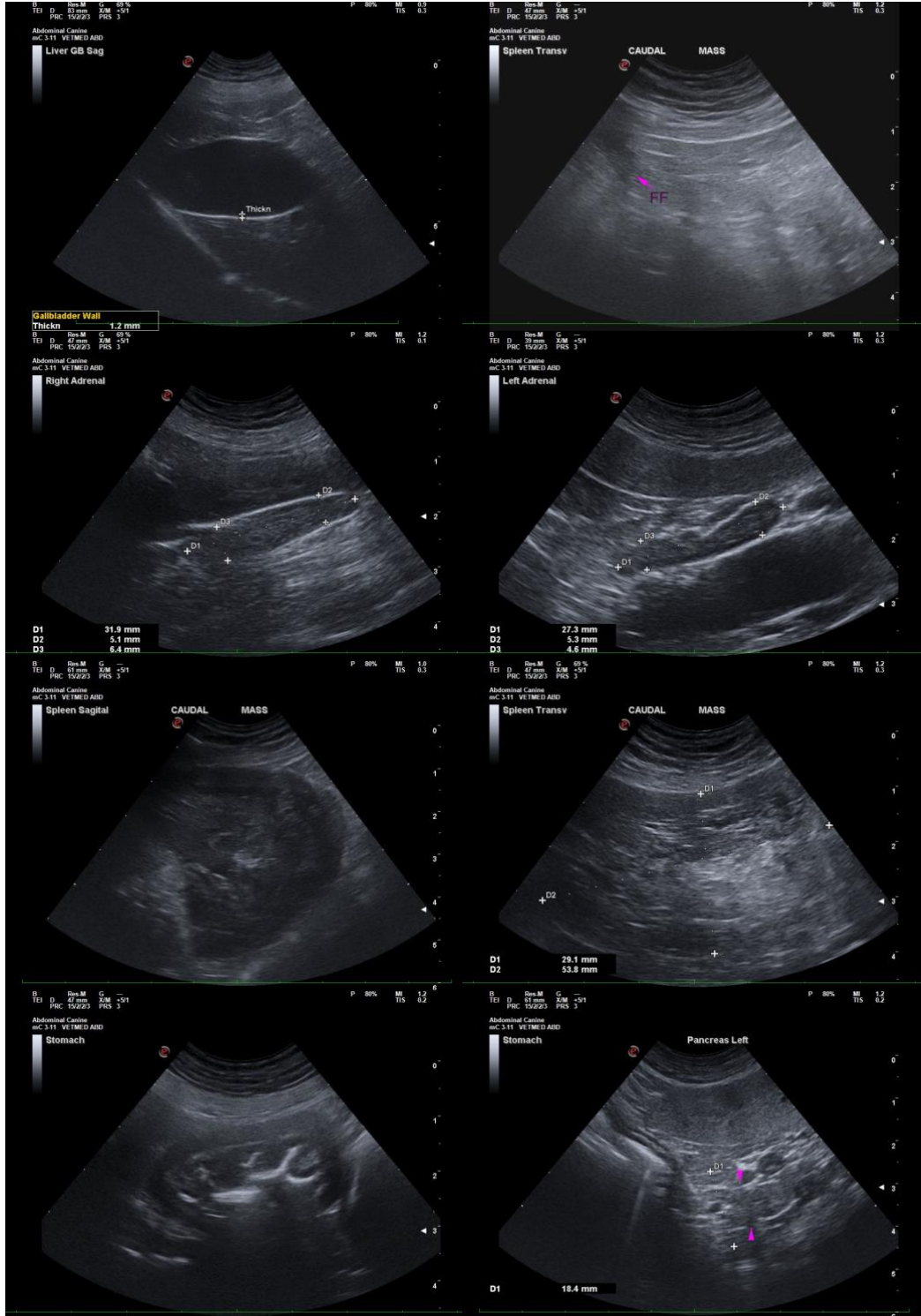
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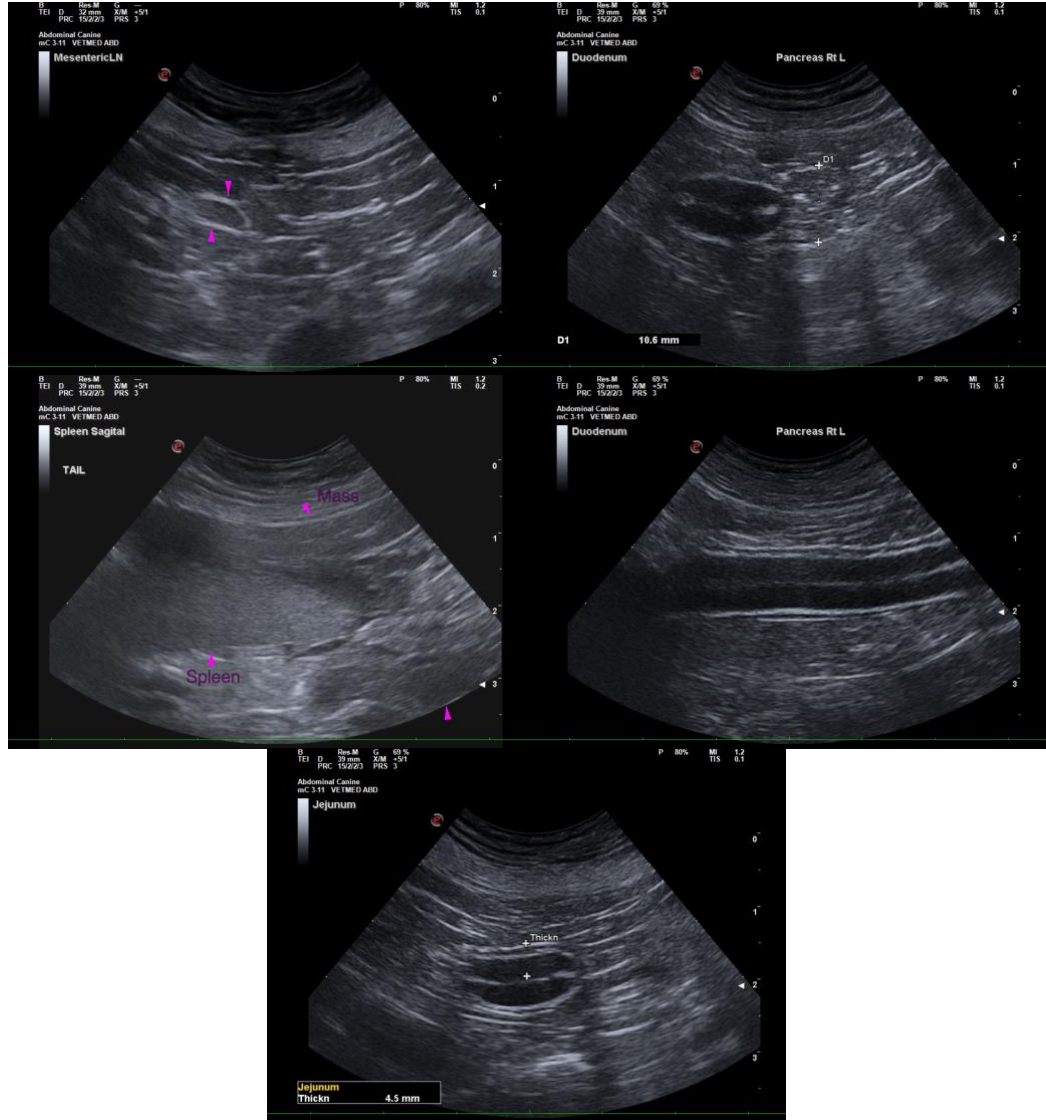
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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