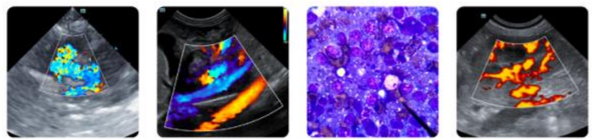


PATIENT
Troy Rivera

SPECIES
Canine

BREED
Pembroke Welsh Corgi

SEX
Neutered Male

AGE
12 Years

WEIGHT
26.5 pounds

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Gabriel Ferrer DVM

HOSPITAL NAME
Pulse Pet Ultrasound Services

REFERRING VET
Dra. Alma Alicea

INVOICE
13104

DATE
01/12/26

PRESENTING CLINICAL SIGNS

Presented as referral for an abdominal ultrasound to evaluate possible pancreatitis PT presented to EC as referral from his regular vet for hospitalization on 1/9/26 for suspect pancreatitis. Pt has hx of acute onset of vomiting, diarrhea, anorexia, and lethargy. Currently on metronidazole, famotidine, Cerenia, panakare, 2x maint VI fluids, fentanyl patch. We are recommending and abd. US to better assess the pancreas and ensure he has no other concurrent problems.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached as supporting documents. FNA of the liver and mesenteric LNs: Pending Abdominocentesis fluid collection: Fluid consistent with hemorrhage. Given to rDVM for fluid analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 6.33 cm in length. The left kidney measured 6.23 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.27 cm in length and 0.63 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland measured 2.10 cm in length and 0.69 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

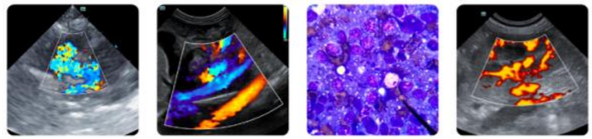
The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with a benign myelolipoma. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

In the left liver, there is a complex cavitated liver mass measuring at least 3.67 cm x 3.05 cm. There are multiple nodules visualized throughout the remainder of liver parenchyma, including some target lesions. There is a small anechoic cyst visualized within the liver.

The gallbladder contains a somewhat irregular complex partially cavitated mass measuring at least 2.8 cm x 2.0 cm with abundant vascularization documented.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased, and wall layering is distinct with some loops having a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas is prominent and hypoechoic.

Free Abdomen

There is multicentric abdominal lymphadenopathy with the largest mesenteric lymph node measuring 4.1 cm x 1.9 cm medial to the right kidney.

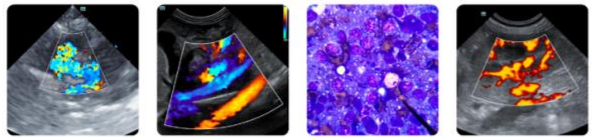
There is a small volume of anechoic fluid visible in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Complex cavitated liver mass is likely the cause of the anemia or thrombocytopenia. It is likely the source of the hemorrhagic effusion. The presence of multiple nodules including target lesions in the liver is concerning for local metastasis.
- The presence of multicentric abdominal lymphadenopathy is concerning for distant metastasis as well.
- Prominent pancreas- pancreatic changes may reflect acute pancreatitis.
- Mild thickened small intestines with some prominent muscularis loops.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending FNA of lymph nodes and liver mass abdominal explore with attempted resection could be attempted though I'm concerned that distant metastasis is likely given the lymphadenopathy. Treatment for pancreatitis is supportive. GI signs may also be reflective of acute hemorrhage from the liver mass. The clinical significance of small intestinal changes is uncertain. GI biopsy would be needed to further differentiate IBD or other chronic enteropathy versus lymphoma or other infiltrative disease are possibilities.



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Liver Trans LT
Free fluid
Free Fluid

Liver Trans LT
Cavitated liver mass
D1 36.7 mm
D2 30.5 mm

Right Adrenal
Right adrenal gland
D1 21.0 mm
D2 7.0 mm
D3 6.9 mm

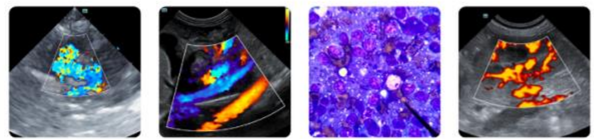
MEDIAL TO RK SAG LN
Lymphadenopathy
D1 15.0 mm
D2 15.6 mm

Stomach Pancreas Left
Left limb pancreas
D1 14.3 mm

Duodenum Pancreas Rt L
Right limb pancreas
D1 20.4 mm
D2 23.5 mm
D3 22.8 mm

Jejunum
Thickened SI with prominent muscularis

Liver GB Sag
Gall bladder mass
D1 31.3 mm
D2 15.7 mm



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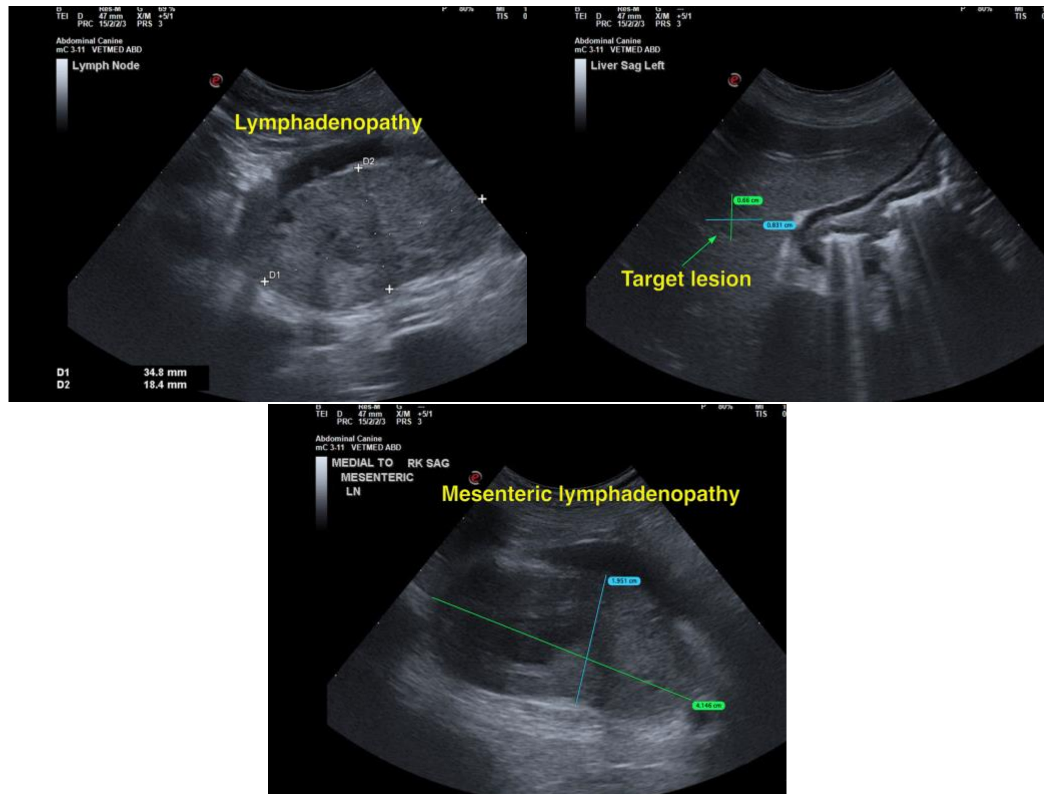

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com