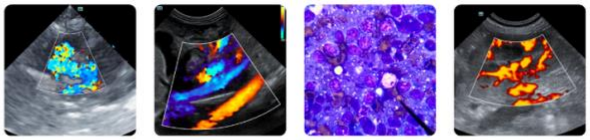


PATIENT

Orestes Arocho

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

7 Years

WEIGHT

20.6 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. Yaniris Alvardo Luna

INVOICE

12842

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Presented a referral for an abdominal ultrasound to evaluate abdominal pain and mineralization in the abdomen on radiographs. Pt started to developed pain for the past 3 weeks and decrease activity. Pt sill eats some and defecating normally. Pt was rescued in Sept 2025 and was neutered 2 months ago. Pt is HW positive. Pt was prescribed lactulose, gabapentin and famotidine.

Abnormal PE/Chem/CBC/UA Results: Radiographs and report with BW attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of diffusely slightly increased thickness. The ureters were not visible which is normal. The mucosa was slightly irregular and there was normal wall layering with no masses or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted. A very small urolith measuring approximately 0.20 cm was visualized.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 5.06 cm in length. The left kidney measured 4.62 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 2.24 cm in length and 0.51 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 2.02 cm in length and 0.65 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

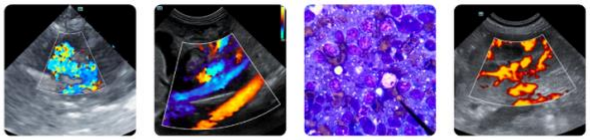
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

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. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

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 normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Near the level of the ICJ labeled as caudal to ICJ, there is a hypoechoic somewhat irregular but roughly spherical complex mass measuring approximately 2.51 cm x 2.75 cm. It appears to be continuous with intestinal lumen. There are multiple areas of mineralization which cause complete acoustic dropout. 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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Mass in the area of the cecum- suspected to represent cecal mass with mineralization.
- Urinary bladder changes consistent with cystitis and small solitary cystolith.
- Degenerative renal changes bilaterally.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The definitive origin of the mineralized abdominal mass is uncertain but based on imaging is suspected to be associated with or adhered to the GI tract. It is most strongly suspected to represent a cecal mass. FNA of the mass is appropriate. Ultimately given the patient's reported abdominal pain and imaging changes both on ultrasound and radiographs, abdominal explore with plan for resection pending aspirate results is likely warranted.

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc.) may be tried if struvite stones are suspected with serial imaging used to monitor progress. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful. Cystoscopic removal of stones, with or without lithotripsy may be considered if locally available. A flexible cystoscope is required for male dogs. Calcium oxalate, struvite, urate, and cystine stones are all susceptible to laser lithotripsy. Some dogs are not considered good candidates for laser lithotripsy including:

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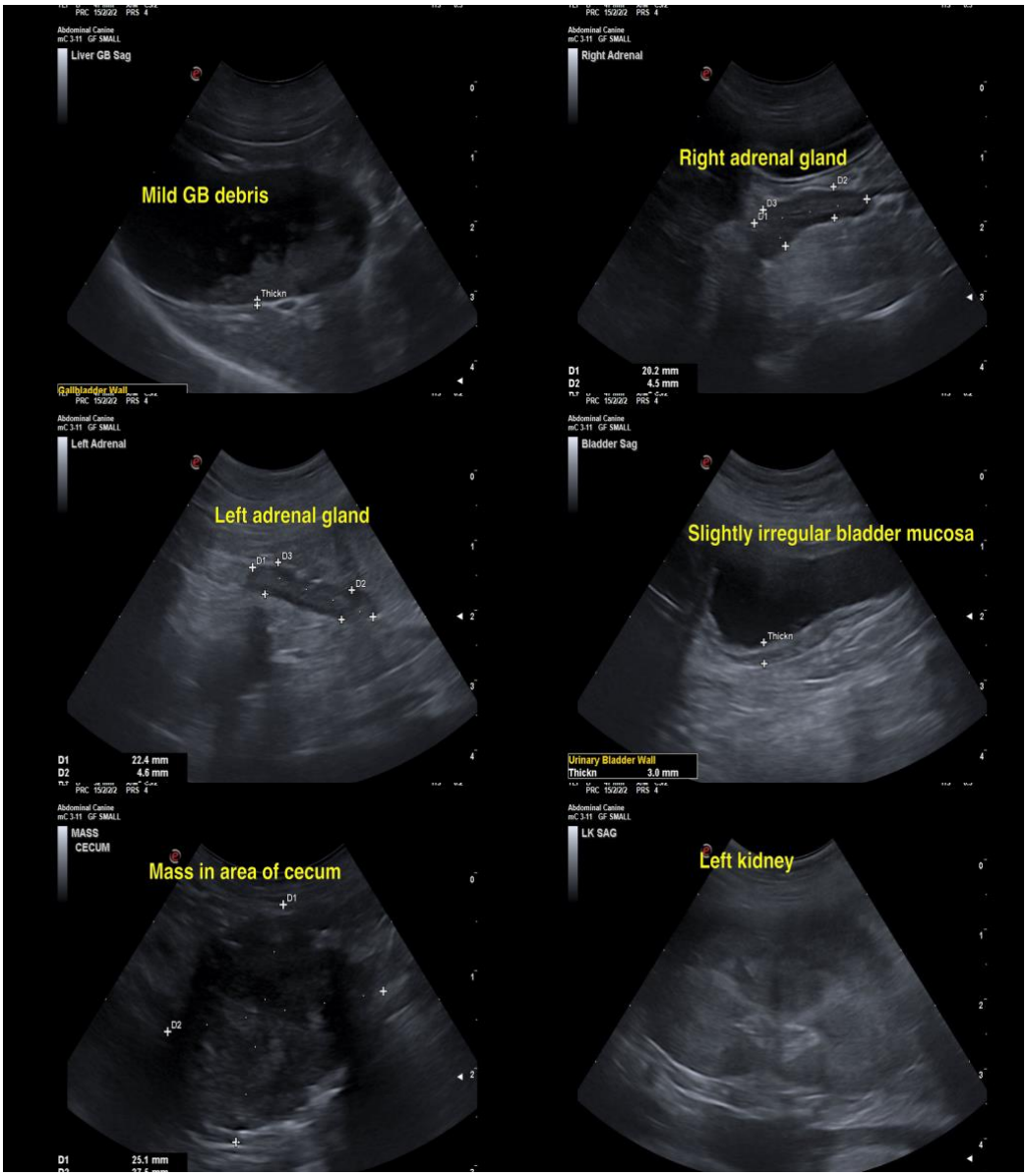
1. Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
2. Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
3. Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
4. Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.



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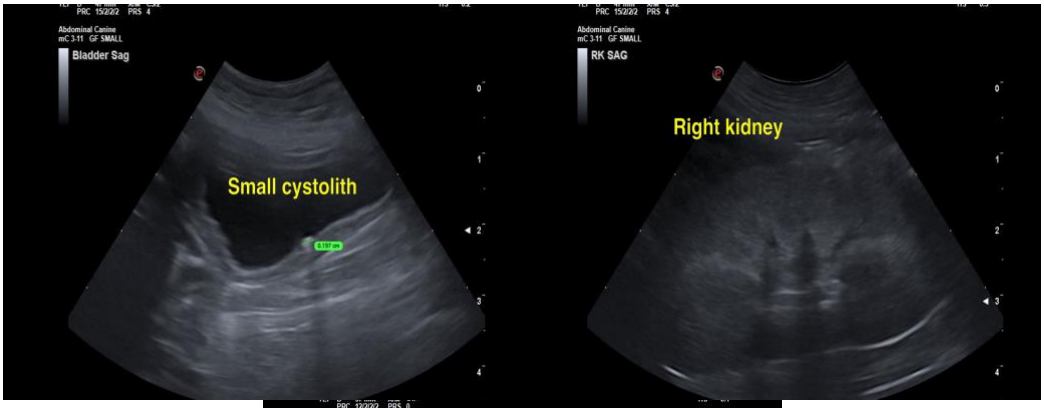

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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