



PATIENT

Berlin Figueroa

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

10.8 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. Marilyn Davila

INVOICE

14753

DATE

03/30/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of chronic on/off vomiting. Partially responsive to Ondansetron/Famotidine Po medication. Inappetence, weight loss. Owner noticed ascites last week, rDVM performed sample collection abdominocentesis and results are still pending. Owner reports that these issues started to arise around January after Px had foreign body sx which was not completed and so Px eventually expelled FB on their own. No more vomiting at the moment, no diarrhea, inappetence

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference

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 left kidney was normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 4.88 cm in length.

The right kidney is enlarged compared to the left kidney. It has generally normal corticomedullary definition and structure, though there are multiple heterogeneous nodules noted within the parenchyma causing some irregularity of the capsule. The right kidney measured 3.99 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.91 cm in length and 0.51 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.67 cm in length and 0.58 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a 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 diffusely enlarged with rounded liver lobes, some of which contain multiple multifocal hypoechoic nodules. The liver lobe labeled caudate lobe is rounded to the point of being nearly spherical, consistent with a liver mass effect

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

Gastrointestinal



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The stomach contains a small volume of fluid and some gas shadowing. In the area of the fundus, the gastric wall becomes focally severely thickened with complete loss of wall layering, consistent with a gastric mass. This area measures at least 1.6 cm in thickness.

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. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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 pancreas is prominent, though this is likely somewhat enhanced by surrounding free fluid. Within the right limb of the pancreas, there are multiple nodules visualized with the largest measuring approximately 1.0 cm by 0.8 cm.

Lymph Nodes

Mesenteric lymph nodes are enlarged, rounded and hypoechoic.

Free Abdomen

There is a large volume of somewhat echogenic fluid noted throughout every quadrant.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass.
- Nodular liver with rounded areas concerning for hepatic mass.
- Multiple right renal nodules.
- Pancreatic nodules.
- Mesenteric lymphadenopathy.
- Large volume abdominal effusion.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the gastric wall are most consistent with a focal mass. FNA of the gastric wall is recommended to further define. Hepatic, renal, and pancreatic nodular changes are concerning given the gastric mass for metastatic lesions. FNA of these areas is also recommended if accessible to FNA. Abdominocentesis with cytology was appropriate and may provide a diagnosis, especially if these changes represent carcinoma or lymphoma. Neoplasia is most strongly suspected given the multicentric nodular lesions.



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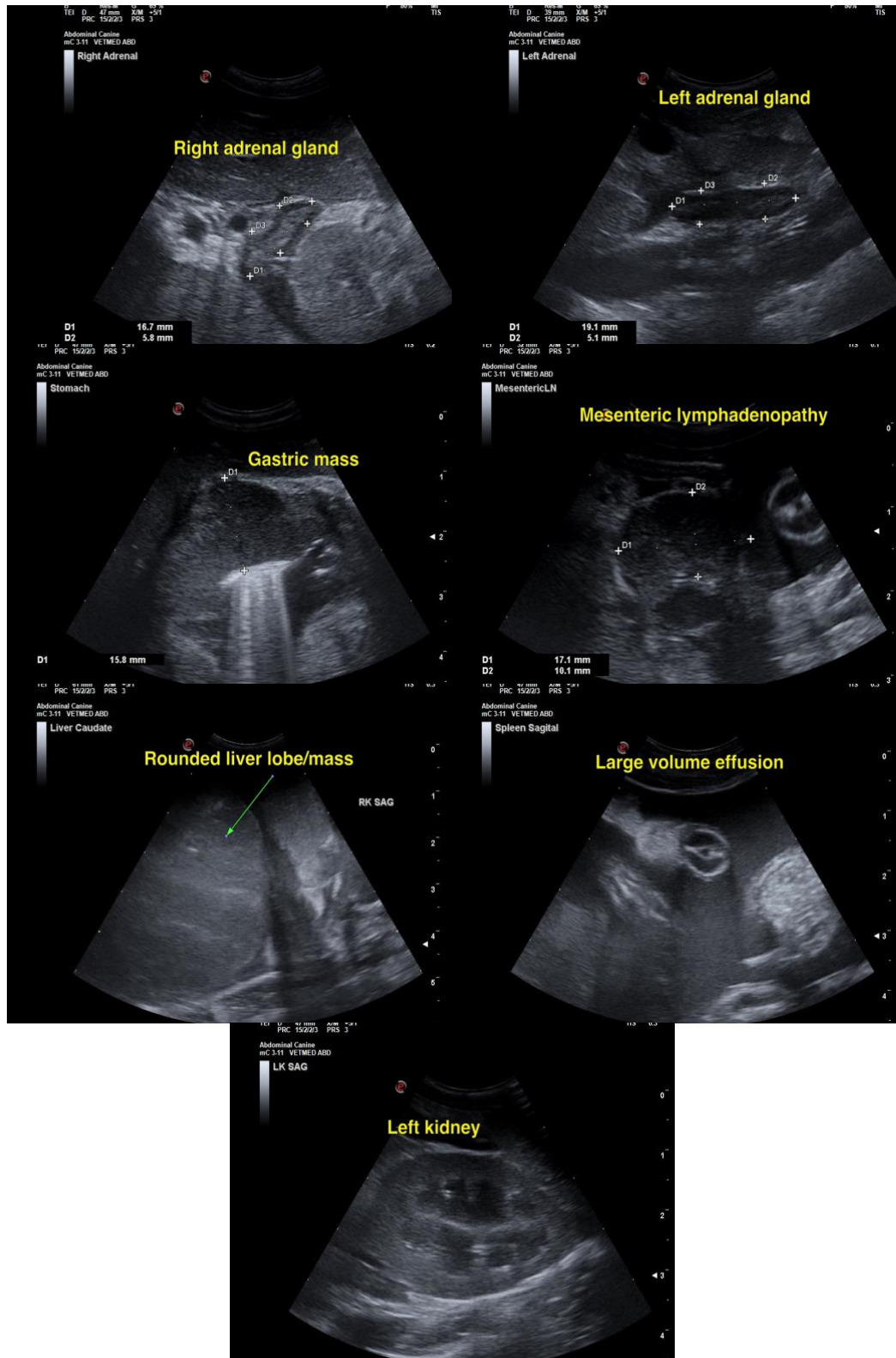
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com