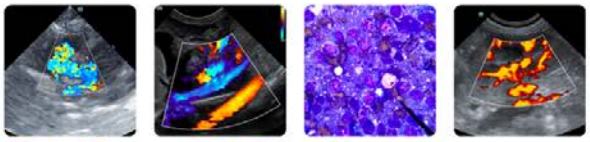


PATIENT

Winter Martinez

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

2 Years 7 Months

WEIGHT

40 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Velez

INVOICE

72682

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate anemia, and consistent leukocytosis. Pt presented to rDVM on Oct 2025 with some bloody diarrhea and was diagnosed with pancreatitis and leukocytosis (66k WBC). Pt was hospitalized and sent home. Several recheck CBCs has been perform and continues with little to no improvement. Pt is otherwise doing well at home and no showing clinical signs. Abd u/s recommended to futher evaluate. DDX Pancreatic abscess, Liver abscess, stump pyometra, Pyelonephritis, etc. Pt previously was treated with Metronidazole, Gentamicin, Unasyn, Clavamox orally. On Dec 14th pt developed a cutaneous abscess on right thorax. Currently taking Cerenia 60 mg, Clavamox 375 mg, Enrofloxacin 136 mg, Metronidazole 500 mg, petTinic Pediatric(Iron) 1ml, Famotidine 20 mg

Abnormal PE/Chem/CBC/UA Results: 4DX: neg to all cPL: abnormal (8-26-25 and 9-5-25) CBC: 6 times CBC and Cytology of cutaneous abscess attached as supporting document. Spleen FNA: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.89 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

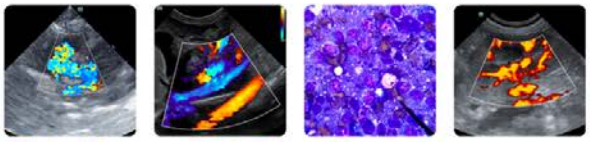
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.66 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are very subtle hypoechoic nodules throughout the parenchyma, varying in size from typically 0.25-0.50 cm.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The gallbladder wall appears mildly prominent and hyperechoic. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.34 cm 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant diffuse lymphadenopathy. The iliac lymph nodes are prominent. The right measures 0.53 cm. The left measures 0.55 cm. A mesenteric lymph node is visualized measuring 0.57 cm x 1.98 cm. A pancreaticoduodenal lymph node is prominent measuring 0.70 cm x 1.45 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen with poorly defined hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Prominent, hyperechoic gallbladder wall – Findings could represent anatomic variation or mild cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the leukocytosis reported is not observed. Recommend a pathologist review of a blood smear and potentially screening for vector borne diseases if this makes clinical sense.

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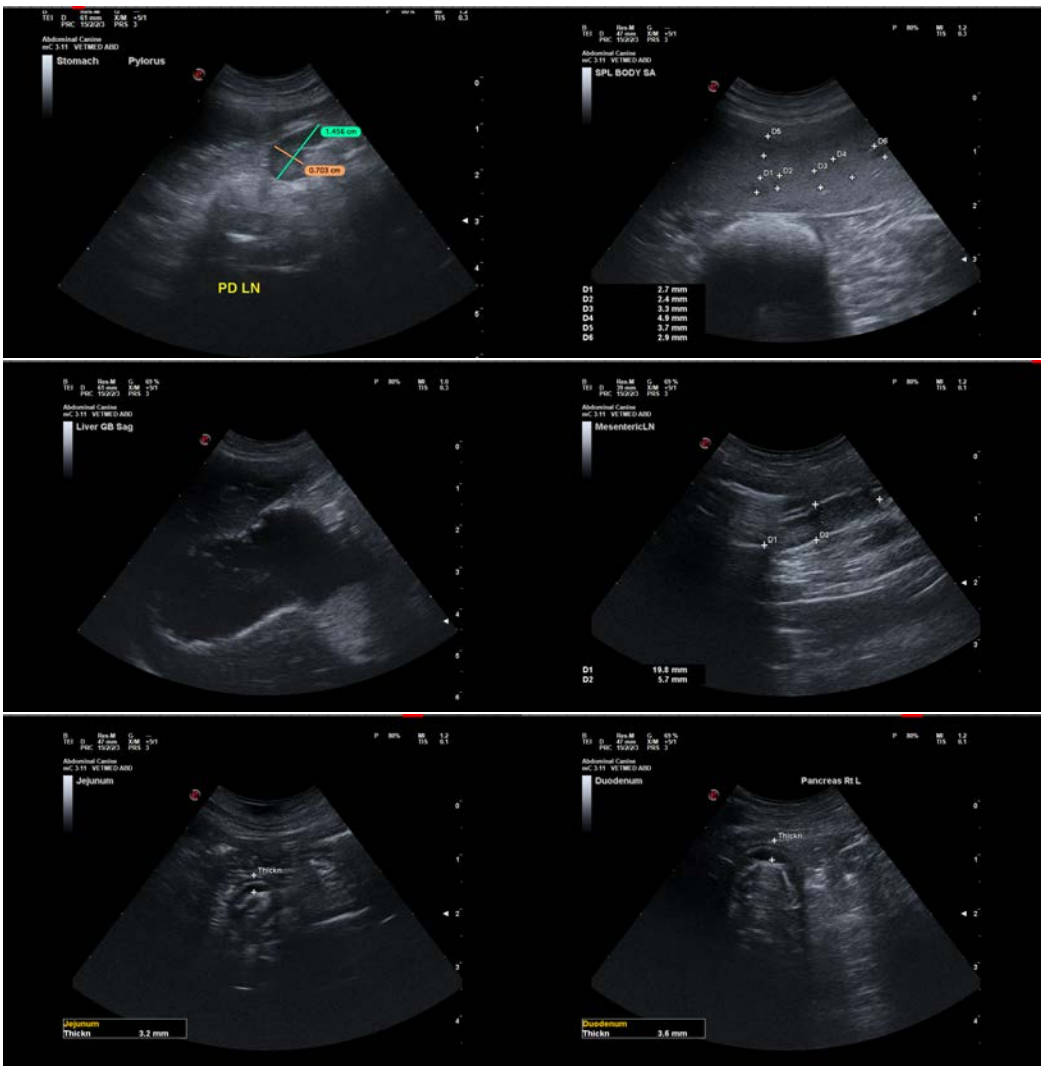
The spleen is somewhat mottled. Recommend a fine needle aspirate (I believe this was done on today's exam) for cytologic evaluation.

The gallbladder wall appears somewhat prominent but had mild debris. Correlate with current chemistry panel. If significant liver enzyme elevations are present, you could consider adding Ursodiol to the treatment regimen.



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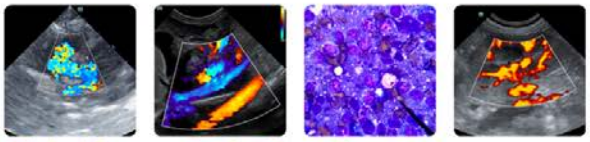

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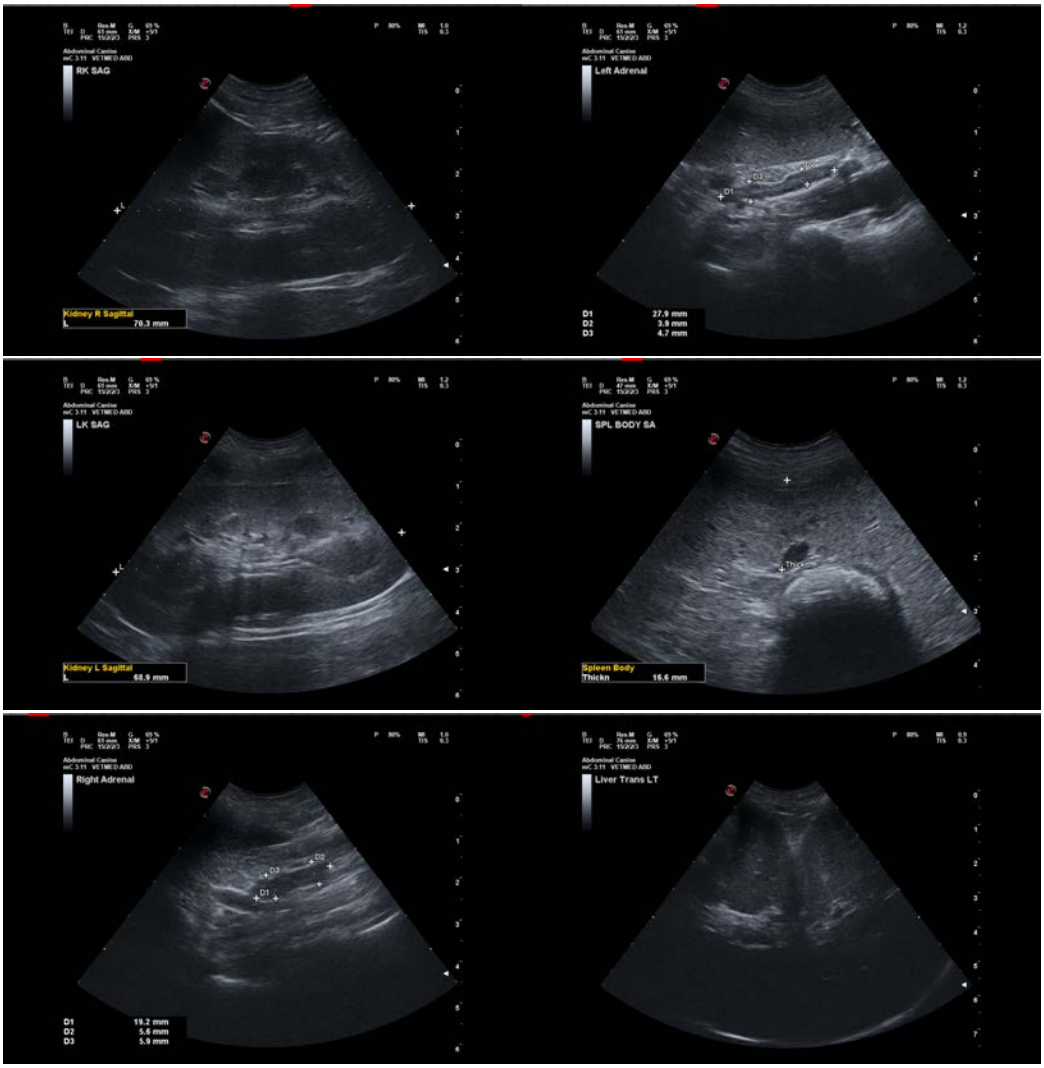

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com