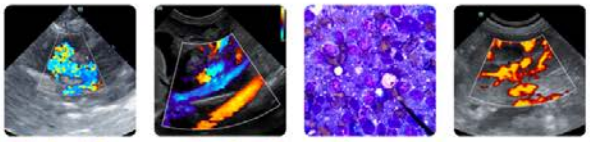


PATIENT

Beto Jimenez

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

14 Years

WEIGHT

13 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. Marilyn Davila

INVOICE

72291

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate 1 month history of weight loss, inappetence, and mild lethargy Pt was evaluated and showed that pt has significant anemia. Pt has hx of having a heart murmur and echo was performed in July 2025 and no medications are needed at that time. Currently taking Pro Red -10 (iron supplement).

Abnormal PE/Chem/CBC/UA Results: PE: Grade 4/6 systolic HM Fecal: NPS CBC: HCT 19%, HGB: 6 CHEM: wnl cPL: increased 407 FNA of spleen: 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 prostate is large, hyperechoic and mottled with numerous microcysts, measuring 2.16 cm in height in the sagittal view.

The left kidney has a normal shape and size (4.45 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.58 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

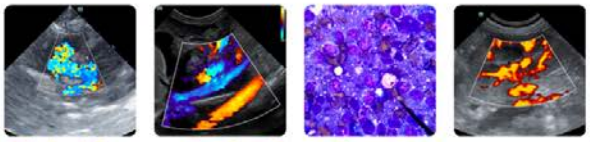
Adrenal Glands

The left adrenal gland is “plump” measuring 0.66 cm at the cranial pole and 0.67 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 0.62 cm at the cranial pole and 0.61 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules in the parenchyma, one measures 1.35 cm x 0.97 cm. The other measures 0.73 cm.



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Liver

The liver is large in size with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. On the left side of the liver there is a poorly defined hypoechoic mass effect visualized measuring 2.16 cm x 2.41 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.53 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 0.51 cm. Jejunum wall measures 0.48 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled, cystic prostate – Findings are most consistent with cystic prostatic hypertrophy +/- prostatitis.
- Age related changes visualized associated with both kidneys.
- Two hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Large, heterogeneous, rounded liver with a questionable left-sided mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The poorly defined mass effect could represent a benign "bulge" or an early true mass lesion.

- Large gallbladder debris with early thickening/organization along the gallbladder wall – Findings are most consistent with an early developing mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive large mass lesions are visualized and there is no evidence of hemorrhage on today's exam.

There are two hypoechoic nodules in the spleen. These could represent benign or neoplastic lesions. It is very possible that these are unrelated to the anemia reported or could represent regenerative type nodules. Recommend fine needle aspirate for further evaluation.

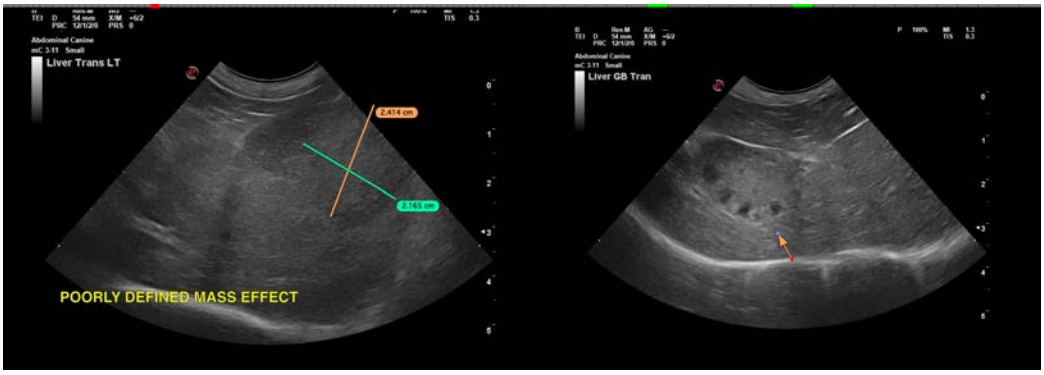
The liver is large and heterogeneous. It is somewhat surprising that liver enzymes are normal. If there is concern for underlying liver disease, you could consider a fine needle aspirate and a liver function test.

The gallbladder has a large amount of debris with a very early mucocele. This is likely incidental at this time, but chronic Ursodiol therapy should be considered, and continued monitoring of the gallbladder for development into a more significant lesion.

The prostate is large and cystic, most consistent with benign prostatic hypertrophy +/- prostatitis. Correlate with a urinalysis and culture. If active prostatitis is present, neutering may need to be considered to help resolve the infection.

Based on the information provided, there is a pancytopenia and a non-regenerative anemia present. Recommend pathologist review of a blood smear. Bone marrow aspiration may be warranted if these findings are persistent.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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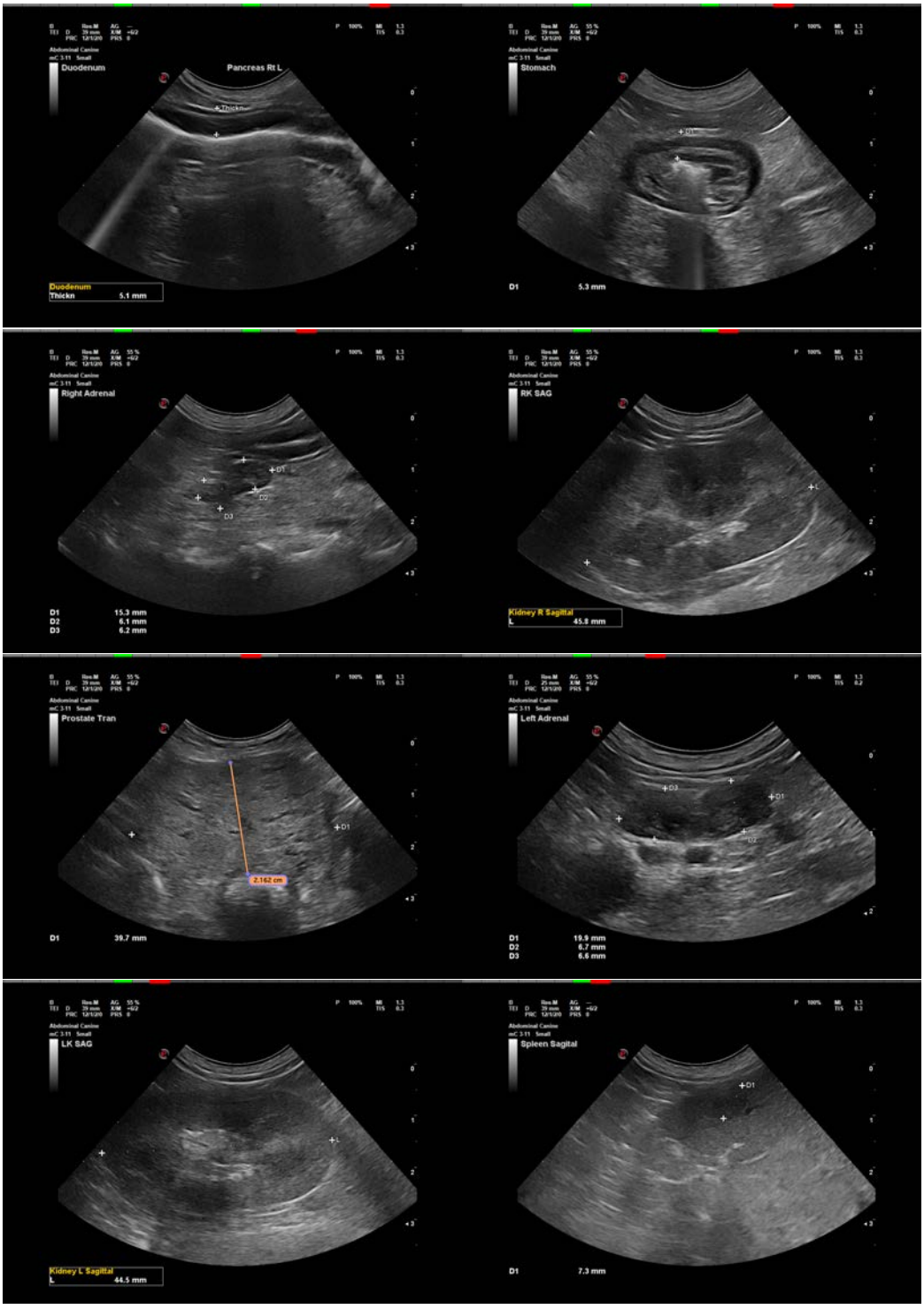

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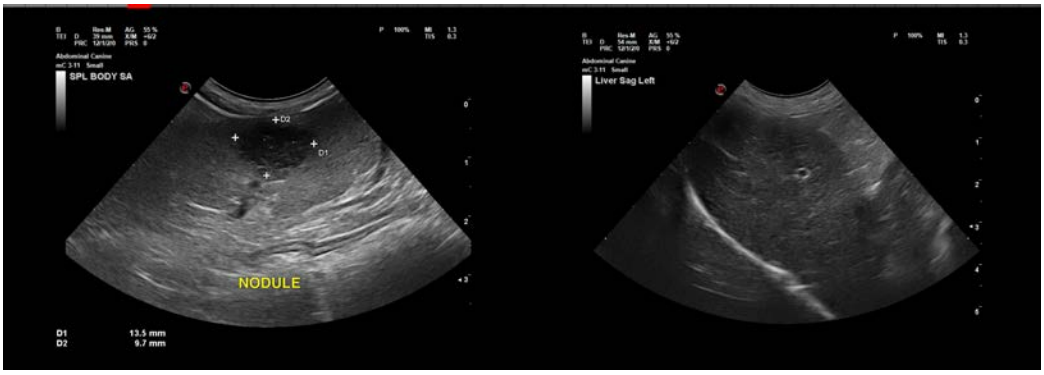

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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