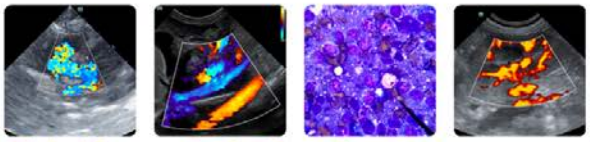


PATIENT

Lolo Rivera

SPECIES

Canine

BREED

American Pit Bull Terrier x

SEX

Neutered Male

AGE

11 Years

WEIGHT

47.2 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

72428

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Presented as a referral for a dual study, echocardiogram and abdominal ultrasound to evaluate coughing, increased respiratory rate, cardiomegaly, and abdominal mass. PT has a previous hx of thyroid cancer and is currently been treated with Palladia by oncologist. Pt is also on doxycycline and temaril P. Pt had previous hx of HW disease and was treated about 10 yrs ago.

Abnormal PE/Chem/CBC/UA Results: PE: Pt has increase respiratory sound and severe stridor Radiographs and bloodwork attached as supporting documents.

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 normal in size (1.85 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.59 cm) with mild pyelectasia at 0.33 cm and occasional small cortical cysts. 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.58 cm) with mild pyelectasia at 0.38 cm and occasional small cortical cysts. 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

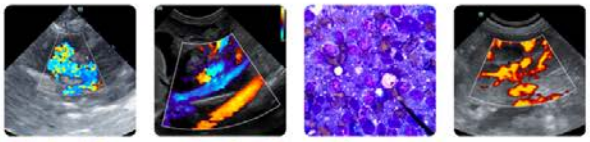
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.57 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 0.66 cm at the cranial pole and 0.77 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 large in size and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity large, solid mass effect that appears to be arising from the spleen measuring 6.3 cm x 7.14 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. On the left side of the liver towards the caudal aspect there is a distinct hypoechoic rounded lesion measuring 1.11 cm, most consistent with a cystic lesion (need color flow to confirm). On additional still views there are hypoechoic lesions suspicious for hypoechoic nodules measuring 1.48 cm and 1.3 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of <0.7cm 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 0.45 cm. Jejunum wall measures 0.45 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 diffuse lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.51 cm x 2.26 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, solid, mixed echogenicity mass effect that appears to be arising from the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Suspected cystic lesion and hypoechoic nodules visualized associated with the liver – Limited views of these lesions are provided. These could represent benign or neoplastic lesions.

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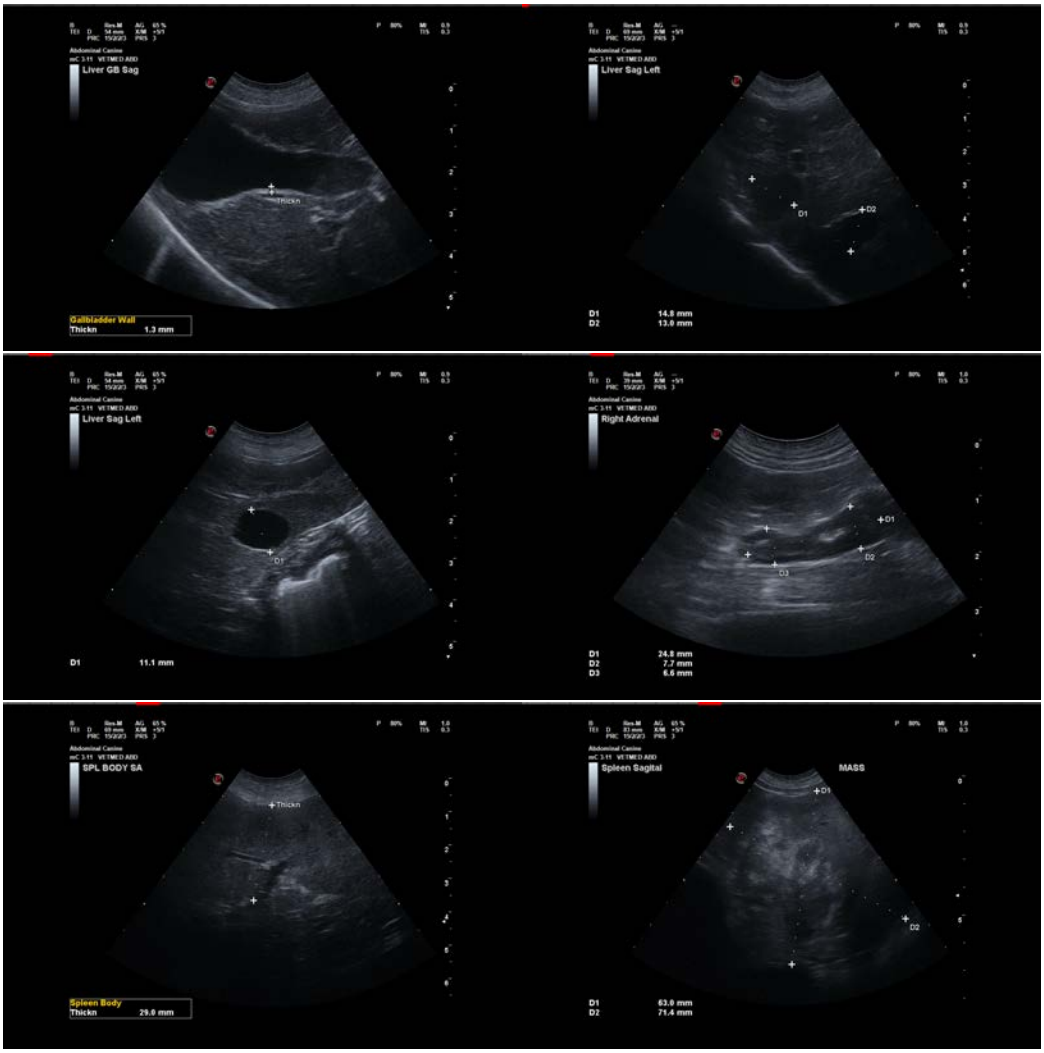
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, solid, mixed echogenicity mass effect visualized within the abdomen, which appears to be associated with the spleen. Options moving forward would include a fine needle aspirate and possible splenectomy for both diagnostic and therapeutic purposes.

There are occasional hypoechoic lesions visualized in the liver. These could represent benign or neoplastic lesions. The most distinct caudal left sided lesion appears cystic, but power doppler would be necessary to confirm. If a safe window for sampling is available, a fine needle aspirate could be considered of the more solid appearing lesions.

Stridor reported would be concerning for possible recurrence of the reported previous thyroid cancer or other upper airway issue.



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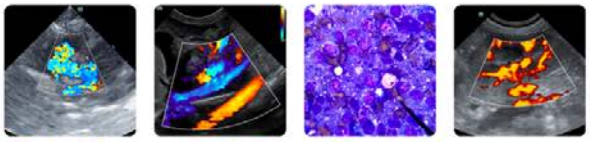

Clinical Sonography & Telecytology
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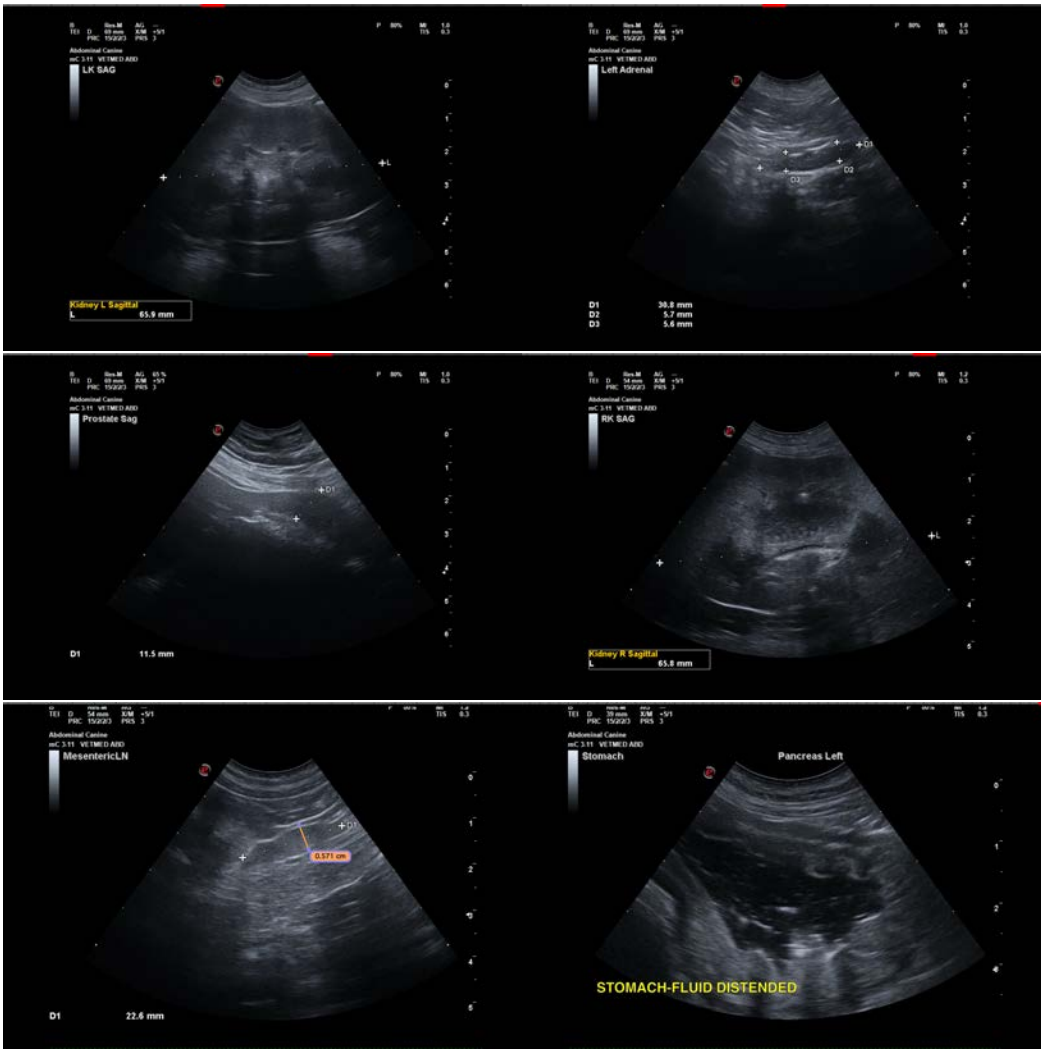

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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