



PATIENT

Mia Caban

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

14.6 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. Trappler

INVOICE

73791

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an echocardiogram and abdominal ultrasound due to Dx of Pulmonary Carcinoma. Px originally visited an emergency clinic due to increased respiratory effort. Radiographs were performed and a large thoracic mass was observed seemingly on the left lung, and a sample was collected for a cytology. The cytology indicated that the mass appeared to be Pulmonary Carcinoma. Owner reports no inappetence, no lethargy, no coughing, no vomiting, no diarrhea. Px was referred for an echocardiogram due to a heart murmur being auscultated. Px was referred for an abdominal ultrasound to verify if there is any evidence of metastasis in any abdominal organ. rDVM would like to verify the anesthetic risk for this Px in order to proceed with the surgical removal of the lung mass. Px is currently taking the following Mx: Vetmedin, Furosemide, Enalapril. Arterial Blood Pressure measurements: Sys - 143, Dia - 90, MAP - 99, HR - 85

Abnormal PE/Chem/CBC/UA Results: rDVM records and radiographs attached below for your reference

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 (3.74 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 (4.64 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 "pump" measuring 0.54 cm at the cranial pole and 0.64 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 0.67 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 somewhat abnormal in appearance in that there is a hyperechoic nodule in the cranial pole that does not deviate the adrenal capsule, measuring 0.64 cm x 0.79 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.29 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



PATIENT

Mia Caban

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

14.6 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. Trappler

INVOICE

73791

DATE

3/18/26

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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.22 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.57 cm. Jejunum wall measures 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 visible/mildly mottled in the right limb. 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. A slightly prominent mesenteric lymph node is visualized measuring 0.35 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- “Plump” left adrenal gland and a hyperechoic nodule in the cranial pole of the right adrenal gland – Findings could be consistent with anatomic variation, mild hyperplasia, etc. The hyperechoic nodule has somewhat of a benign appearance, possibly consistent with an adenoma, although a metastatic lesion cannot be definitively ruled out.
- Large, distended gallbladder with a large amount of intraluminal debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Prominent/mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).



PATIENT

Mia Caban

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

14.6 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. Trappler

INVOICE

73791

DATE

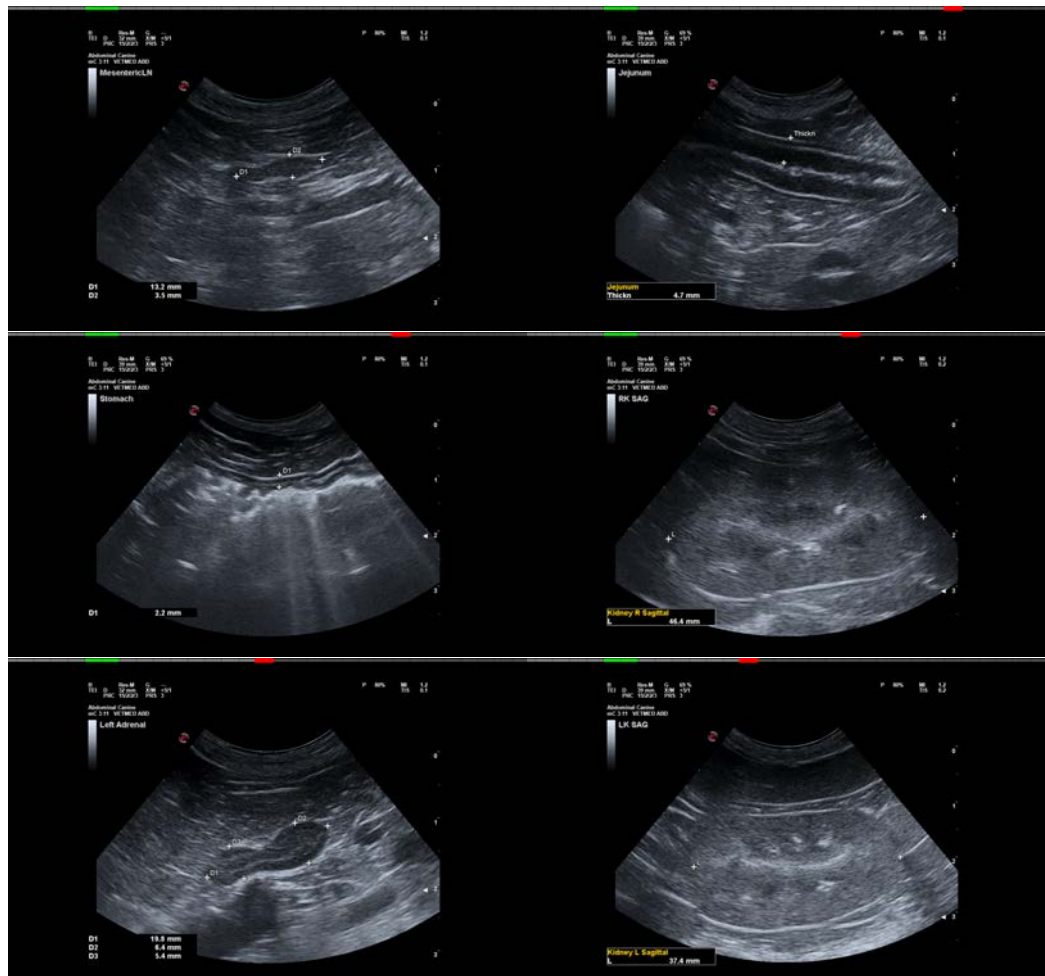
3/18/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive metastatic lesions are visualized on today's exam. There is a hyperechoic nodule at the cranial pole of the right adrenal. This could represent a benign lesion such as focal hyperplasia, an adenoma, etc. A metastatic lesion cannot be definitively ruled out. Recommend continued monitoring with ultrasound (recheck in 8-12 weeks).

The gallbladder appears large with a large amount of intraluminal debris. This appearance may be exacerbated by a fasted patient.

If further evaluation is desired, consider a contrast CT scan of the thorax to further assess the pulmonary lesion. This could be extended caudally to include the right adrenal gland for further assessment.





PATIENT

Mia Caban

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

14.6 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

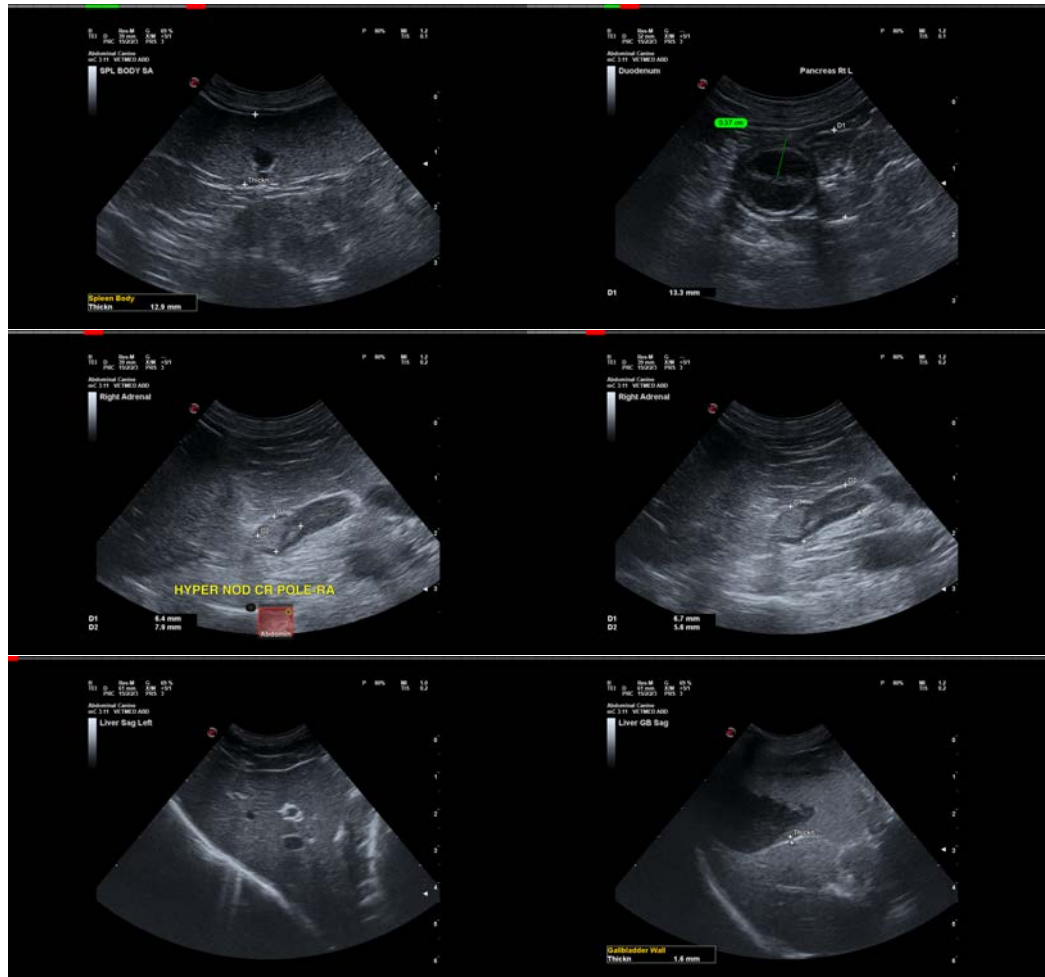
Dr. Trappler

INVOICE

73791

DATE

3/18/26



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