



PATIENT

Isadora Antongiorgi

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16yr

WEIGHT

10.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Diaz Umpierre

INVOICE

23505

DATE

01/12/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to anorexia, nausea, syncope, and elevated ALT/ALKP values. Client indicates that Px originally visited referring DVM because of inappetence. Px was hospitalized for 3 days and regained appetite. Px is having episodes where she's gagging but won't vomit, client states that the syncope occur during these episodes where Px "runs out of air and briefly goes unconscious". Px was Dx with a collapsed trachea more than 5 years ago. Px was administered the following medications: Cerenia (0.7mL SQ), Vitamin B-12, Ondansetron (4mg PO BID), Famotidine (10mg PO SID), Elura (0.75mL PO SID).

Abnormal PE/Chem/CBC/UA Results: Referring DVM's radiographs have been attached below for your reference. Bloodwork was not provided, but according to the referral, Px's CBC showed mild monocytosis, and the Chem showed an elevation of the ALT/ALKP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Intermittent small cortical cysts and a non-obstructive left kidney renolith measuring 0.47 cm in diameter was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole.

A well-defined, hyperechoic nodule was present in the right cranial adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.91 cm x 0.86 cm. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



PATIENT	The liver was enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Discrete hypoechoic nodular changes were present. Adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.
Isadora Antongiorgi	
SPECIES	
Canine	Gastrointestinal
BREED	The stomach presented primarily intact wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. A solitary visualized ventral solid to mildly non-homogenous non-mineralized stomach mural mass measuring ~ 2.1 x 1.6 cm was present with associated loss of gastric mural detail within the mass. The mass did not overtly appear to be obstructive to pyloric outflow. Normal intact non-thickened stomach and pylorus wall measured 0.25 and 0.36 cm respectively.
Mixed	
SEX	
FS	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.29 cm width.
AGE	
16yr	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	Pancreas
10.6lb	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Gabriel Ferrer DVM	Primary
HOSPITAL NAME	<ul style="list-style-type: none"> • Enlarged non-homogenous subtle nodular liver -chronic vacuolar or cholestatic hepatopathy, inflammatory / immune mediated disease, nonspecific hepatitis, hyperplasia, fibrosis, neoplasia possible • Normal gallbladder. • Non-obstructive stomach mural mass • Mildly heterogeneous remodeled pancreas- patient variant possible, chronic pancreatitis • Bilateral chronic renal changes with left kidney renolith and small cortical cyst • Right adrenal nodule – hyperplasia, functional vs non-functional adenoma, emerging right adrenal tumor
Pulse Pet Ultrasound Services	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Diaz Umpierre	Correlation with pending hepatic and stomach mass cytology is recommended. Adrenal workup warranted if clinical signs consistent with Cushing syndrome are present. Serial monitoring of systemic BP for evidence of hypertension which may suggest emerging right pheochromocytoma is recommended. A spec cPL to assess for chronic pancreatitis may be considered. Gastroprotectants and dietary trial with sonographic monitoring of the stomach mass and right adrenal nodule for evidence of progression with concurrent clinical monitoring would be reasonable. Stomach mass
INVOICE	
23505	
DATE	
01/12/2026	



PATIENT

biopsy for histopathology is likely required for definitive diagnosis.

Isadora Antongiorgi

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16yr

WEIGHT

10.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

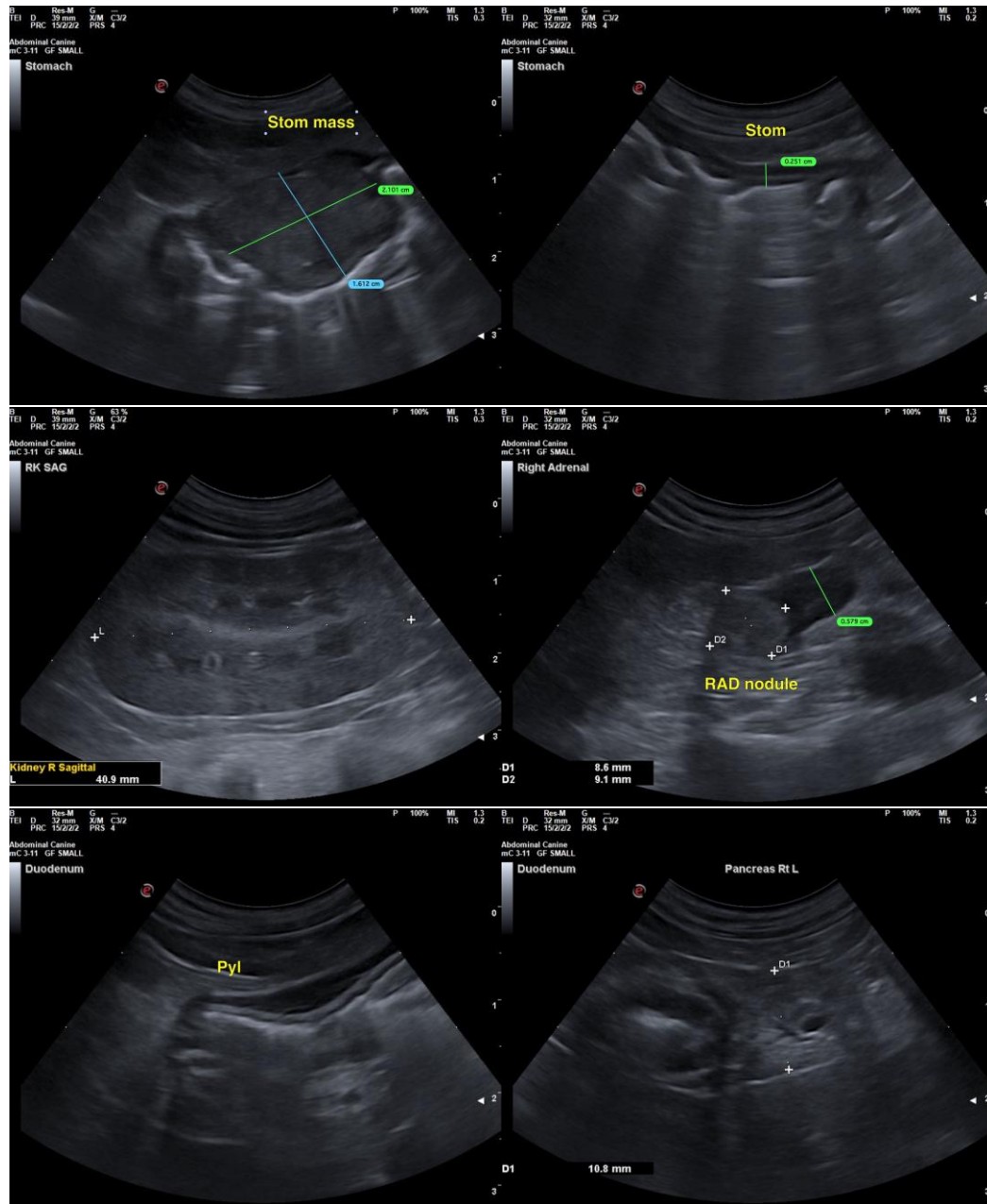
Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Diaz Umpierre



INVOICE

23505

DATE

01/12/2026



PATIENT

Isadora Antongiorgi

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16yr

WEIGHT

10.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

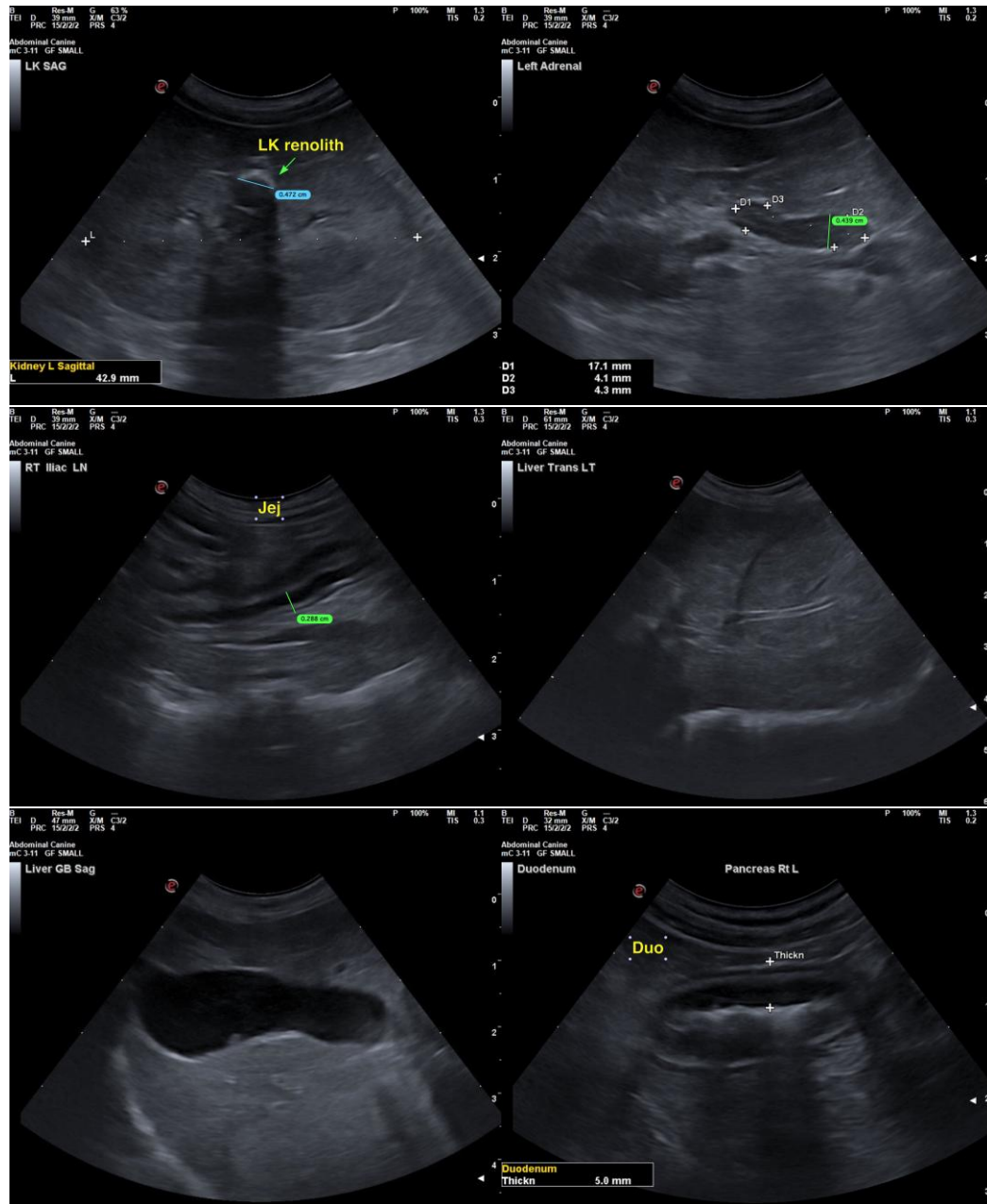
Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Diaz Umpierre

INVOICE
23505

DATE
01/12/2026



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com



PATIENT

Isadora Antongiorgi

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16yr

WEIGHT

10.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Diaz Umpierre

INVOICE

23505

DATE

01/12/2026