



PATIENT

YEYO DAVILA

SPECIES

Canine

BREED

Pitbull Mix

SEX

M

AGE

9yr

WEIGHT

102lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Díaz

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Ileana Rivera, DVM

INVOICE

23507

DATE

01/12/2026

PRESENTING CLINICAL SIGNS

Patient presented for second opinion after being in emergency clinic due to anorexia. At emergency clinic, radiographs of abdomen were taken (only lateral views) and spleen was enlarged. Results of cbc were within normal limits and in chemistry only ALP was significantly elevated (<2,000) rest of values were within normal limits. He was treated with cerenia and famotidine and he improved and this morning ate a small amount of food. Today on presentation, patient is BAR. Heart and lungs auscultated normal. Abdominal palpation is tense in cranial abdominal palpation and it appears to be enlargement in that area. CBC was repeated and results are still within normal limits; 4dx was negative. Dog have not had any episode of vomiting and showed interest in food this morning. On rectal palpation, small amount of feces was palpated and it was firm and granular, like sand texture. Pet lives in a farm. Concerned about spleen nodules, neoplasia, gastroenteritis, etc.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate gland appeared normal and 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 0.53 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited subjective mild enlargement with 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

The liver was subjectively borderline enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-



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distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing to regional strongly shadowing gastric ingesta.

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.

Subjective mildly distended colon was present with normal visible wall containing variably echogenic to formed fecal matter and lumen gas.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild splenomegaly exhibiting homogenous parenchyma and symmetrical contour
- Hepatopathy exhibiting borderline hepatomegaly
- Non-organized gallbladder debris (non-mucocele)
- Variable shadowing gastric ingesta, sonographically normal empty visible small intestine
- Variably formed fecal matter in colon
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy and mild splenomegaly are non-specific, yet not sonographically suggestive of neoplastic criteria, which is thought less likely. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology could be considered for further assessment.

Potential resolving inflammatory bowel episode potentially secondary to dietary indiscretion given fecal content possible. No current evidence of mechanical gastrointestinal obstruction. Small amounts of potential retained gastric foreign material are not definitively excluded.

Given improved clinical presentation, continued supportive care with monitoring of fecal output and gastric emptying would be reasonable. If recurrent gastrointestinal signs or evidence of persistent retained gastric ingesta, upper gastrointestinal endoscopy, if available, may be indicated.



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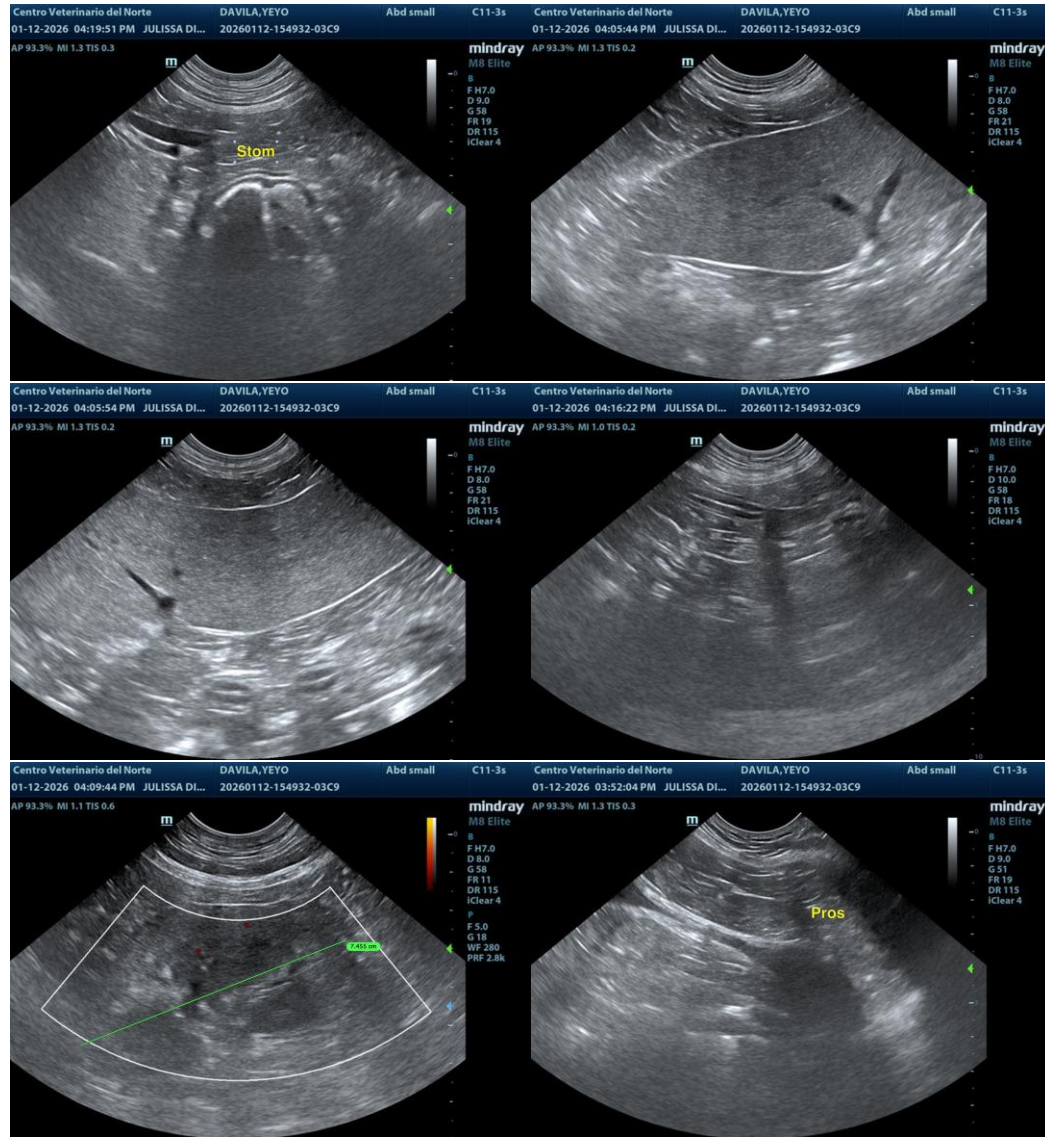
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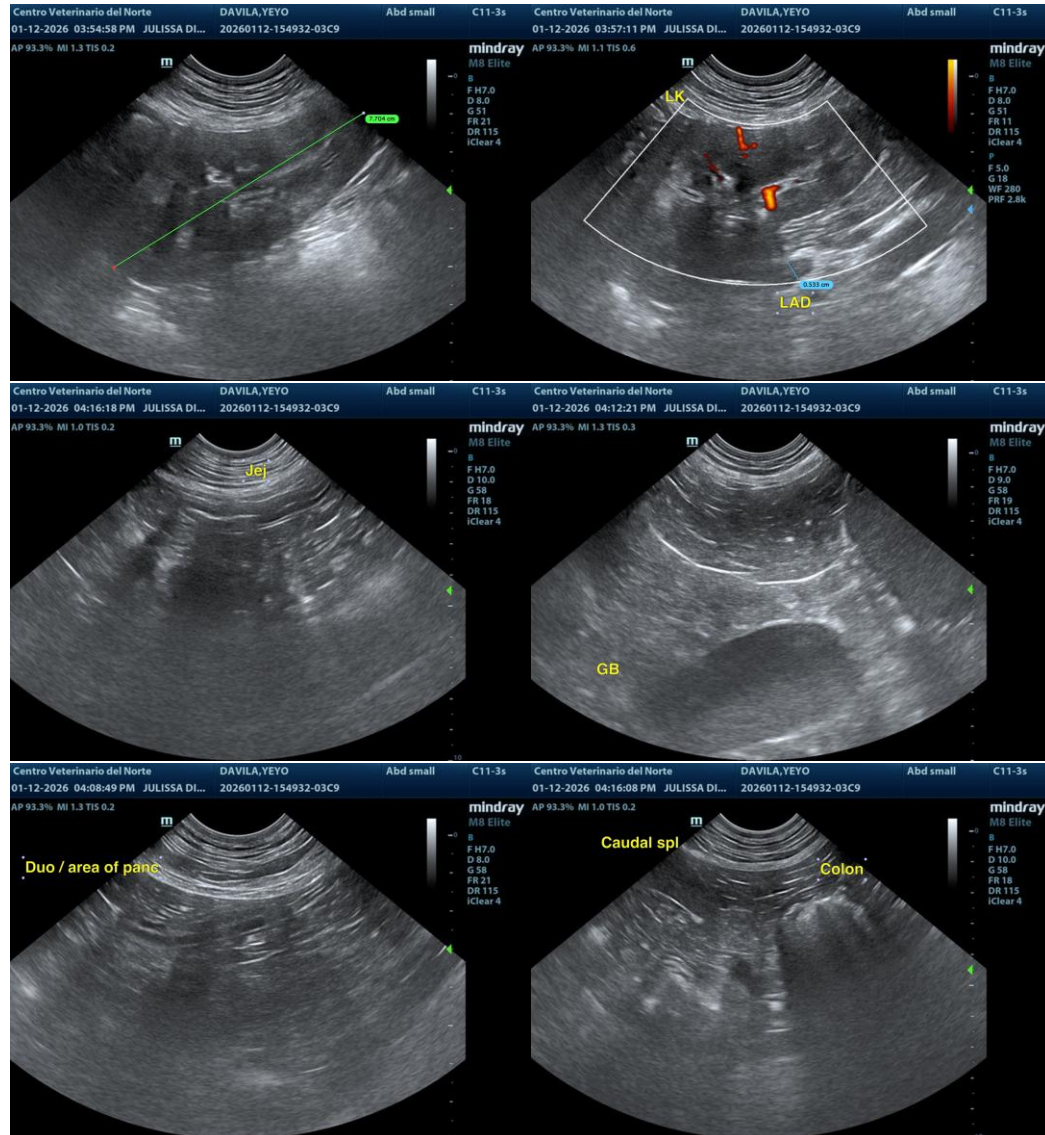
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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