



PATIENT

Rey Cortes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

~8yr

WEIGHT

12lb

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 Hector Perez

INVOICE

23725

DATE

01/30/2026

PRESENTING CLINICAL SIGNS

- Presented to rDVM for evaluation of distended abdomen and decrease appetite.
- Pt is FIV positive
- Has chronic nasal discharge
- Bloodwork showed anemia and thrombocytopenia
- Radiographs possible mass on cranial thorax and ascites in abdomen.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached as supporting documents. Abdominocentesis sample collection: non coagulated blood FNA of liver/mass: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 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 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited enlarged size (1.5 cm width mid spleen) 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

A large irregularly expansive non-homogenous hypoechoic liver mass extending into the cranial to mid-abdomen was present measuring at least 6-7 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. Intact liver exhibited generalized enlargement, maintained homogenous parenchyma and normal vascular volume. The gallbladder was non-distended in size with thin walls and mild to moderate non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid with no signs of obstruction or foreign material.

The small intestine presented intact segmental to generalized mild thickened intestinal wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.31 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was not definitively visualized owing to the expansive liver mass.

Free Abdomen

Focally mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present.

Mild volume, echogenic peritoneal effusion and perihepatic non-homogenous omentum.

Brief assessment of the cranial thorax revealed mildly enlarged homogenous cranial thoracic to mediastinal lymphadenopathy. An example measured 2.4 x 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Large irregular to caudally expanding liver mass
- Perihepatic non-uniform omentum and mild volume effusion
- Intermittent mild mesenteric lymphadenopathy
- Mild splenomegaly
- Concurrent cranial thoracic / mediastinal lymphadenopathy
- Intact mildly thickened small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is consistent with neoplastic criteria with evidence of multicentric to metastatic neoplasia given cranial thoracic /mediastinal lymphadenopathy, concurrent mesenteric lymphadenopathy and potential perihepatic omental seeding. The splenomegaly is non-specific with considerations including sedation if clinically applicable, hyperplasia, hematopoiesis, inflammation or concurrent splenic neoplasia.

Correlation with pending cytology is recommended with gastrointestinal support. Unfortunately, an unfavorable prognosis is indicated.



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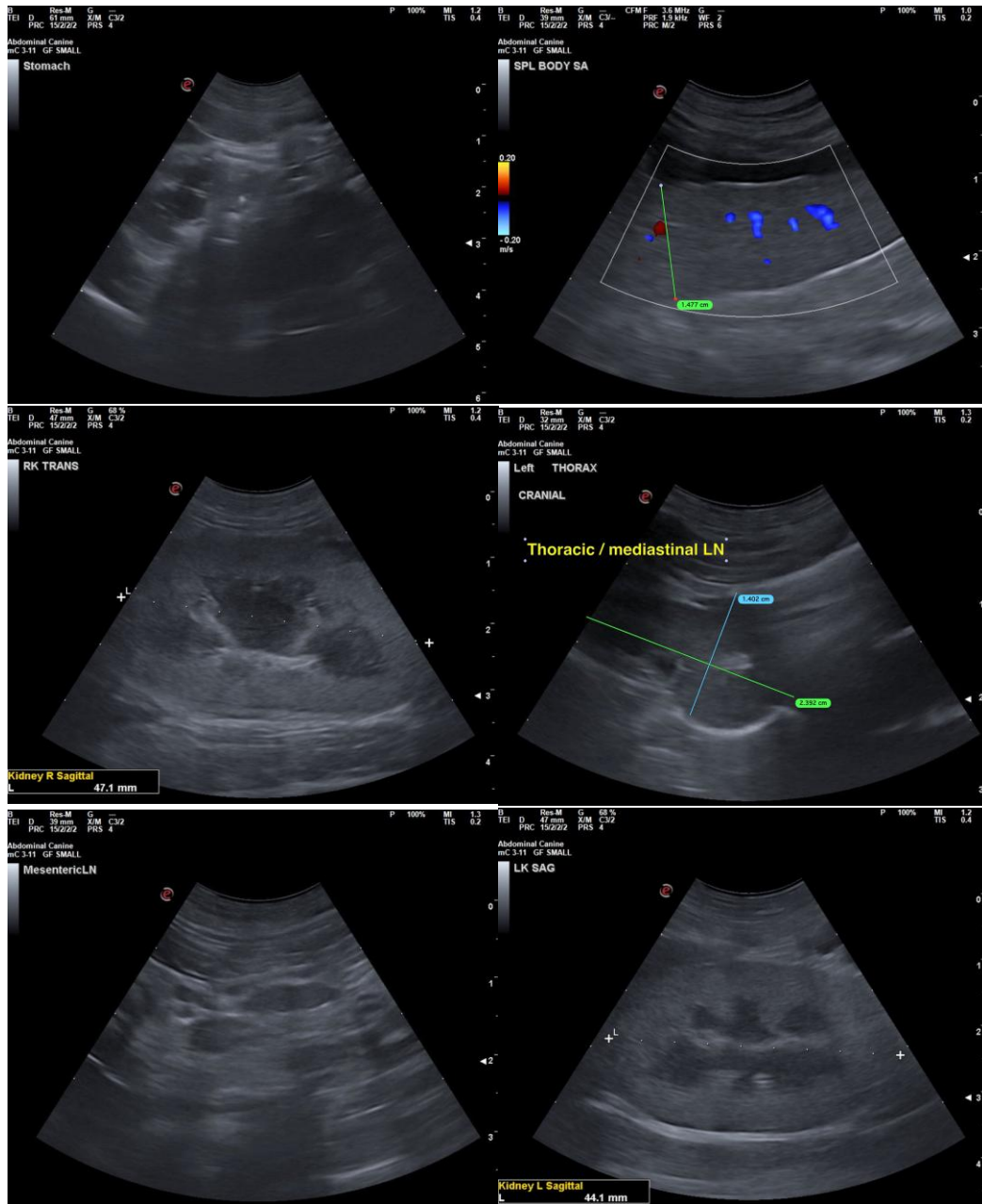
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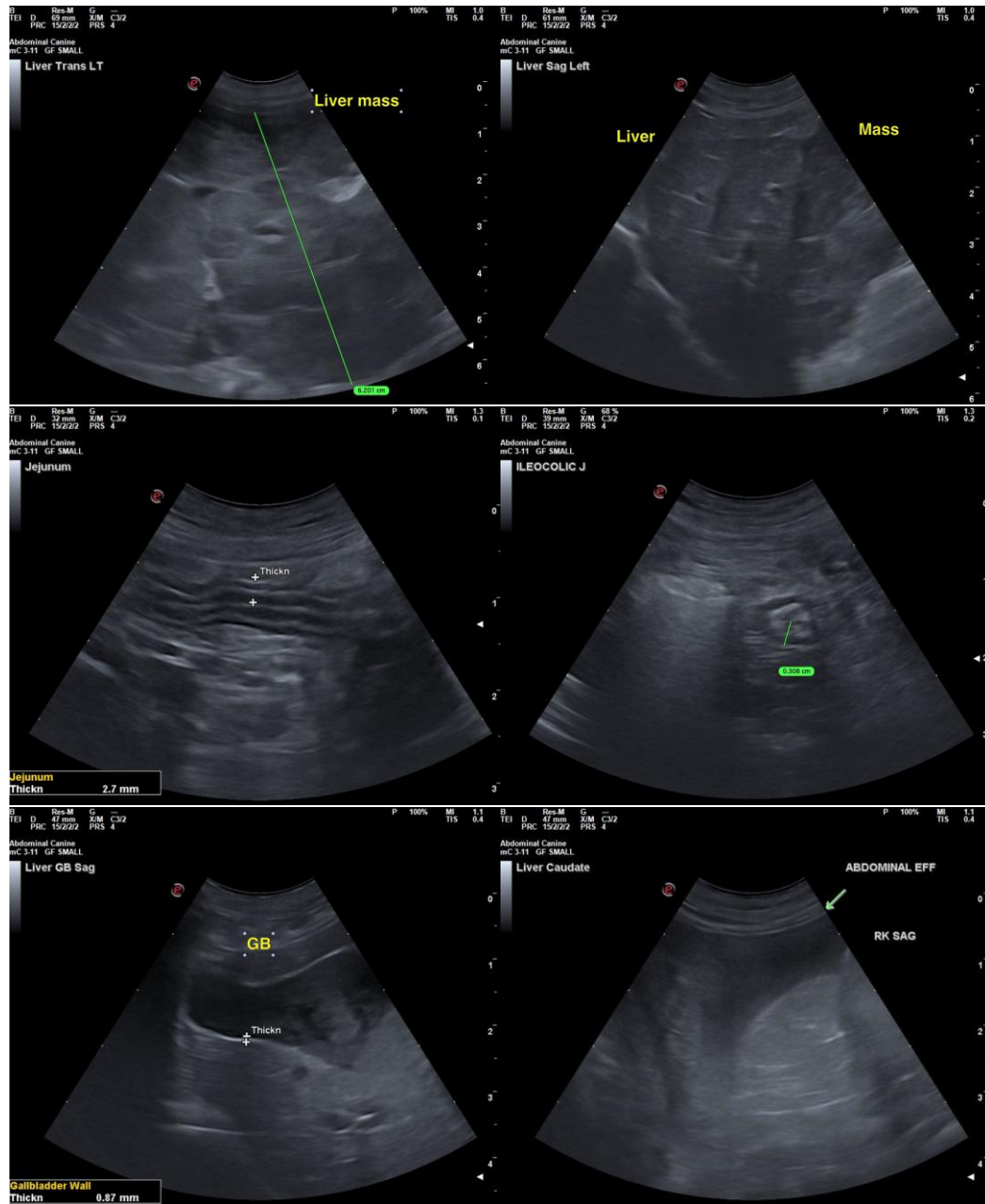
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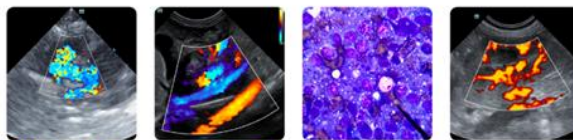
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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