



PATIENT

Mr. Roboto Dilone

SPECIES

Canine

BREED

Mixed

SEX

Male Neuter

AGE

11 yrs 9 months

WEIGHT

27.8 lbs.

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. Eduardo
Rodriguez Febus

INVOICE

10534

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate anorexia, weight loss, lethargy and abdominal distention. Could not perform radiographs as machine malfunction. P was hospitalized with LRS IV fluid, Cerenia, vit b12, convenia, and sent home with mirtazapine and prednisone 5mg. Recommending US of abdomen ASAP

Abnormal PE/Chem/CBC/UA Results: PE: Pt appeared to have distended and firm abdomen, BW: Labwork: (WBC- 28.7; NEU- 25.7'; HGB-9.1; HCT26.64). Limited echocardiogram: No cardiac masses seen or pericardial effusion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The residual prostate was free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 6.5 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

A large to irregularly expansive, nonhomogeneous cavitated splenic mass with secondary asymmetrical capsule expansion and disruption was present and measured at least 12.0 cm in diameter, but possibly larger, as the entire mass would not fit into a single viewing window. The remainder of the visualized spleen was sonographically unremarkable. Surrounding hyperechoic peri-splenic omentum and mild volume effusion were noted, as well as potential for omental adhesions.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris the caudal lumen and area of the gallbladder neck. 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 was empty without evidence of retained ingesta, fluid, or foreign material.

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 ileus, obstruction, or foreign material.

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

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 were evident.

Free Abdomen

Surrounding hyperechoic peri-splenic omentum and mild volume effusion were noted, as well as potential for omental adhesions. Definitive, visualized, significant omental lymphadenopathy was not obvious.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large splenic mass, surrounding peri-splenic hyperechoic omentum and mild peritoneal effusion
- Sonographically normal liver
- Mild nonorganized gallbladder debris (non mucocele)
- Normal empty gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia, such as sarcoma or other. Benign pathologies are possible yet considered less likely.



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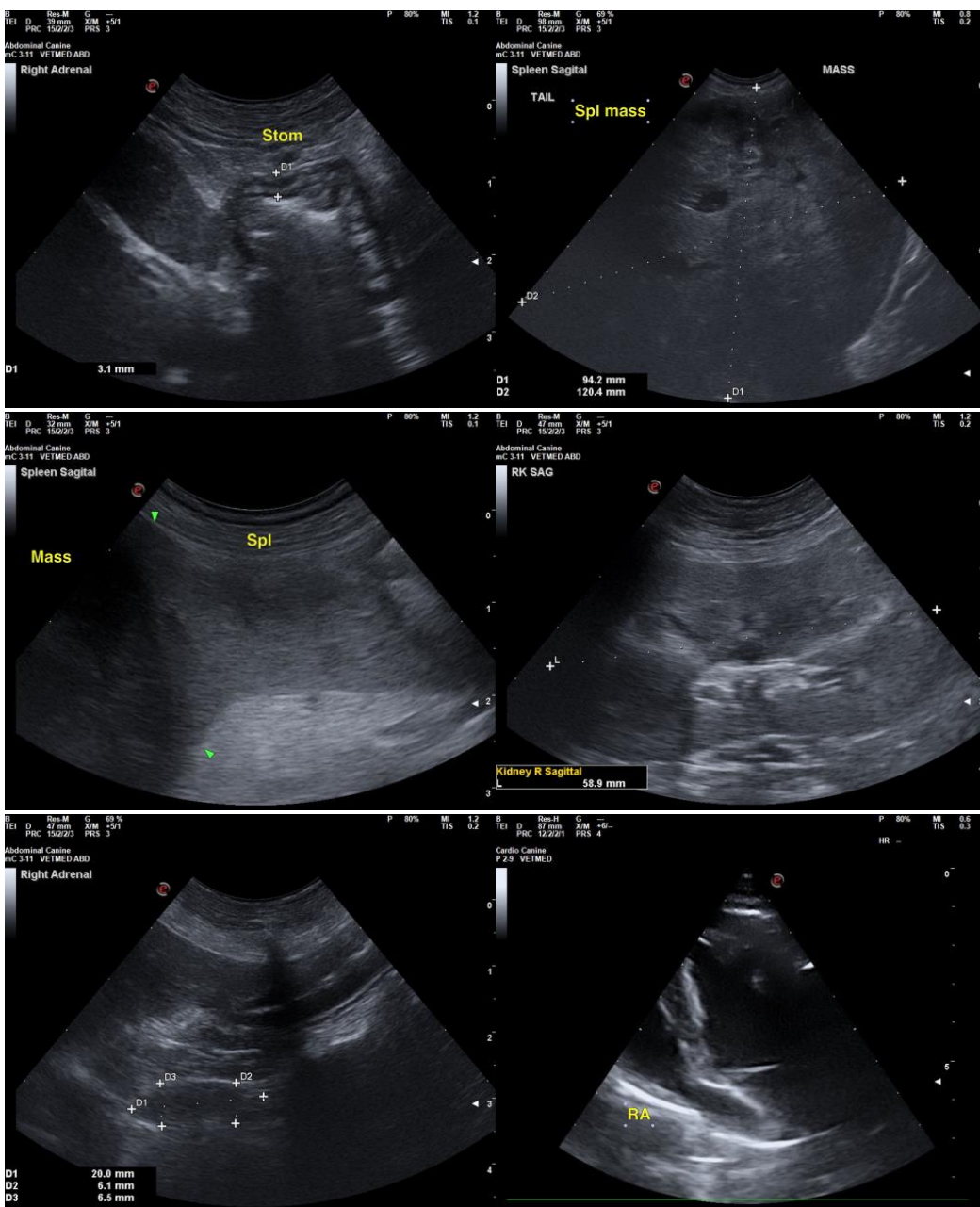
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Definitive evidence of cardiac or intrabdominal major organ macrometastasis was not obvious. Potential for micrometastasis or non-sonographically evident metastasis, regional omental seeding / adhesions, or non-obvious to emerging lymphadenopathy cannot be excluded.

Assuming no evidence of pathology on three-view chest radiographs, laparotomy with splenectomy, and gross inspection of the abdominal cavity could be considered.





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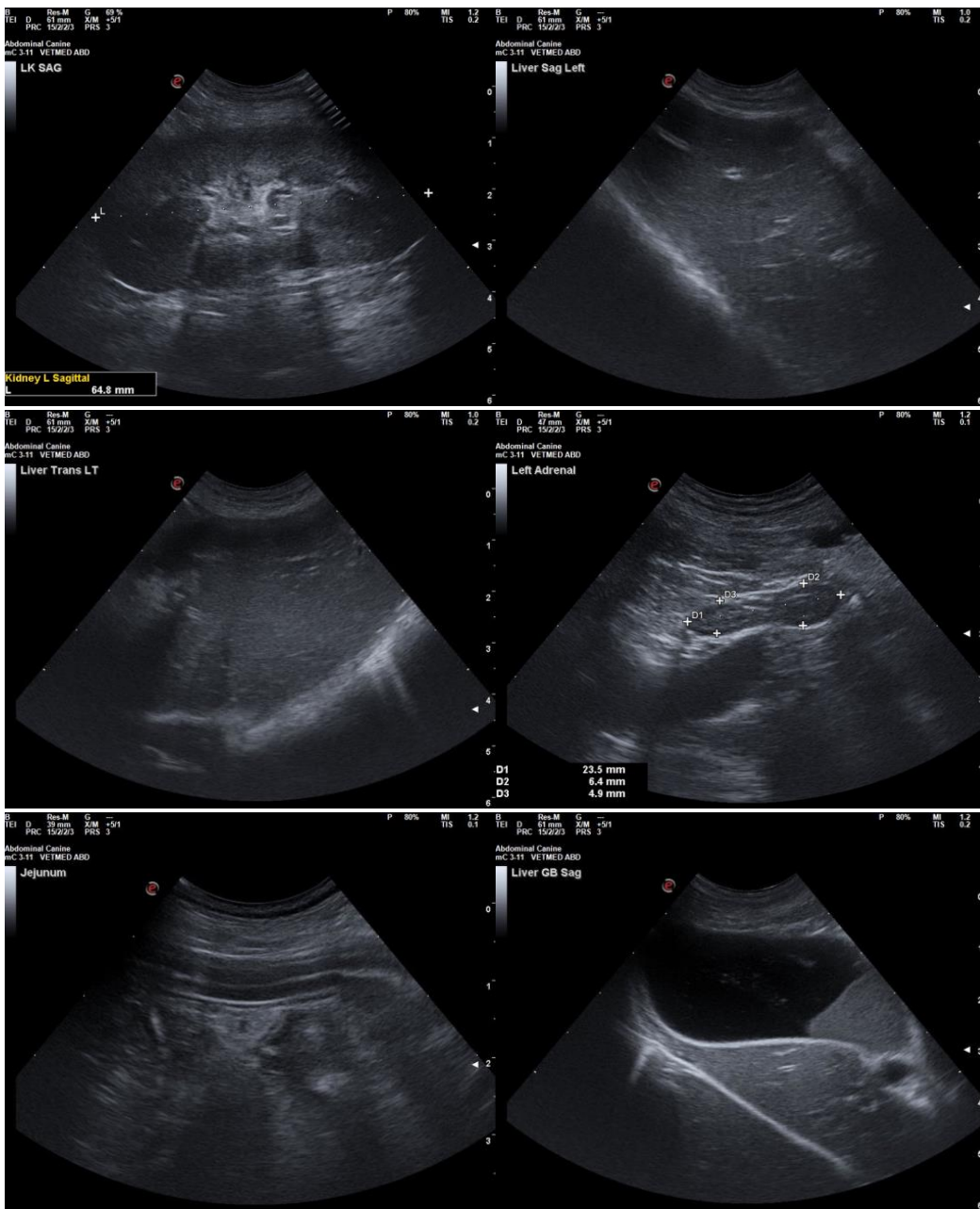
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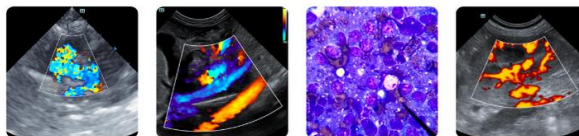
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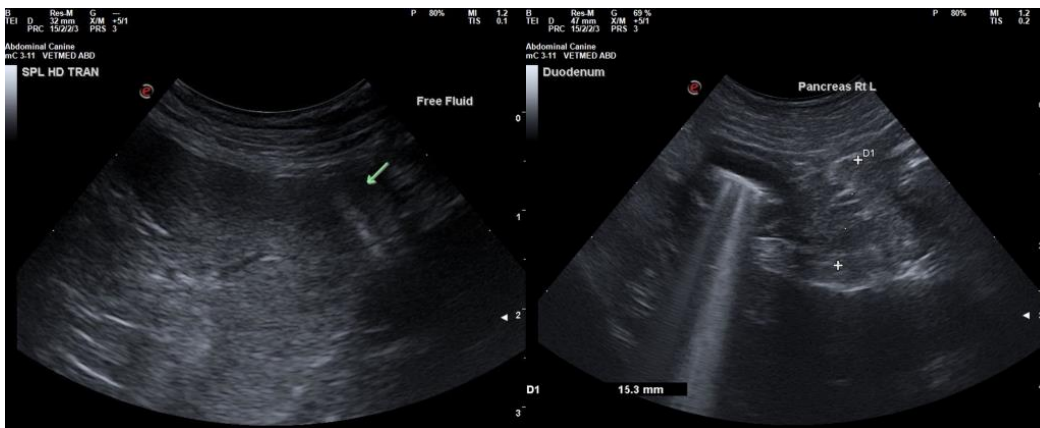
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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