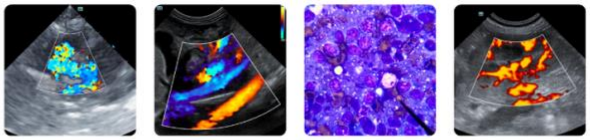

PATIENT

Kimmy Madera

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

17 Years

WEIGHT

9 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr.Jose A. Garcia

INVOICE

13037

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound to rule out pancreatitis and enteritis. Hx of pancreatitis, anorexia, and lethargy. Client reports that Px has been lethargic, anorexic, and with no desire to drink water for 2 weeks now. Referring DVM Dx Px with anemia and wanted to rule out internal bleeding in order to perform a blood transfusion.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference: CPL (+) 4DX (-) LYM (Low - 0.4610^9/l) RBC (Low - 2.89g/dl) HGB (Low - 7.3g/dl) HCT (Low - 20.86%) MCH (25.8pg) ALB (Low - 2.0g/dl) BUN (High - 77mg/dL) PHOS (High - 7.1mg/dL) K+ (High - 6.0mmol/L) TP (Low - 5.0g/dL) T4 (Low - <0.4ug/dL)

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present bilaterally. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 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 0.36 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The definitive spleen was not visualized potentially owing to displacement secondary to the mass or volume contraction.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with definitive mild to moderately expansive nonhomogenous mid to right intraparenchymal mass measuring 4.4 cm in diameter.

The gallbladder was non distended in size with moderate nonorganized nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended with lumen gas.

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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.

The descending colon at the level of the urinary bladder was empty yet mildly thickened in appearance measuring 0.33 cm wall width.

Pancreas

The pancreas was not definitively visualized.

Free Abdomen

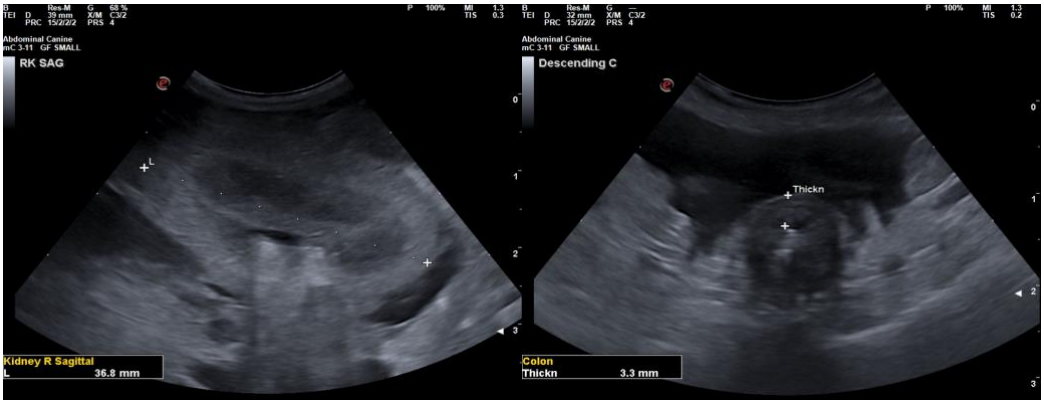
A large to irregularly expansive nonhomogenous cystic appearing mass was present occupying a majority of the cranial abdomen and appearing to efface or subjective derive form the liver, extending caudally to encompass the bilateral kidneys and extend into the area of the right adrenal gland. The mass measured approximately or at least 10.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. Concurrent mild to moderate volume of peritoneal effusion and regional hyperechoic omentum. No definitive visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large mid to cranial abdomen nonhomogenous cystic mass extending into the area of the bilateral kidneys and right adrenal gland with subjective caudal effacement and suspect liver origin.
- Definitive liver mass with generalized hepatomegaly.
- Peritoneal effusion.
- Bilateral chronic renal changes exhibiting mild pyelectasia.
- Normal gastrointestinal tract with mild thickened descending colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met with hepatic involvement. The large non-hepatic mass extending into the liver i.e. mental non-obvious splenic, right adrenal mass, etc. cannot be definitively excluded. However, curative surgical options are precluded given extent of pathology. An unfavorable prognosis is indicated.



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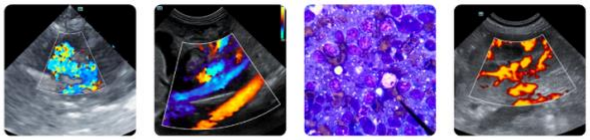

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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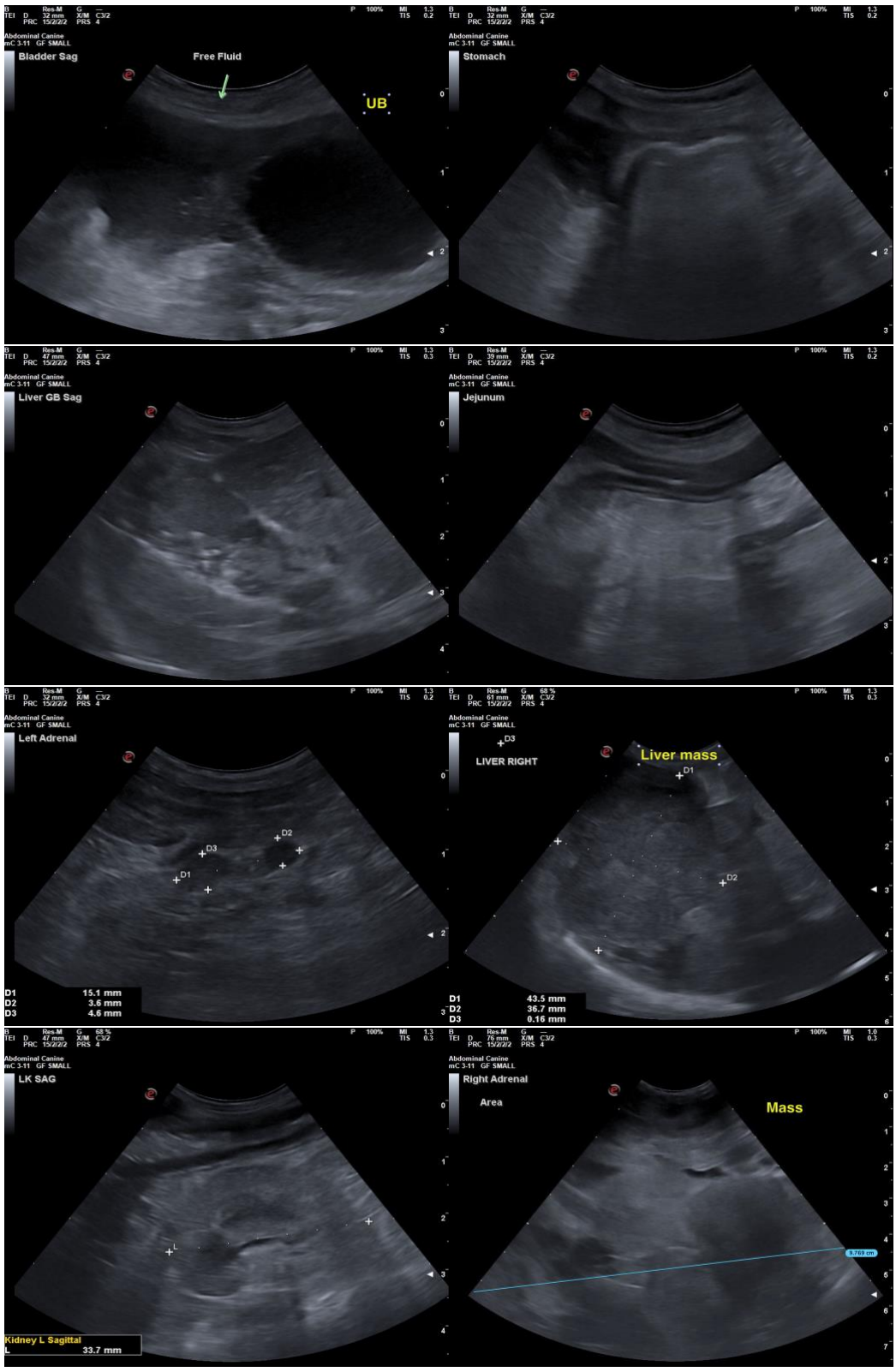

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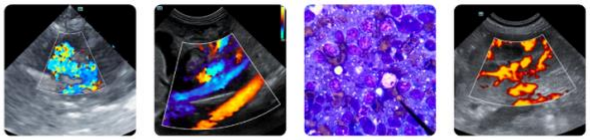

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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