



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luna Rios (Perez)	Presented as a referral for an abdominal ultrasound to evaluate for possible metastasis. Pt was had a mammary gland for over 7 yrs and recently became necrotic, ruptured and ulcerated. It was FNA and diagnosed with carcinoma suspicious. Recommended abdominal u/s with focus on lymph nodes and possible mets. PT has been hiding more and sleeping more, still active at home.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Bloodwork, radiographs from October and FNA cytology report attached as supporting documents.
<b>BREED</b>	
Domestic Short Hair	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
20 yrs	
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
6.7 lbs.	
<b>INTERPRETED BY</b>	Normal size and asymmetrical 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 corticomedullary echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarcts were noted. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.1 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.34 cm width.
Dr. Gabriel Ferrer DVM	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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. The spleen measured 0.7 cm width at the level of the mid spleen.
Pulse Pet Ultrasound Services	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Prominent hepatic vasculature was present, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of hepatic intraparenchymal masses or nodules. The
Dra. Adriana Bauza	
<b>INVOICE</b>	
10324	
<b>DATE</b>	
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DVM

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gallbladder was nondistended with no evidence of wall edema or inflammation. Nonobstructive mineralized, gravity-dependent gallbladder debris was present. The common bile duct was not definitively visualized.

## ***Gastrointestinal***

The stomach presented normal intact visible wall. The stomach contained a mild amount of retained anechoic fluid and lumen gas.

The small intestine presented intact, borderline prominent wall layering with overall maintained wall layer ratio. Mild nonobstructive duodenal ileus was noted. The small Intestinal wall width measured 0.25 cm.

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

## ***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

## ***Free Abdomen***

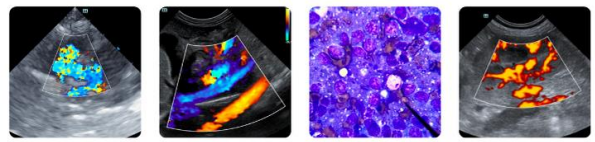
No significant omental lymphadenopathy was visualized. Scant pockets of peritoneal free fluid were present. Transdiaphragmatic view of the caudal thorax revealed subjective mild volume caudal thoracic pleural effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- Congested liver
- Nonobstructive mineralized gallbladder debris
- Chronic renal changes exhibiting cortical infarcts
- Intact borderline prominent small intestinal wall with mild nonobstructive duodenojejunal ileus
- Pancreatic remodeling, possible chronic pancreatitis
- Scant peritoneal and subjective mild caudal thoracic pleural effusion

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of intrabdominal lymphatic metastatic criteria. The hepatic congestion may be secondary to sedation if clinically indicated, although intrathoracic or cardiac pathology is of concern given concurrent mild volume subjective caudal thoracic pleural effusion. Effusion analysis, cytology, +/- C/S if evidence of effusion inflammation, is recommended. Correlation with recheck thoracic radiographs is indicated.



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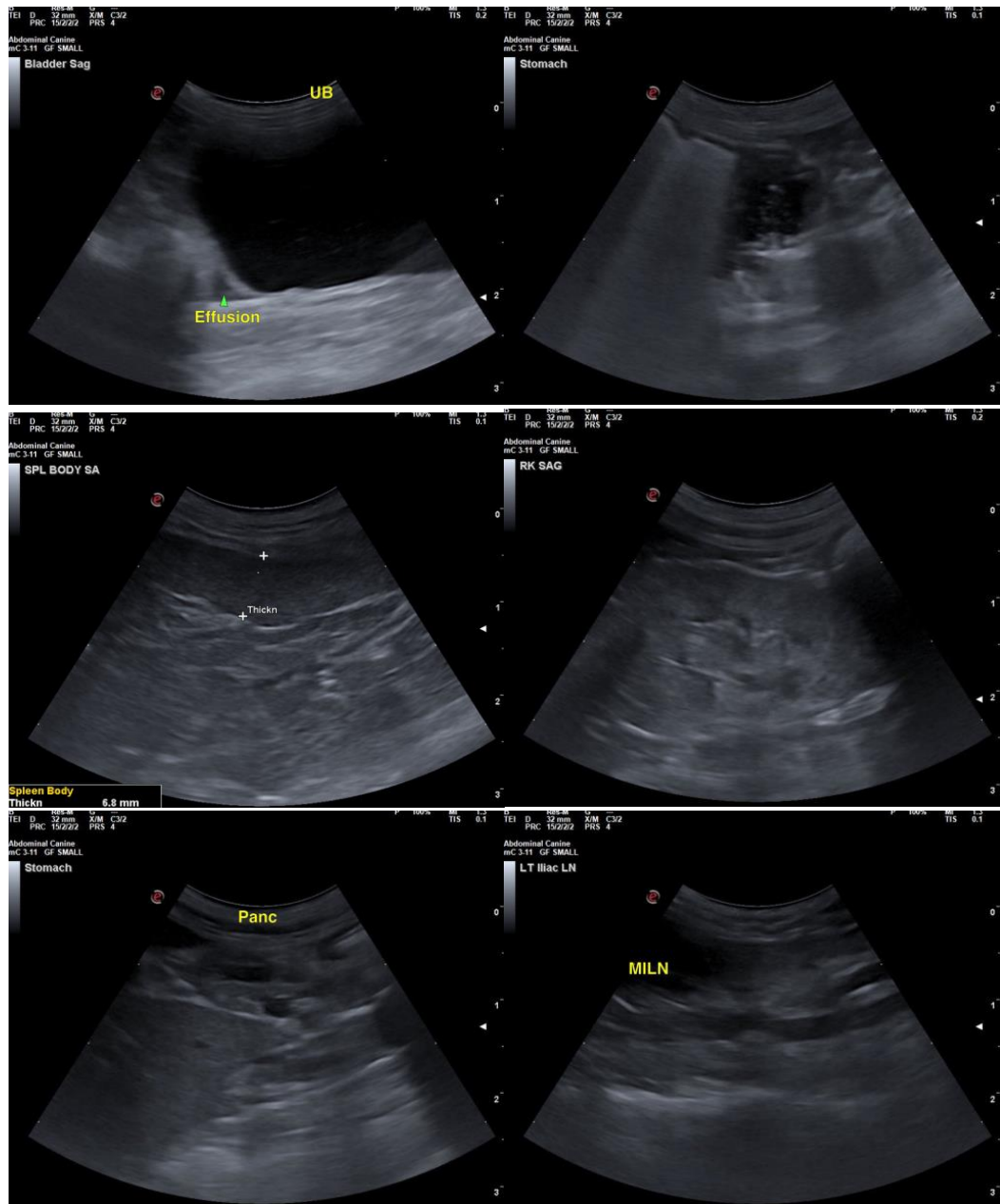
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The gastrointestinal presentation is nonspecific and a possible patient variant. Nonspecific mild gastroenteritis or emerging enteropathy, i.e., IBD or other are possible. A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment and correlation with pancreas, if gastrointestinal signs or weight loss are present, is recommended. Urinary workup is indicated if not recently done.





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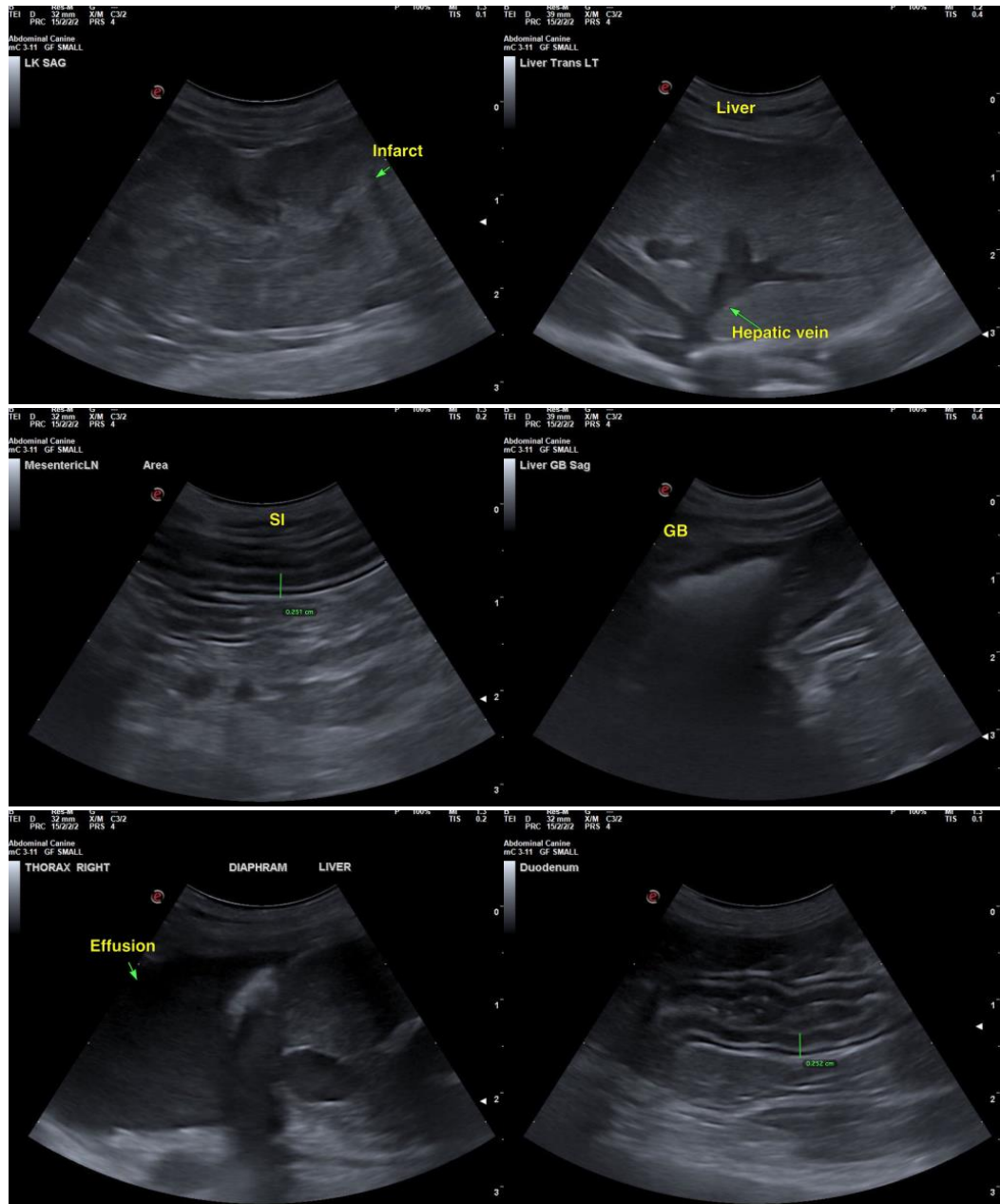
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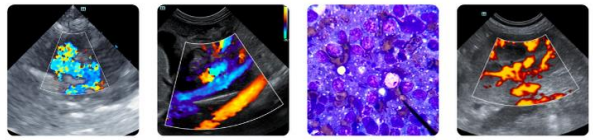
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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