



PATIENT

Cleo Dorotea Felipe

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

13 yrs 8 months

WEIGHT

20.6 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. Javier Rodriguez

INVOICE

12835

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate for possible abdominal mass. Pt presented to rDVM with some abnormal breathing. Radiographs were performed and showed possible cranial abdominal mass and anemia with thrombocytopenia. Wanted to further evaluate cause of anemia and thrombocytopenia.

Abnormal PE/Chem/CBC/UA Results: Radiographs and Bloodwork attached as supporting documents. Limited echocardiogram: No pericardial effusion or masses were seen in the heart.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes were noted.

Normal size and margination was 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 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.54 cm.

Spleen

Mildly expansive, irregular non-homogeneous nodular splenic mass was noted measuring ~7.0 cm in diameter. The remainder of the visualized spleen exhibiting symmetrical contour and homogeneous parenchyma.

Liver

The liver was subjective mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with coarse echotexture and subjective mild to benign parenchymal remodeling. Indistinct portal vascular borders and normal vascular volume. The gallbladder was indistinctly visualized potentially secondary to the presence of gastric ingesta. Mildly dilated, non-obstructive proximal common bile duct at the level of the duodenal papilla. No evidence of duodenal papilla pathology.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. Mild non-homogeneous mass was present appearing to derive from the ileocolic junction or proximal colon wall measuring ~3.0 cm in diameter. The mass was non-obstructive. Mild, segmental, similar appearing intestinal ingesta to the level of the ileocolic junction.

The visualized colon distal to the ileocolic junction exhibiting intact wall layering and containing semi-formed fecal matter.

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 evidence of significant omental lymphadenopathy or peritoneal effusion present.

Heart

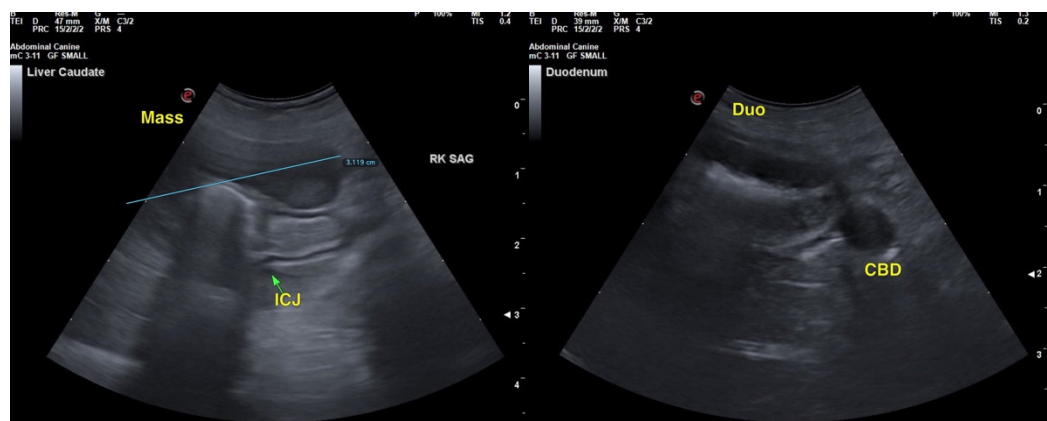
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Concurrent mass area of the ileocolic junction/proximal colon
- Mildly enlarged non-homogeneous liver
- Gastric ingesta – suggestive of food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia, i.e. sarcoma favored. The liver is suggestive of benign/age-related parenchymal changes. Considerations for the mass at the level of the ileocolic junction/proximal colon may include inflammatory, granulomatous or primary/metastatic neoplastic etiologies. Assuming normal clotting status and no pathology on 3-view chest radiographs, splenectomy, gross inspection of the ileocolic junction, +/- biopsy or resection of the mass and hepatic biopsies may be considered.





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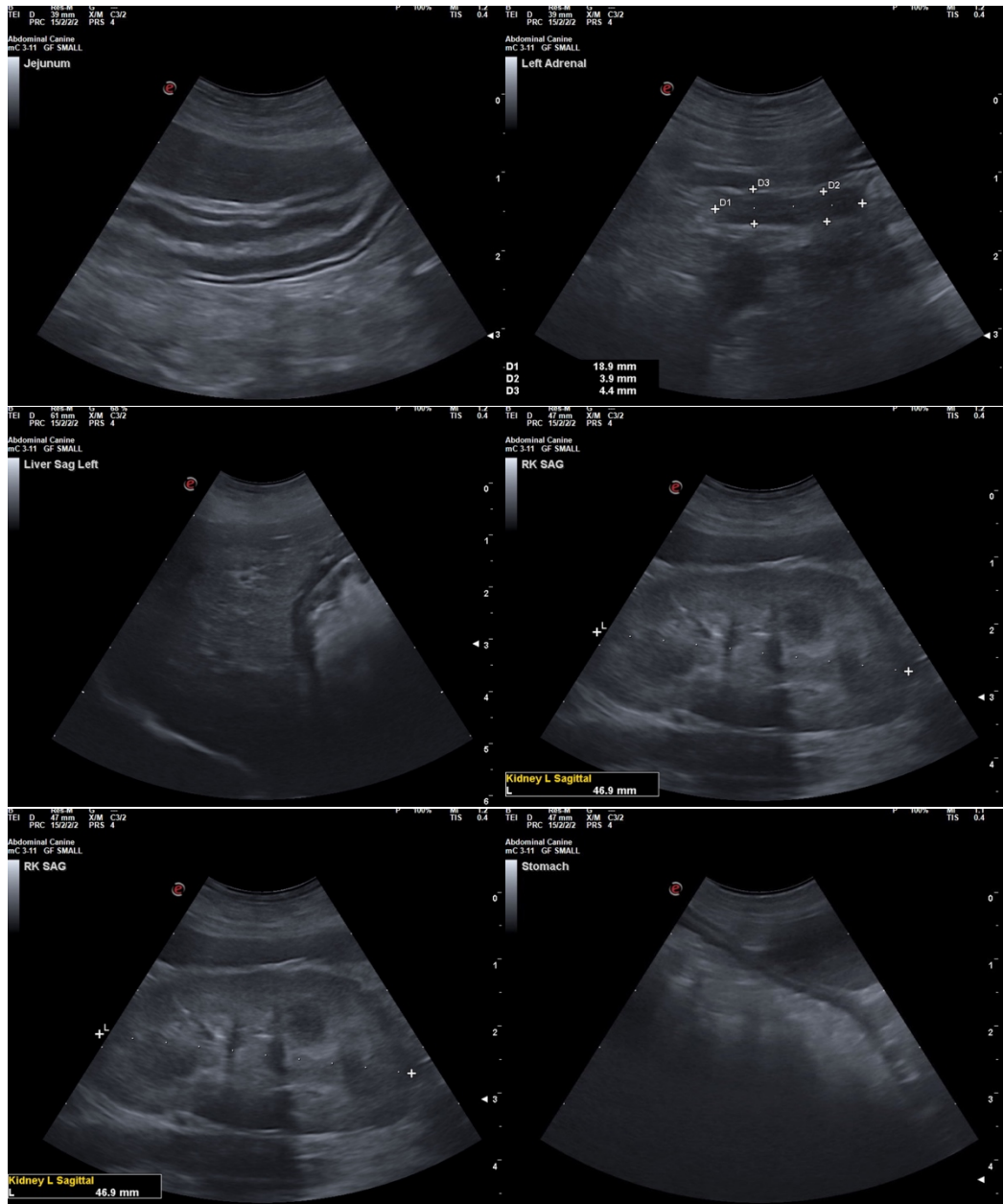
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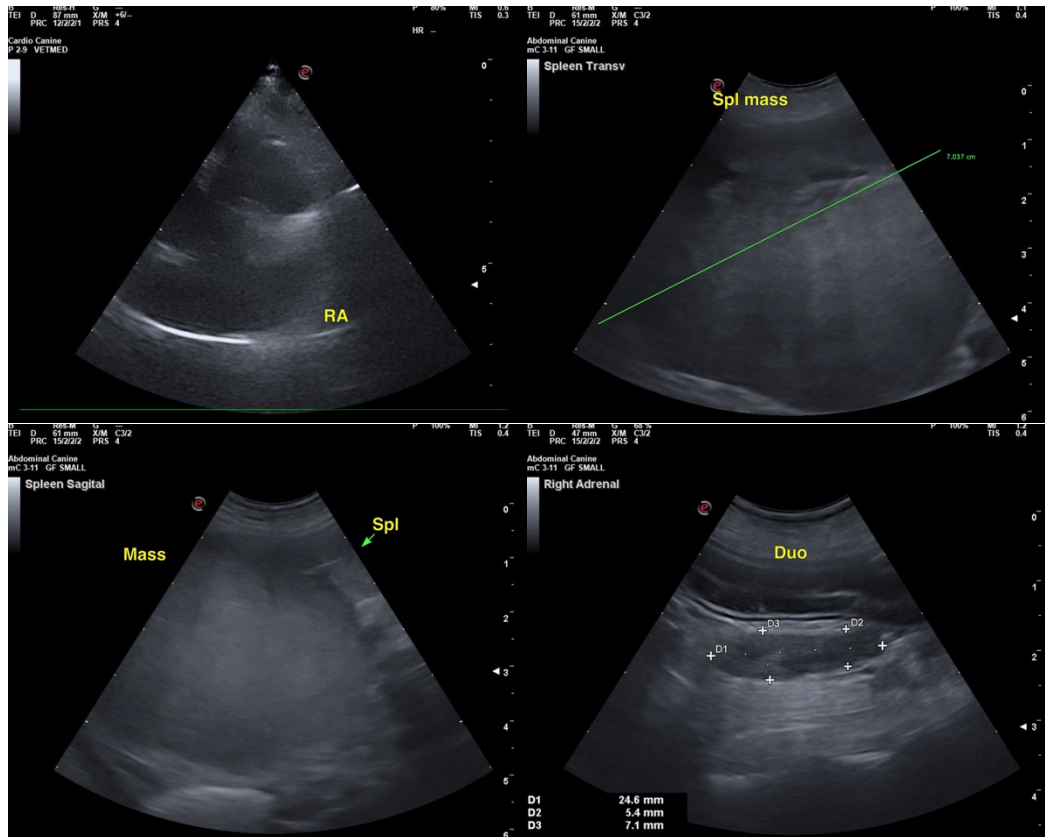
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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