



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maya Santiago	Presented as a referral for an abdominal ultrasound to evaluate possible abdominal mass and recent history of vomiting. Pt was diagnosed with possible splenic mass recently and wanted to further evaluate. Also, pt has been having urinary incontinence and is currently taking antibiotics. Pt has lost 4 #
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents. Diphenhydramine give IM prior to FNA Spleen FNA: Pending
<b>BREED</b>	
Miniature Schnauzer	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	The urinary bladder exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. 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. No evidence of pathology in the area of the trigone or cystourethral junction. The proximal urethra was overtly normal in structure and tone to a depth of 3.0 cm.
<b>AGE</b>	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 moderate loss of corticomedullary border demarcation expected for the age of the patient. Mild pyelectasia was present bilaterally. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.
14 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
16 pounds	
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.46 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen presented enlarged in size with asymmetrical splenic capsule contour and variable heterogeneous parenchyma exhibiting variably sized nonhomogenous splenic nodules to mass lesions with an example of mass lesions measuring 3.0 cm in diameter. Example of nodules measured 1.6 cm in diameter. Concurrent intermittent indistinctly marginated hyperechoic splenic parenchyma to nodules. Normal splenic vascularity was maintained.
Dr. Gabriel Ferrer DVM	<b>Liver</b>
<b>HOSPITAL NAME</b>	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Pulse Pet Ultrasound Services	The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>REFERRING VET</b>	
Dra. Yashira Rosas	
<b>INVOICE</b>	
12461	
<b>DATE</b>	
11/24/25	



**PATIENT**

Maya Santiago

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

16 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Gabriel Ferrer  
DVM

**HOSPITAL NAME**

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No visualized significant omental lymphadenopathy was present. Minor volume perisplenic effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Asymmetrical enlarged spleen with nonhomogenous splenic nodules/mass lesions.
- Hepatopathy- subjective benign.
- Mild gallbladder debris (non-mucocele).
- Mild polypoid cystitis urinary bladder pattern, overtly normal visible proximal urethra.
- Sonographically normal gastrointestinal tract with mild remodeled pancreas.
- Chronic renal changes exhibiting mild pyelectasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic neoplastic criteria i.e. sarcoma or round cell neoplasia is suspected with variable to significant hyperplasia, hematopoiesis, splenitis or hematomas possible. Correlation with splenic FNA cytology is recommended. If splenic neoplasia is confirmed, no obvious evidence of intra-abdominal major organ or lymphatic macro metastasis. Potential for micro metastasis or nonsonographically evident metastasis is not definitively excluded. Renal pyelectasia may indicate pelvic scarring secondary to chronic renal changes, previous mineral passage with mild bilateral pyelectasia thought less likely. Correlation with urinary work up and monitoring of urine culture/sensitivity if inflammatory sediment or UTI criteria is recommended. Gastrointestinal support is indicated. A spec cPL could be considered to assess for chronic pancreatitis.





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Maya Santiago

### SPECIES

Canine

### BREED

Miniature Schnauzer

### SEX

Spayed Female

### AGE

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### IMAGING PERFORMED BY

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