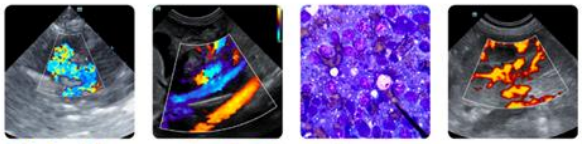


PATIENT

Lola Shakira Santos

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

10yr

WEIGHT

16.8lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound

REFERRING VET

Dr Jose Barrera

INVOICE
22851

DATE
11/04/2025

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate anorexia and vomiting. Pt has a 2 weeks hx of not loss of appetite, weight loss and vomiting. Patient has a history of oral melanoma- successfully treated with oncologist. Sept 2025 showed clear thoracic radiographs and blood work done this month was unremarkable. On radiographs a cardiomegaly was noticed and an echocardiogram was performed. Pt was prescribed pimobendan.

Abnormal PE/Chem/CBC/UA Results: PE: Muffled heart sounds with grade 2-3/6 systolic HM, Mild tachypneic but BAR Radiographs, BW and echocardiogram report attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor, primarily dependent to non-dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.7 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

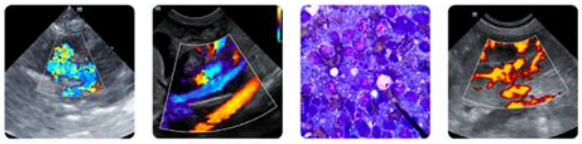
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal.

Spleen

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.

Liver/Gallbladder

Generalized hepatomegaly with symmetrical contour and maintained homogenous parenchyma was present. Subjective, mildly prominent hepatic vasculature, most prominent at the level of the hepatic vein caudal vena cava junction. Concurrent subjective mildly prominent cranial abdomen caudal vena cava, measuring 0.82 cm in diameter. The gallbladder was non-distended in size with thin walls and non-organized gravity dependent to non-dependent debris, The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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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 mechanical/metabolic 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 was evident.

Free Abdomen

Scant pockets of peritoneal effusion present.

A large unspecified mixed echogenic mass, primarily visualized in the caudal thorax and pericardial thoracic regions, measuring at least 7 cm in diameter, was present. The mass appeared to directly efface the diaphragm and cranial liver. No obvious visualized pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderately sized, irregular mixed echogenic primarily caudal thoracic /pericardial mass
- Hepatomegaly with subjective evidence of early hepatic congestion
- Non-organized gallbladder debris (non-mucocele)
- Sonographically unremarkable empty gastrointestinal tract
- Scant peritoneal effusion

Secondary

- Bilateral chronic renal changes with mild medullary mineral
- Mild urinary bladder lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the study primarily visualized in the caudal to mid thorax area is suggestive of primary intrathoracic pathology. Potential for impingement or invasion of the cranial liver and diaphragm or non-obvious hepatic mass with diaphragmatic and thoracic invasion not definitively excluded yet felt less likely. The mass is consistent with neoplastic or metastatic criteria. FNA cytology of the mass assuming normal clotting status is warranted for further clarification.

Secondary obstruction to venous flow and early hepatic congestion is of concern. Concurrent potential esophagus involvement, i.e. impingement, displacement, etc. as a contributing factor to the anorexia and vomiting may be suspected.

Gastroprotectants and smaller more frequent feedings of a canned or slurry diet may prove beneficial. Thoracoabdominal CT, if available, would be ideal for further clarification.

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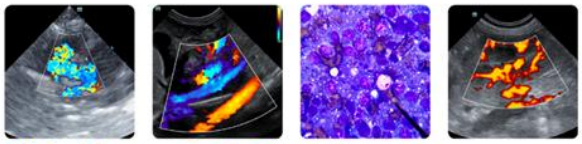

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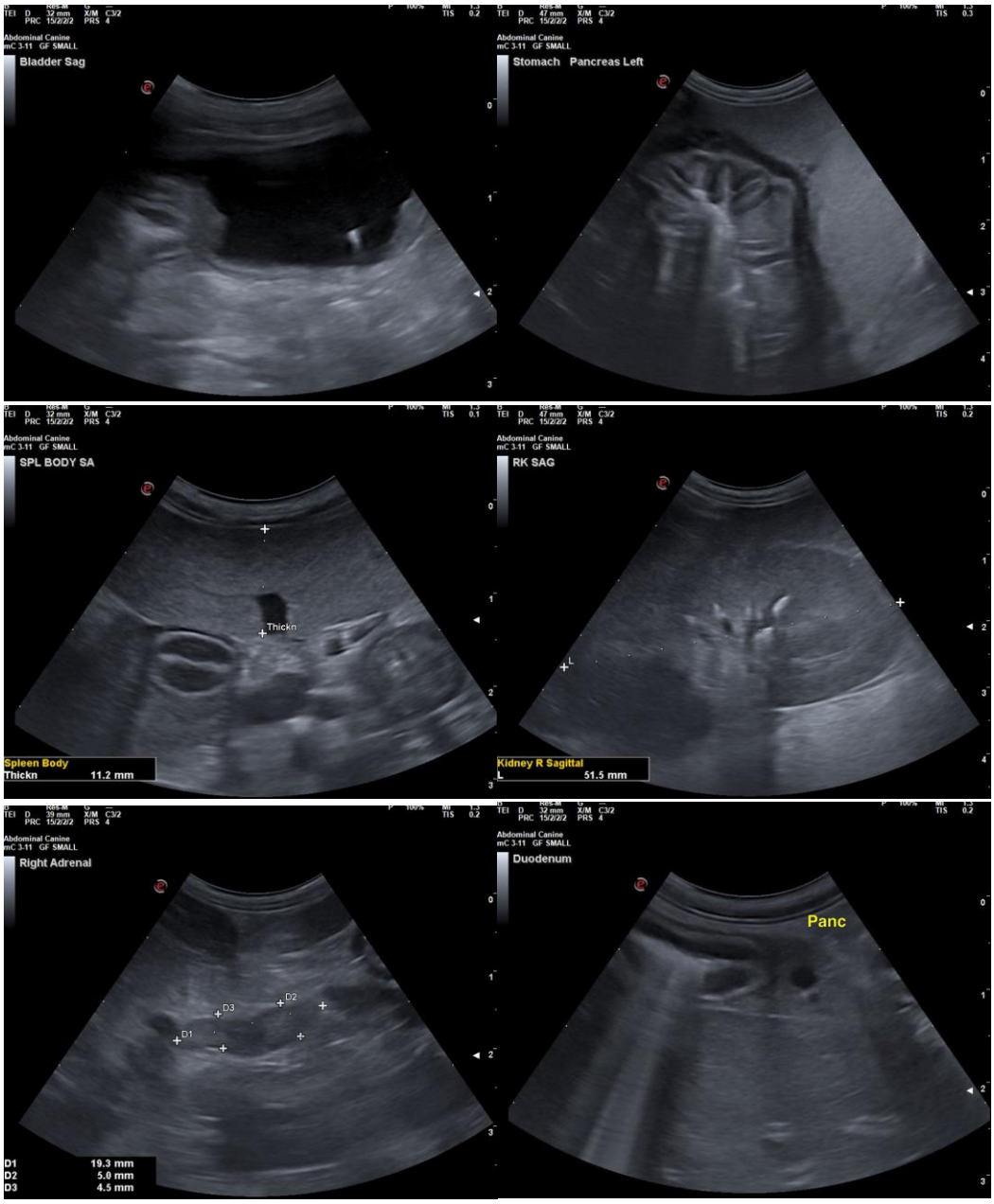

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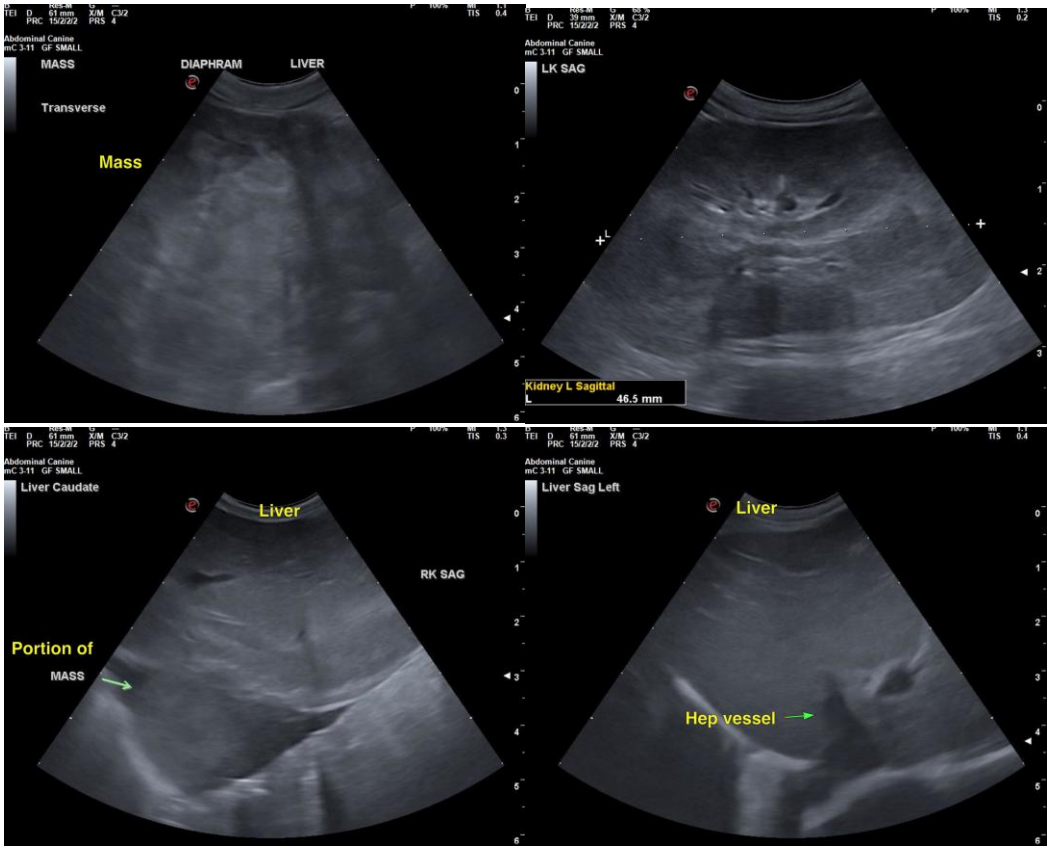

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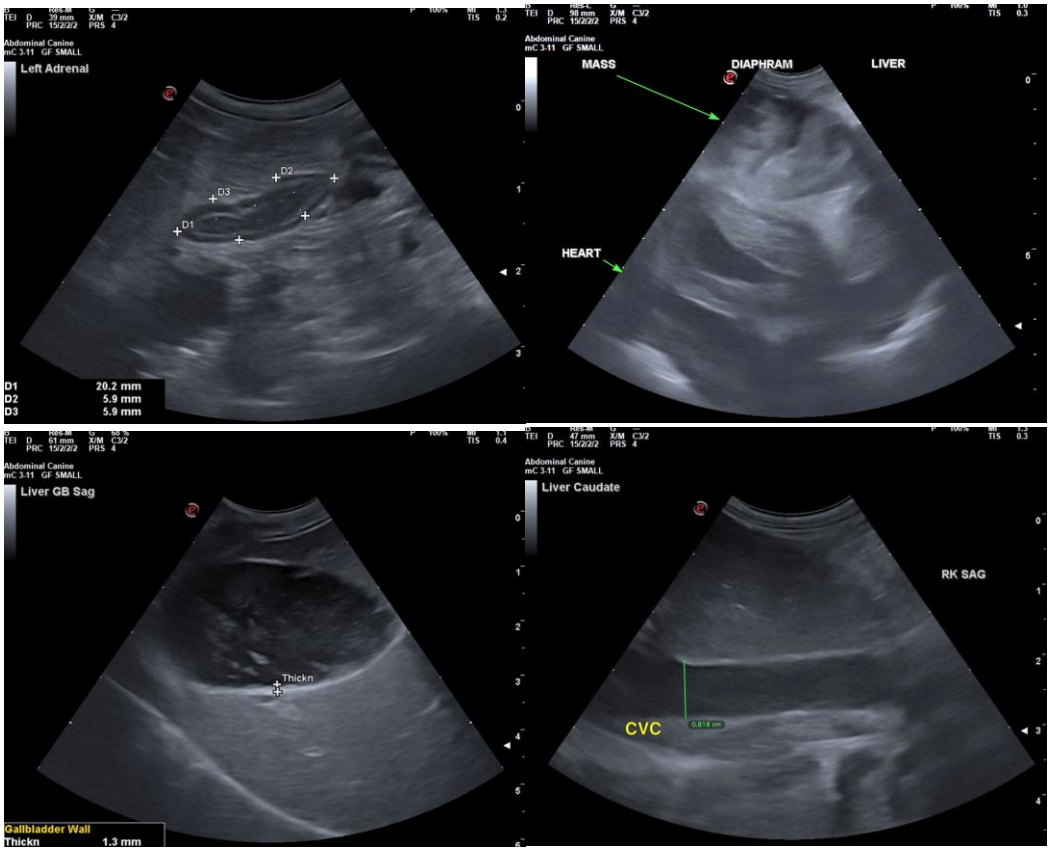

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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