



PATIENT

Roble Ortiz

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

13yr

WEIGHT

70.4lb

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

Dra Yesenia Castillo

INVOICE
23077

DATE
12/1/2025

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound to evaluate for splenic mass and hx of lethargy that began around 2m ago. O have noticed pt is gradually becoming less active, sleeping more, bloated stomach, vomiting gestures (but no vomit), and loss of balance. Pt is currently on the following medications: Yunnan Bayao, Deramaxx, Dasuquin, Timolol and Neo/Poly/Dex.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached as supporting documents. Limited echocardiogram: no masses or pericardial effusion seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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 size and 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 echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 6.6 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm length and 0.79 cm width in the caudal pole.

A well-defined, hyperechoic nodule was present in the mid cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.5 cm x 1.2 cm. The right adrenal gland measured 2.5 cm length and 1.6 cm width at the cranial pole and 0.78 cm caudal pole width.

Spleen

A moderately sized mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 12 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was primarily homogenous. A solitary, non-disruptive mildly irregular hypoechoic nodule was present in the caudate liver lobe without associated hepatic capsule distortion measuring 1.7 cm in diameter. The gallbladder



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was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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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.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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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.

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Free Abdomen

No visualized significant lymphadenopathy was present.

Minor peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Non-specific yet suspicious liver nodule
- Associated perisplenic hyperechoic omentum and minor peritoneal effusion
- Bilateral nodular adrenal glands

Secondary

- Mild non-organized gallbladder debris
- Chronic renal changes exhibiting mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

Given only a single visualized liver nodule, benign nodule etiology i.e. hyperplasia or granuloma is possible although concern for metastatic liver nodule in conjunction with splenic mass is warranted. The nodular adrenal changes may indicate benign hyperplasia or adenomas while emerging separate unilateral or bilateral adrenal tumors or metastasis is not definitively excluded. Likewise potential for non sonographically evident additional metastasis or micrometastasis is possible. Monitoring of systemic BP for evidence of hypertension is recommended, in addition to suspicious hepatic nodule surgical options likely dependent upon three view chest radiographs and possible concurrent emerging or age-related comorbidities.

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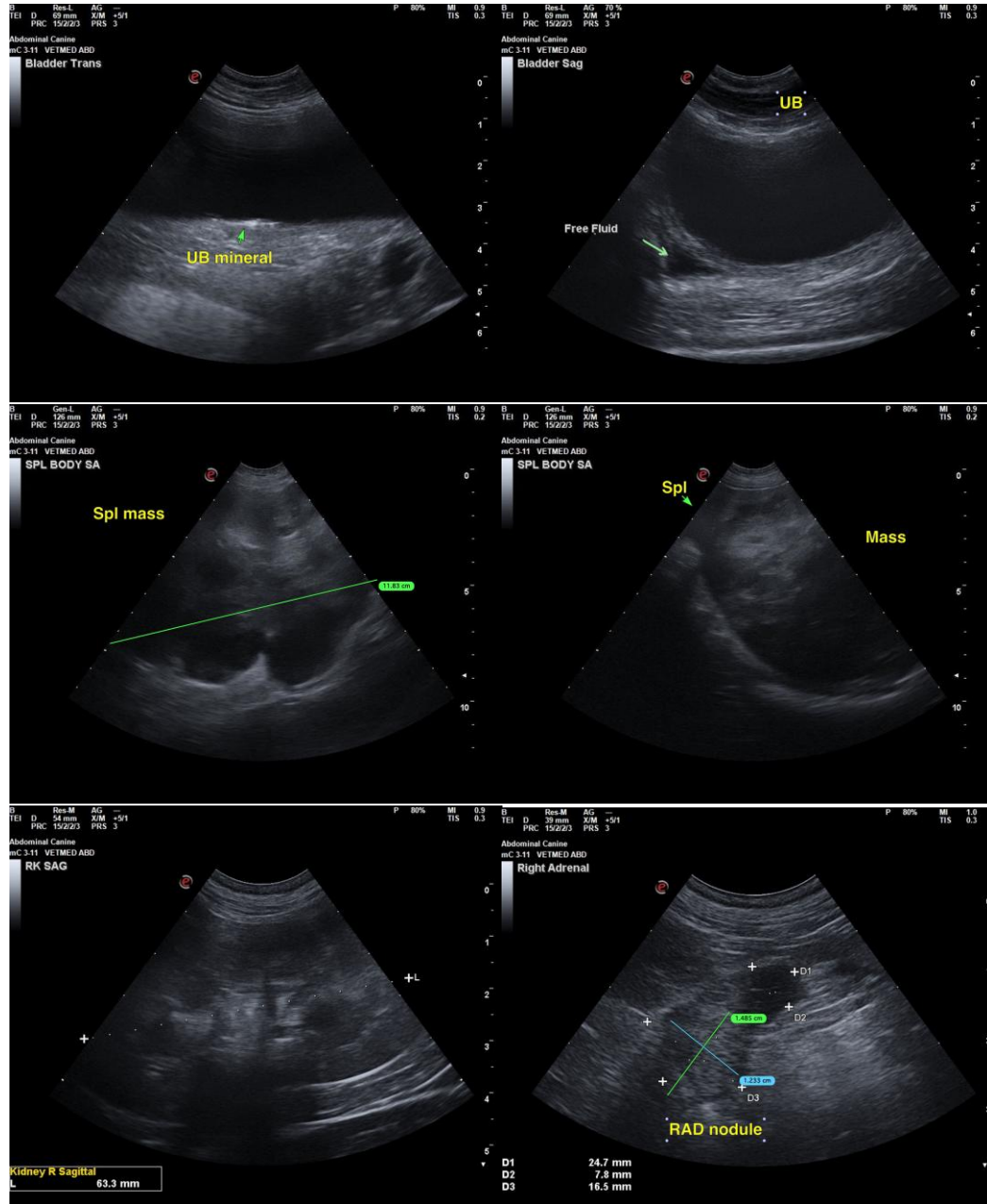
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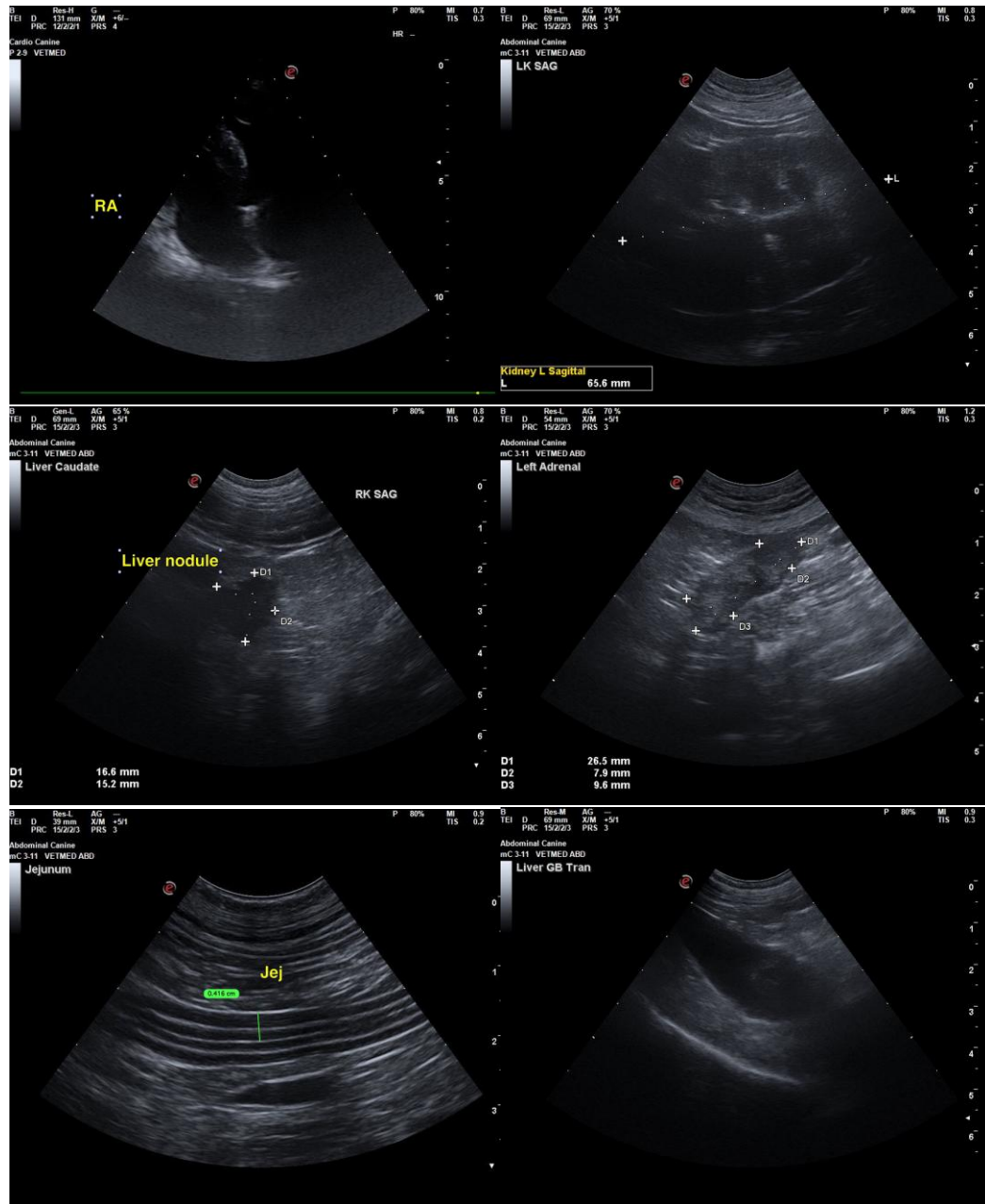
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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