



PATIENT	PRESENTING CLINICAL SIGNS
Helsing Sanchez	Presented for an abdominal ultrasound to evaluate abdominal distention. Pt had a 2 weeks history of abdominal distention and presented for evaluation. Current medication: Furosemide 20mg BID (starts 12/9 pm) / Cefpodoxime 300mg SID x10 d (started 12/9 pm)
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: PE: Abdominal distention, Tachycardia 190bpm Chemistry Panel: Low ALP (< 5u/L) High Phosphorus (7.3 mg/dL) CBC: Leucocytosis (17,100) + Neutrocytosis (15,000) Normal RBC (7.25) + Platelets (304) Limited echocardiogram: Mass coming from the vena cava entering the right atrium.
BREED	
German Shepherd	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Male Neuter	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
9 yrs	A medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.5 cm diameter.
WEIGHT	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. The left kidney measured 8.2 cm in length. The right kidney measured 8.5 cm in length.
89 lbs.	Adrenal Glands
INTERPRETED BY	The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.75 cm width at the caudal pole. A large, irregular, nonhomogeneous mass was present in the area of the right adrenal gland, measuring ~ 11.0 cm x 6.0 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, hyperechoic nodule was present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The splenic nodule measured 0.6 cm diameter.
Dr. Gabriel Ferrer DVM	
HOSPITAL NAME	
Pulse Pet Ultrasound	
REFERRING VET	
Dr. Juan Torres	
INVOICE	
10454	
DATE	
12/11/25	



PATIENT

Helsing Sanchez

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Male Neuter

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Liver/ Gallbladder

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 vasculature at the level of the hepatic vein caudal vena cava was not definitively visualized owing to patient size and vascular depth. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, gravity-dependent gallbladder debris. No gallbladder wall edema noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 obvious significant omental lymphadenopathy was present. Moderate volume peritoneal effusion was noted.

Rapid view of the heart revealed normal left and right chamber size and adequate LV systolic function. Soft tissue echo was present in the area of the heart base and subjective cranial vena cava approaching the right atrium lumen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large mass area of right adrenal gland
- Hepatomegaly - suspect hepatic congestion
- Non-edematous gallbladder with mild nonorganized bile debris (non mucocele)
- Soft tissue echo subjective cranial vena cava adjacent to right atrium
- Peritoneal effusion

Secondary Findings

- Mild age-related renal changes
- Benign splenic nodule - probable benign myelolipoma



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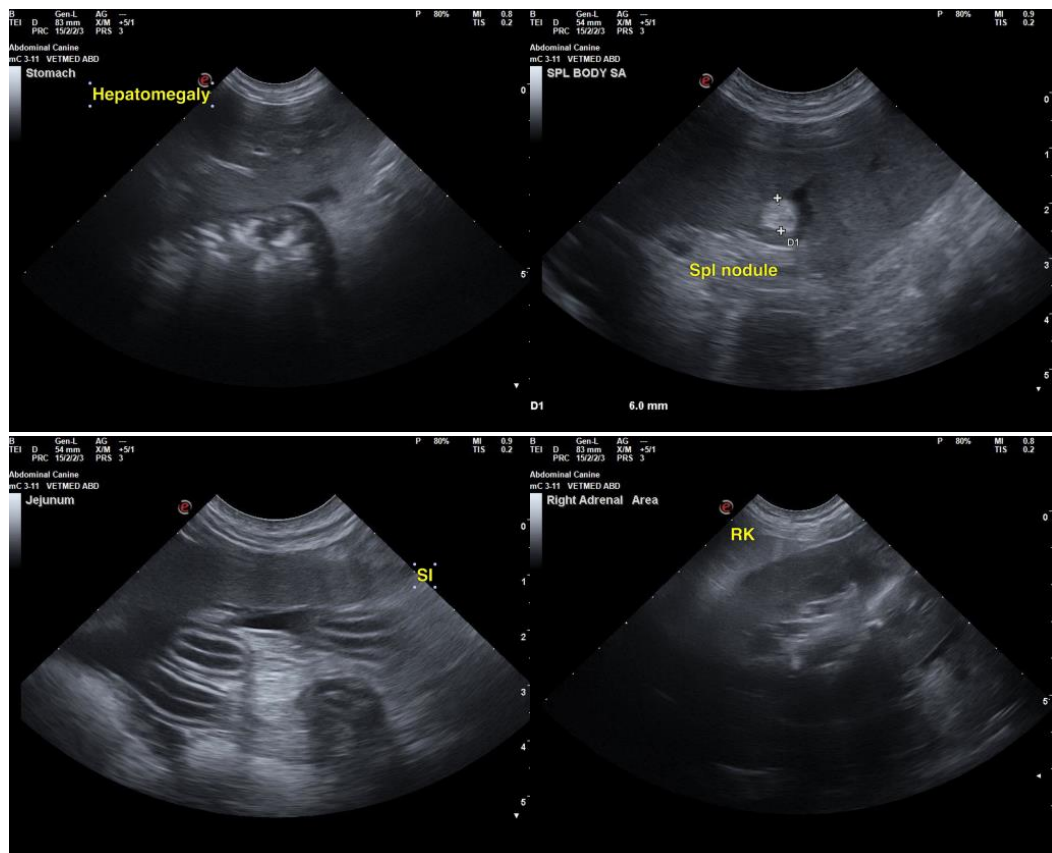
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the area of the right adrenal gland is highly likely of primary adrenal origin with suspected vascular invasion potentially extending cranially to the level of the cranial abdomen caudal vena cava and adjacent to the right atrium lumen. Possible thrombus in the cranial vena cava is also possible. Obstruction to vena cava return to the right atrium is suspected with secondary hepatic congestion and ascites. The mass is almost certainly consistent with neoplastic criteria, i.e., carcinoma, pheochromocytoma or other. Assessment and monitoring of systemic BP for evidence of hypertension +/- urine metanephrine level could be considered. Further clarification would require CT assessment. Curative surgical options are likely precluded.





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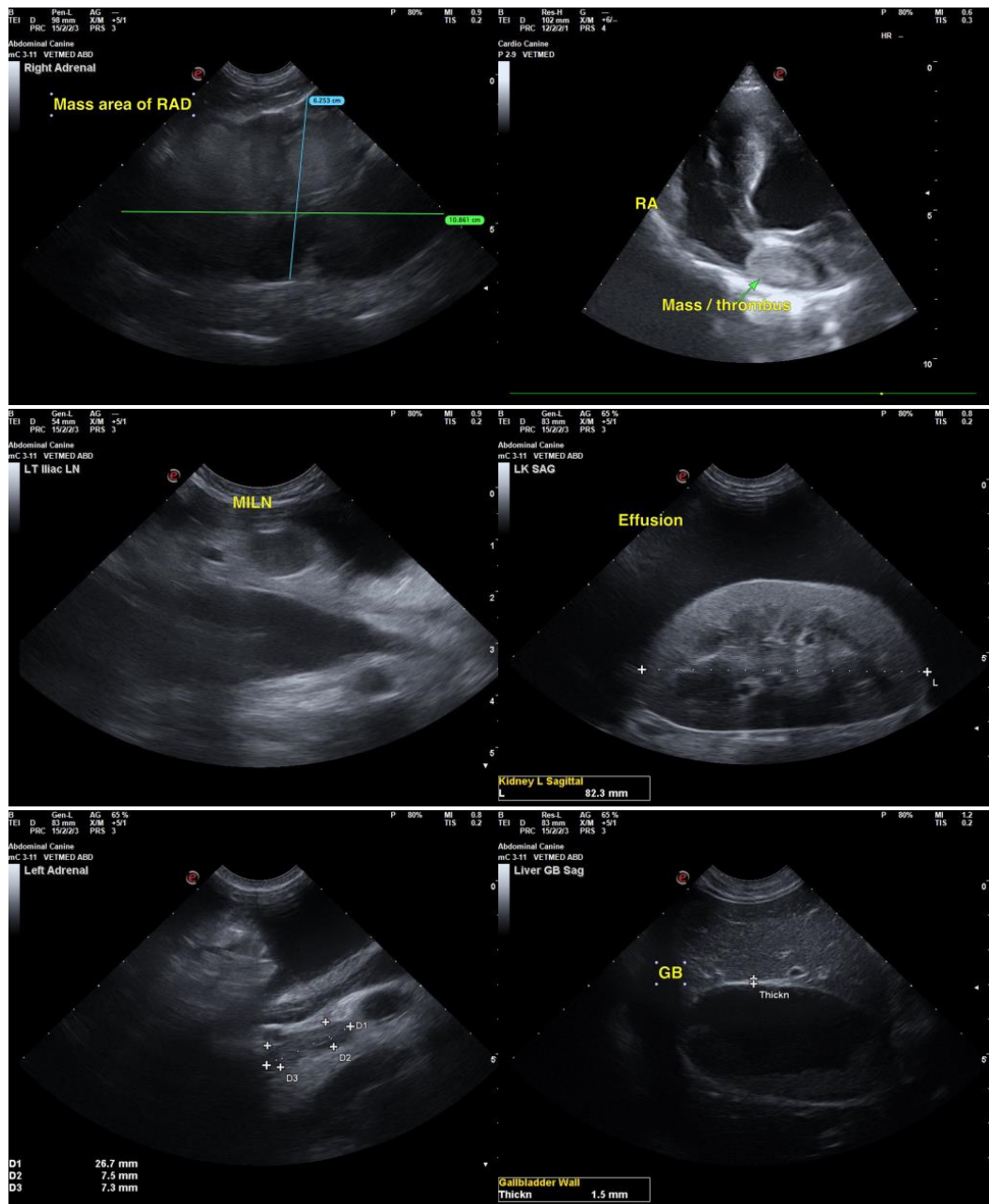
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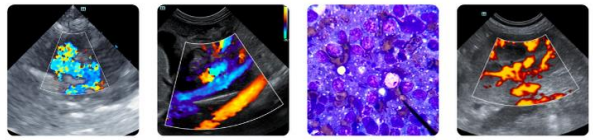
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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