



## PATIENT

Midori Matos

## SPECIES

Canine

## BREED

Shih Tzu Mix

## SEX

FS

## AGE

12yr

## WEIGHT

28.8lb

## 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. Carlos Soto

## INVOICE

23287

## DATE

12/19/2025

## PRESENTING CLINICAL SIGNS

Presented as a referral ultrasound to evaluate possible abdominal mass. Pt presented to rDVM with hx of abdominal pain, decreased appetite and lethargy. Radiographs showed possible abdominal mass.

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

## 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 no evidence of urine/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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

Well-defined, hyperechoic nodules were present in the cranial and caudal pole of the left adrenal gland with mild associated symmetrical capsule expansion. The caudal pole nodule was slightly larger. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.72 cm. The left adrenal gland measured 0.89 cm width at the caudal pole and 2.7 cm.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.44 cm width in the caudal pole.

### Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 9-10 cm. 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed non-organized debris. The cystic and common bile ducts were normal.



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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 semi formed feces in lumen.

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

Perisplenic non-uniform hyperechoic omentum was present with minor volume perisplenic effusion.

No obvious visualized significant omental lymphadenopathy.

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Splenic mass with regional perisplenic hyperechoic omentum and mild effusion.
- Sonographically normal liver.
- Non-organized gallbladder debris.
- Normal gastrointestinal tract.
- Age related renal changes.
- Mildly enlarged nodular left adrenal gland.

## 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.

The nodular left adrenal gland may indicate hyperplasia or adenomas, while potential for emerging primary or metastatic adrenal tumor cannot be definitively excluded.

Aside from the adrenal, no evidence of cardiac or intra-abdominal macrometastasis. Potential for non-sonographically evident metastasis, regional omental seeding or omental adhesions cannot be excluded.

Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the peritoneal cavity and left adrenal gland may be considered.



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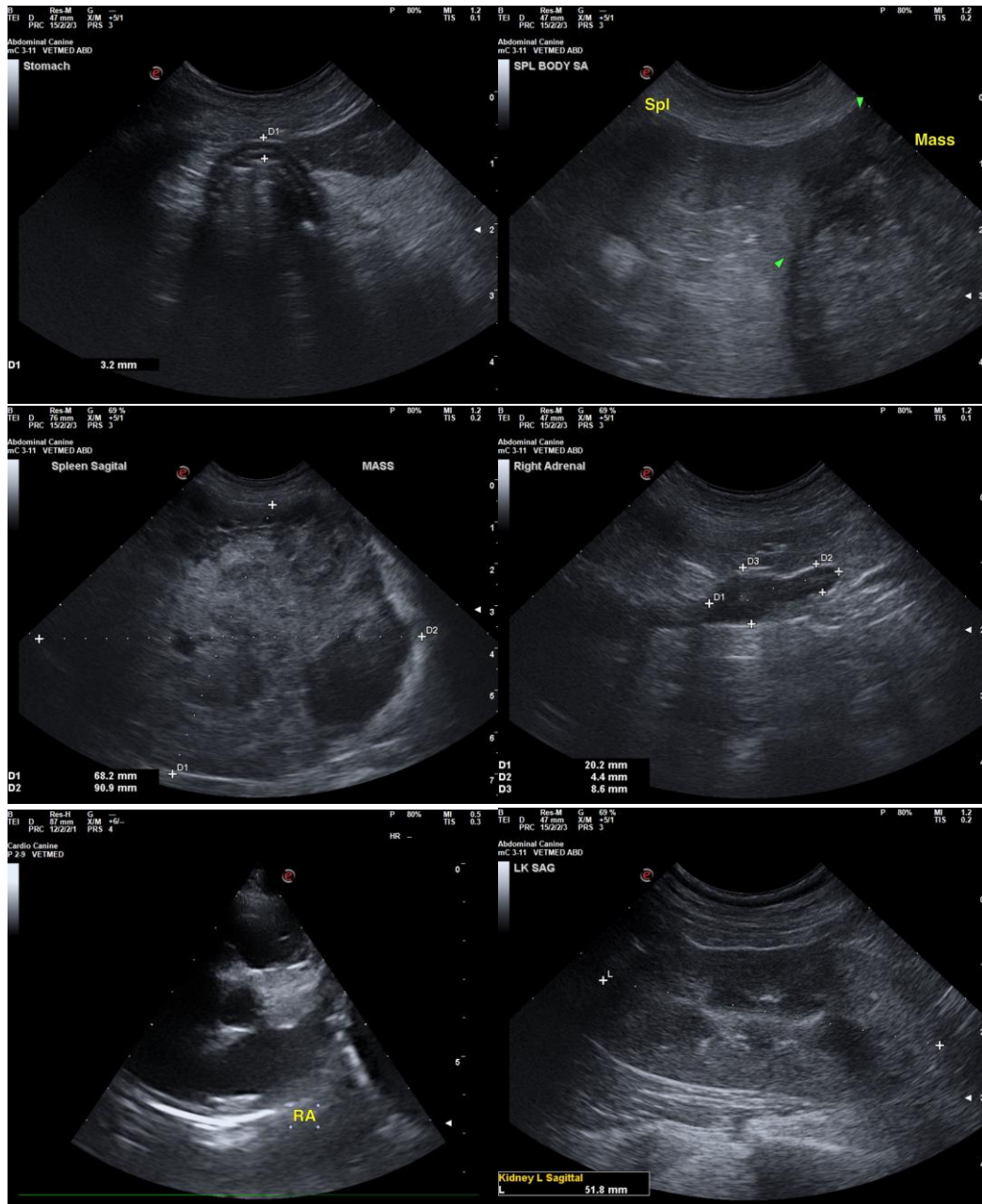
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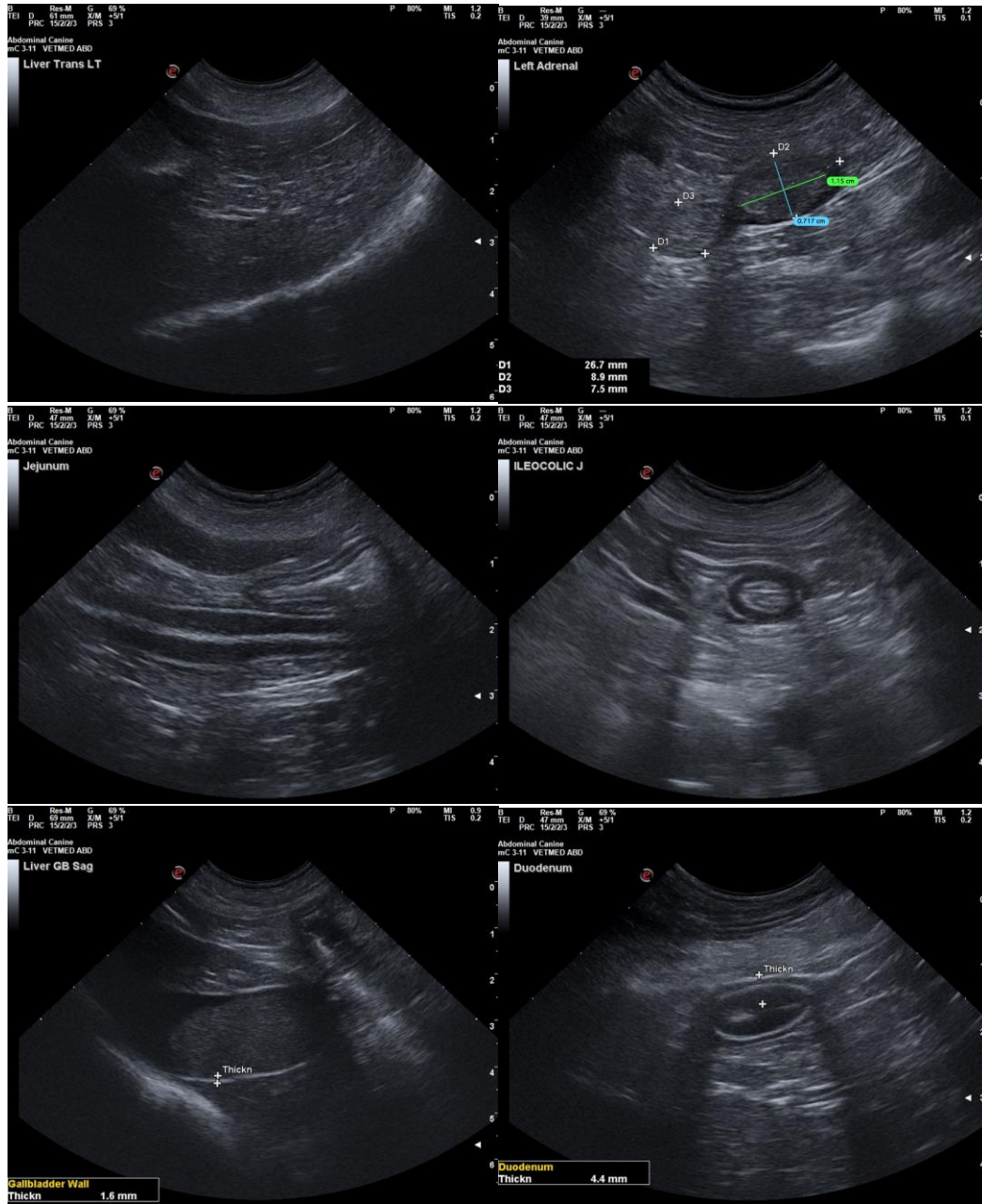
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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[info@sonopath.com](mailto:info@sonopath.com)

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