



## PATIENT

Choco Vizcarrondo

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

14 yrs 8 months

## WEIGHT

42.6 lbs

## 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. Juan Font

## INVOICE

12895

## DATE

12/9/25

## PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate possible abdominal mass. PT presented as a routine evaluation and during diagnostics a mild anemia and possible abdominal mass was appreciated. Pt is not clinical and was doing well at home.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and U/A attached as supporting document Limited echocardiogram: No masses or pericardial effusion was seen in the heart.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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 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.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas or minor medullary mineral present in both kidneys. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

### Adrenal Glands

A well-defined, hyperechoic nodule was present in the mid to caudal left adrenal gland and was non-homogeneous, hyperechoic, non-mineralized. The nodule was mildly associated asymmetrical yet intact. The nodule did not exhibit signs of vascular invasion. The mid to caudal left adrenal capsule contour nodule measured 1.1 cm x 0.8 cm. Cranial left adrenal gland measured 0.59 cm width in the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

### Spleen

Moderately sized non-homogeneous splenic mass was present in the subjective mid to caudal spleen measuring ~7.2 cm in diameter. Mild areas of splenic mass caviatation which may indicate intramuscular areas of hemorrhage. The remainder of the spleen was sonographically normal.

### Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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. Consistent with age-related change and considered incidental. No signs of active inflammation or neoplasia.

## Free Abdomen

Minor peri splenic hyperechoic omentum. No evidence of significant visualized lymphadenopathy or peritoneal effusion present.

## Heart

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

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Normal liver
- Moderate, non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Left adrenal nodule – hyperplasia vs adenoma suspected, mild potential for emerging left adrenal tumor

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Aside from the nonspecific left adrenal nodule not suspected to be associated with the splenic mass, no overt evidence of cardiac or intraabdominal major organ metastasis. Micro metastasis or non-sonographically evident metastasis not definitively excluded. Assuming no pathology on 3-view chest radiographs, splenectomy with gross inspection of the left adrenal gland is warranted. Assessment of systemic BP prior to surgery as well as monitoring of systemic BP for evidence of hypertension given left adrenal nodule is recommended.



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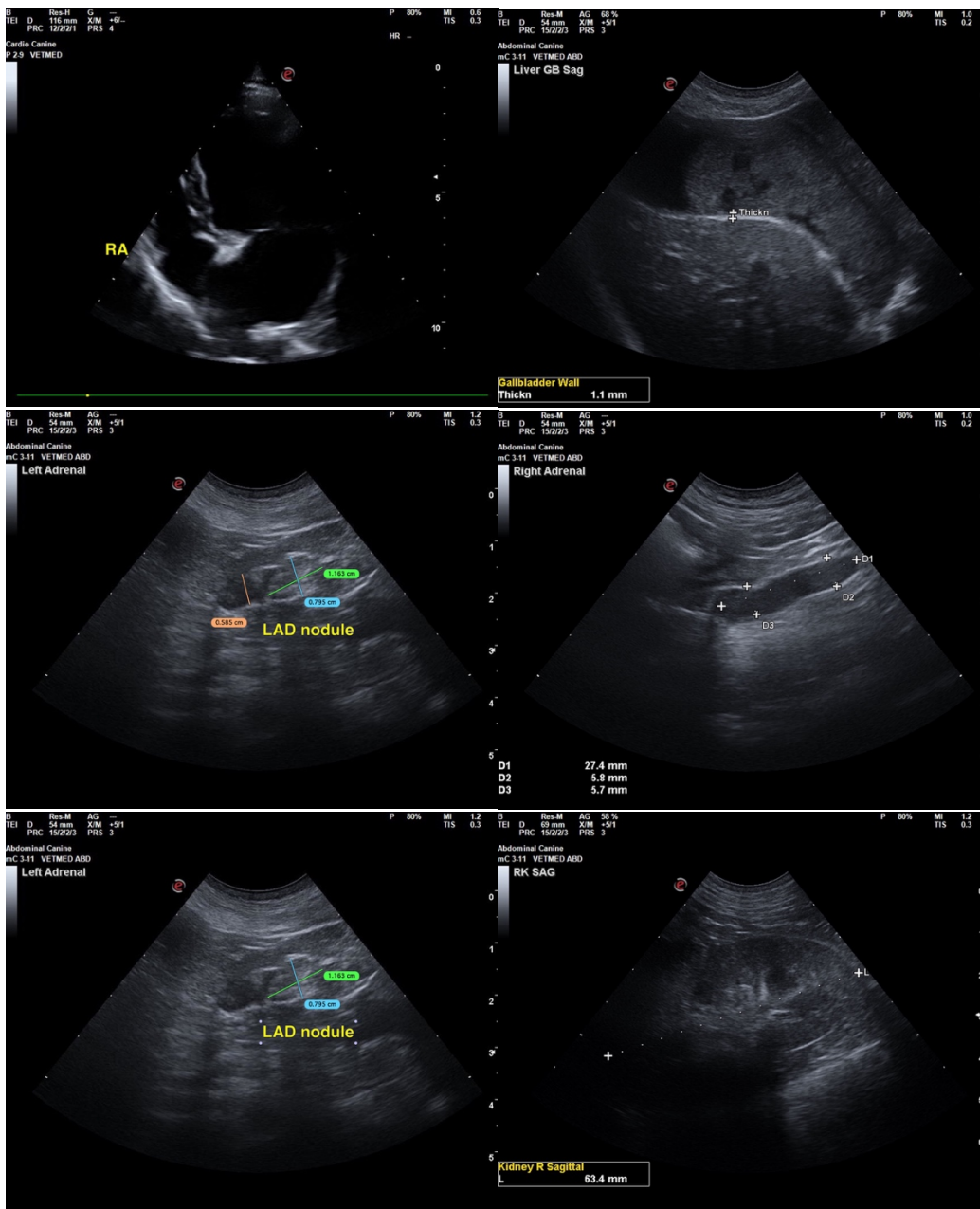
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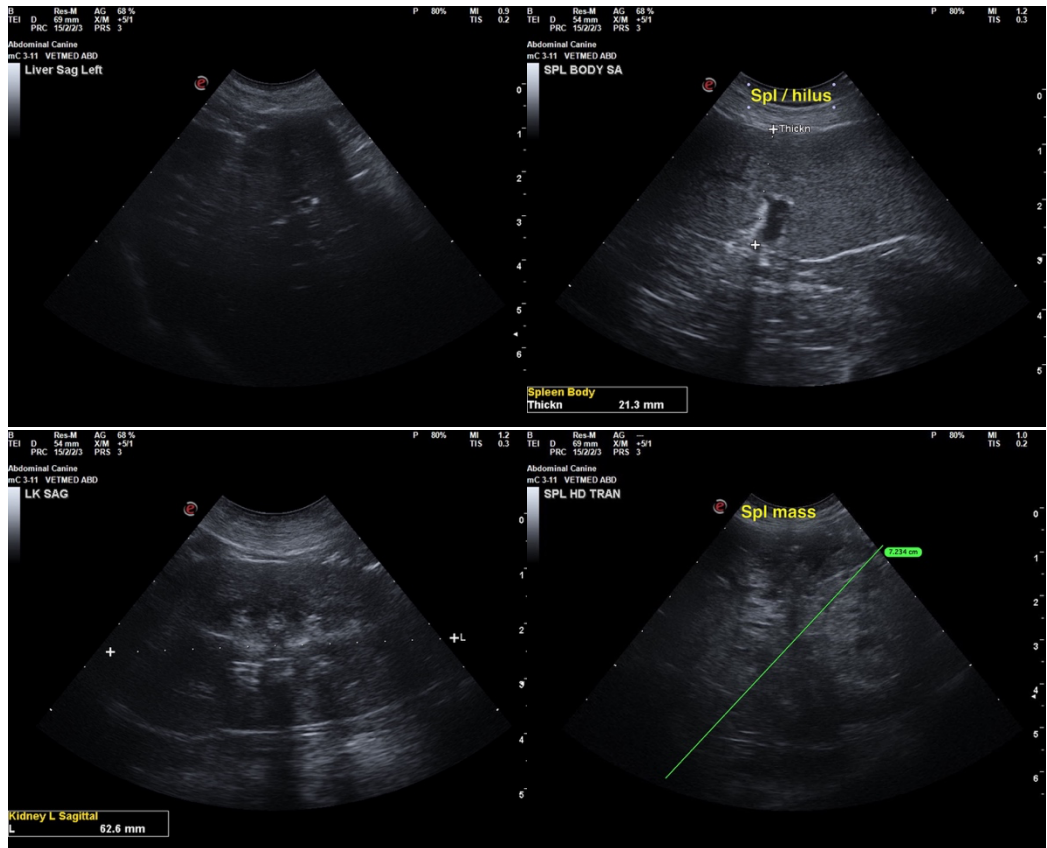
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)