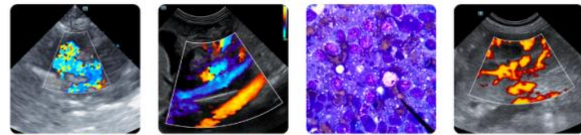


PATIENT

Chilindrina Bracero

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

31.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Elimarie Ruiz

INVOICE

13902

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to having a Hx of elevated liver enzymes and a Dx of Autoimmune Thrombocytopenia and rDVM wanted to focus on the spleen and liver.
- Px received a blood transfusion on 1/24/26
- Px was vomiting and was producing dark feces

Abnormal PE/Chem/CBC/UA Results: rDVM records, Radiographs, and Bloodwork attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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. Mild medullary mineral and left kidney solitary cortical cyst was visualized measuring 1.4 cm in diameter. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole.

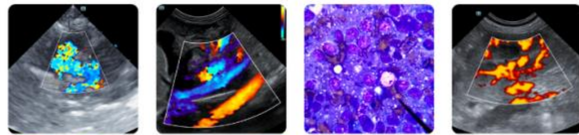
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 and portal vasculature were normal in appearance without signs of



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congestion. Intermittent discrete hypoechoic intraparenchymal nodules were present with an example measuring 0.90 cm in diameter.

The gallbladder was non distended in size with mild to moderate nondependent nonorganized debris with gravity dependent areas of mild lumen mineral. The common bile duct was not visualized.

Gastrointestinal

The stomach presented borderline mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. The stomach contained a mild amount of retained anechoic fluid and nonshadowing ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical or metabolic ileus to the level of the colon. The duodenum wall measured 0.47 cm wall width. The jejunum wall measured 0.44 cm wall width.

Normal visible colon wall layers were present with soft to nonformed fecal matter 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

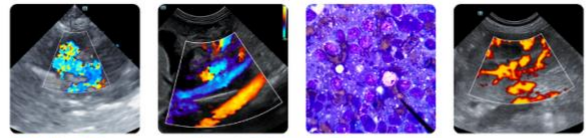
- Hepatopathy with discrete intraparenchymal nodules.
- Nonorganized gallbladder debris with gravity dependent lumen mineral (non-mucocele).
- Mild hypomotile gastritis pattern.
- Sonographically normal empty small intestine.
- Mild chronic renal changes with left kidney cortical cyst.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar/steroid hepatopathy given patient's history with discrete areas of hyperplasia or hematopoiesis, hepatic inflammation i.e. cholangiohepatitis in conjunction with gallbladder debris and mild non-obstructive mineral are primary potentials. Occult to emerging hepatic neoplasia is thought less likely.

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology would be ideal for further clarification yet, likely contraindicated at this stage pending further assessment and stabilization of autoimmune disease.

No obvious visualized gastrointestinal mural pathology or definitive ulceration. Non-sonographically evident ulceration or micro-ulceration may be suspected. Broad-spectrum gastroprotectants if not currently instituted is recommended. Hepatosupportive medications with sonographic monitoring of the liver and gastrointestinal tract if progressive hepatopathy or gastrointestinal signs is recommended.



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Liver Caudate
RK SAG

Duodenum
Duodenum Thickn 4.7 mm

Liver GB Sag

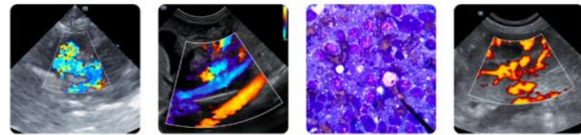
SPL BODY SA
Spleen Body Thickn 18.0 mm

ILEOCOLIC J Ascending Co

Stomach

Jejunum
D1 1.6 mm
D2 2.1 mm

Left Adrenal
D1 17.9 mm
D2 5.7 mm
D3 5.8 mm



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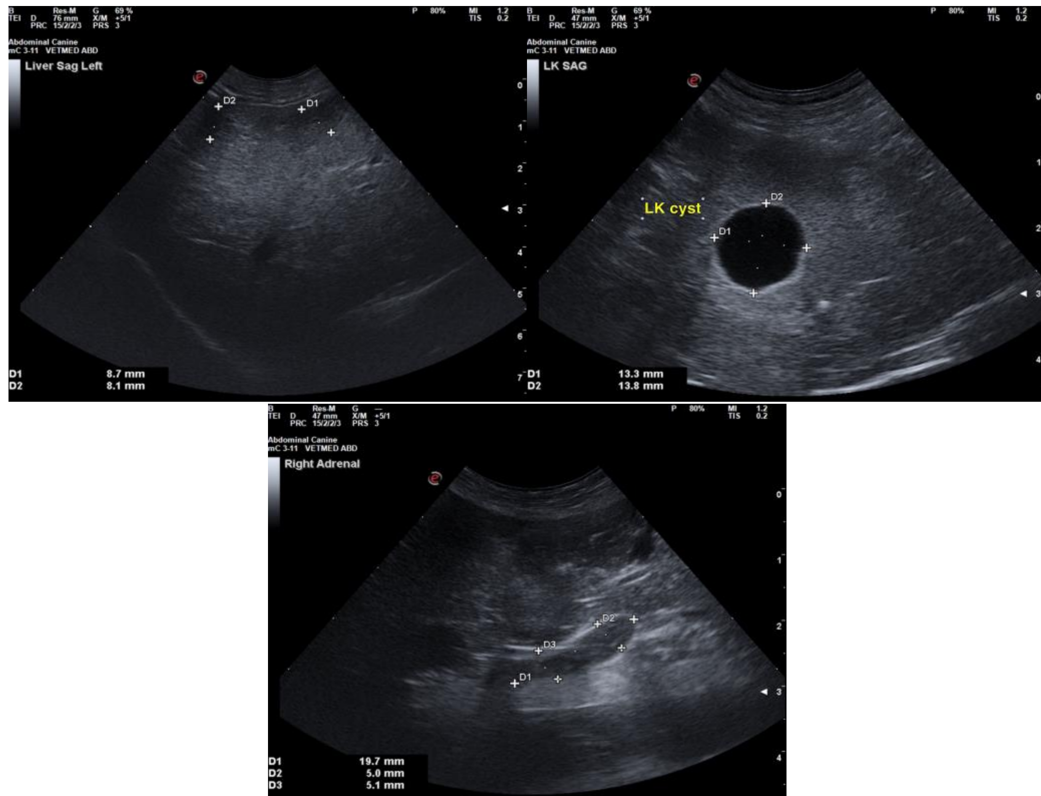

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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