



## PATIENT

Morena Negroni

## SPECIES

Canine

## BREED

Mixed

## SEX

Female Spayed

## AGE

6y

## WEIGHT

25.6 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. Milton Bird

## INVOICE

13228

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

### History:

- Px presented as a referral for an echocardiogram due to presenting with a distended abdomen
- Owner indicates that Px's abdomen began to swell around a week ago
- Px is on Heartworm preventatives and has not displayed any coughing, exercise intolerance, or fainting episodes
- Owner indicates that the abdominal distention first became apparent after the Px underwent anesthesia for a dental prophylaxis
- Thoracic Rads were taken by rDVM and cardiomegaly was noted
- An abdominal ultrasound was recommended due to some cardiac changes observed and some elevated values seen on the bloodwork provided by the rDVM
- The abdominal distention was caused by ascites and a therapeutic abdominocentesis was performed
- Approximately 1,500mL were removed from the abdominal cavity and a sample was returned to the client so the rDVM could perform a fluid analysis

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached below for your reference. ALT 194, albumin 1.9, glucose 113, BUN 8, cholesterol 122

## 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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent to hypoechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.4 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 0.49 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 0.39 cm width at the caudal pole.

### Spleen

The spleen exhibited subjective mild prominent vasculature at the level of the hilus. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic



## PATIENT

Morena Negroni

## SPECIES

Canine

## BREED

Mixed

## SEX

Female Spayed

## AGE

6y

## WEIGHT

25.6 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. Milton Bird

## INVOICE

13228

## DATE

2/24/26

vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

The liver was subjectively mild to asymmetrically enlarged in size exhibiting rounded asymmetrical hepatic capsule contour. Potential areas of caudal hepatic lobar swelling, hyperplasia or regeneration with maintained homogeneous parenchyma. Normal hepatic vascular volume at the level of the hepatic vein/caudal vena cava junction with concurrent non-distended cranial abdomen caudal vena cava measuring 0.74 cm. Variably distended to mildly torturous visualized portal vein measured up to 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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 indistinctly visualized exhibiting normal to mildly prominent size and mild, non-homogeneous, hypoechoic parenchyma compared to adjacent omentum.

### Free Abdomen

Moderate to significant volume anechoic abdominal effusion, mild non-homogeneous omentum and no obvious visualized significant or swollen mesenteric lymphadenopathy or omental masses present.

Transdiaphragmatic mirror artifact without overt visualized concurrent pleural effusion.

## ULTRASONOGRAPHIC FINDINGS

- Non-congested hepatopathy exhibiting potential lobar swelling, hyperplasia or possible regeneration, variably dilated to mildly torturous portal vein
- Mild congested spleen
- Moderate to significant volume abdominal effusion
- Sonographically normal gastrointestinal tract
- Possible edematous pancreas
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of passive hepatic congestion as an obvious contributing factor to the effusion. Correlation with echocardiogram is recommended. Assuming no evidence of cardiomyopathy and with current albumin level >1.5, primary suspicion for hepatic disease and portal hypertension is warranted. Monitoring of albumin level is advised. Correlation with effusion analysis cytology and +/- C/S if evidence of effusion inflammatory component and assuming normal clotting status, screening hepatic



**PATIENT**

Morena Negroni

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

6y

**WEIGHT**

25.6 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. Milton Bird

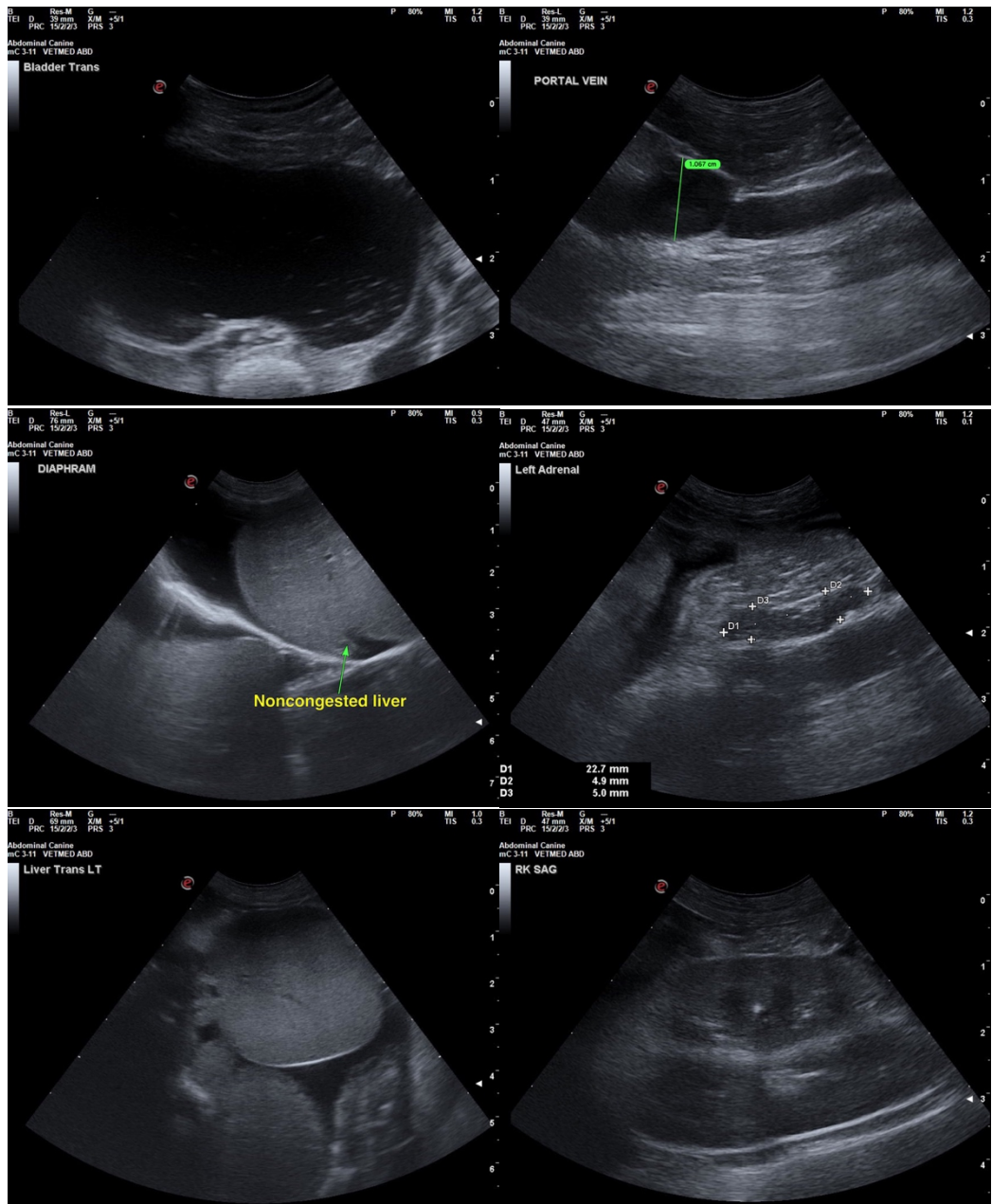
**INVOICE**

13228

**DATE**

2/24/26

FNA cytology warranted for further assessment. Decreased hydrostatic pressure as a contributing factor may be indicated if progressive hypoalbuminemia. Correlation with urinalysis and +/- C/S if inflammatory sediment or UPC if non-inflammatory proteinuria given hypoalbuminemia.





### PATIENT

Morena Negroni

### SPECIES

Canine

### BREED

Mixed

### SEX

Female Spayed

### AGE

6y

### WEIGHT

25.6 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

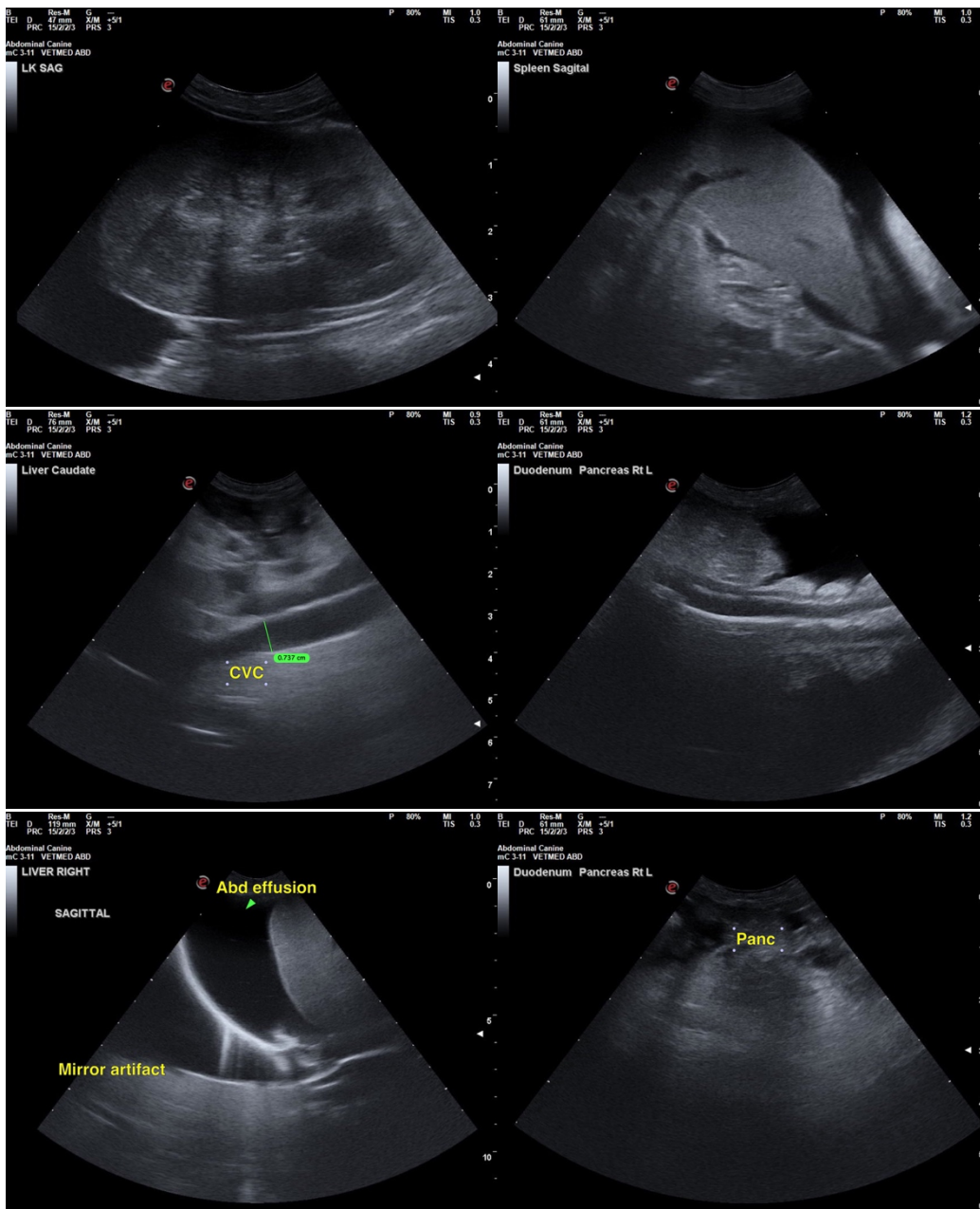
Dr. Milton Bird

### INVOICE

13228

### DATE

2/24/26





## PATIENT

Morena Negroni

## SPECIES

Canine

## BREED

Mixed

## SEX

Female Spayed

## AGE

6y

## WEIGHT

25.6 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

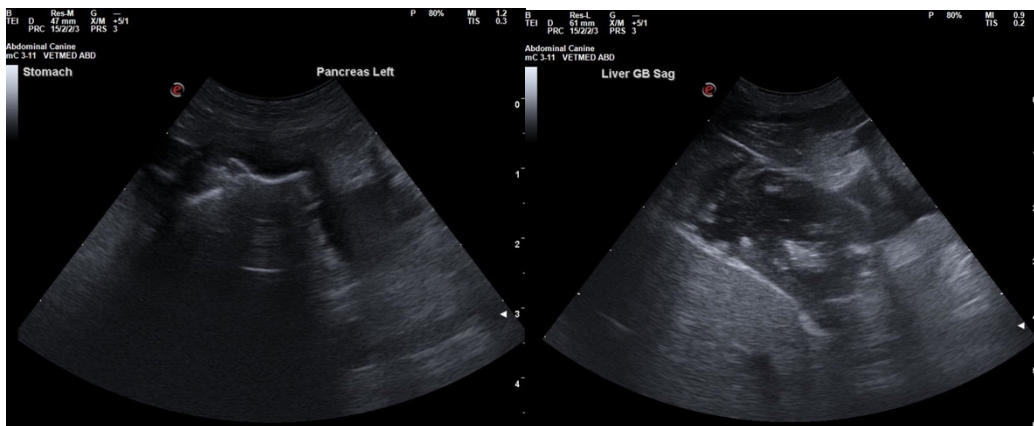
Dr. Milton Bird

## INVOICE

13228

## DATE

2/24/26



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)