



PATIENT

Luna Pardo

SPECIES

Canine

BREED

Rottweiler

SEX

FI

AGE

9yr

WEIGHT

81.4lb

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

23826

DATE

02/05/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to abdominal distention
- rDVM performed Rx and noticed a large space occupying mass in the abdominal cavity and suspected it came from the spleen
- Owner indicates that the abdominal distention was first observed during the beginning of the Px's heat cycle
- Hx of Heartworms, Tx administered April 2025
- Px has episodes of dry coughing during excitable moments and when she is rapidly eating

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs 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 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen hyperechoic sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The uterus exhibited normal to possible borderline prominent size. Indistinct potential uterine cysts or mild lumen fluid in the area of the uterine body dorsal to the urinary bladder. The remainder of the uterus was not definitively visualized secondary to abdominal mass.

Both ovaries exhibited cystic changes with potential follicles. Subjective enlarged left ovary compared to the right, the left ovary measured 5.0 cm in diameter, the right ovary measured 2.3 cm in diameter.

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. Mild right kidney pyelectasia. The left kidney measured 7.4 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

Definitive mild expansive non-homogenous to cavitated splenic mass was present with mild associated capsule distortion measuring 3.2 cm in diameter.

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



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and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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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 apparent formed feces in lumen.

SEX

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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.

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Free Abdomen

Mild lateral abdomen to perisplenic free fluid.

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

A large non-homogenous cavitated appearing mass occupying majority of the abdominal cavity measuring at least 20 cm in diameter was present. The mass was noted adjacent to the spleen without obvious definitive connection.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Unspecified abdominal mass with concurrent splenic mass
- Possible uterine cyst, i.e. cystic endometrial hyperplasia vs possible mild uterine body lumen fluid or potential emerging pyometra
- Bilateral cystic appearing ovaries with enlarged left ovary compared to right ovary
- Mild volume lateral abdomen / perisplenic effusion
- Sonographically normal liver

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Secondary

- Age-related renal changes with mild right kidney pyelectasia
- Mild urinary bladder lumen sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The definitive origin of the large abdominal mass was not obvious given mass size and extent. Splenic origin is favored given concurrent definitive splenic mass, although non-splenic origin, i.e. a non-obvious large uterine mass or unspecified mass not definitively excluded. No obvious evidence of additional primary or macrometastatic criteria. Potential for non-obvious or micrometastasis cannot be definitively excluded.

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Assuming no pathology on 3 view chest radiographs, exploratory laparotomy with gross inspection of the mass, potential resection with concurrent splenectomy and OVH could be considered. A guarded prognosis is indicated

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A UA is recommended if not done.

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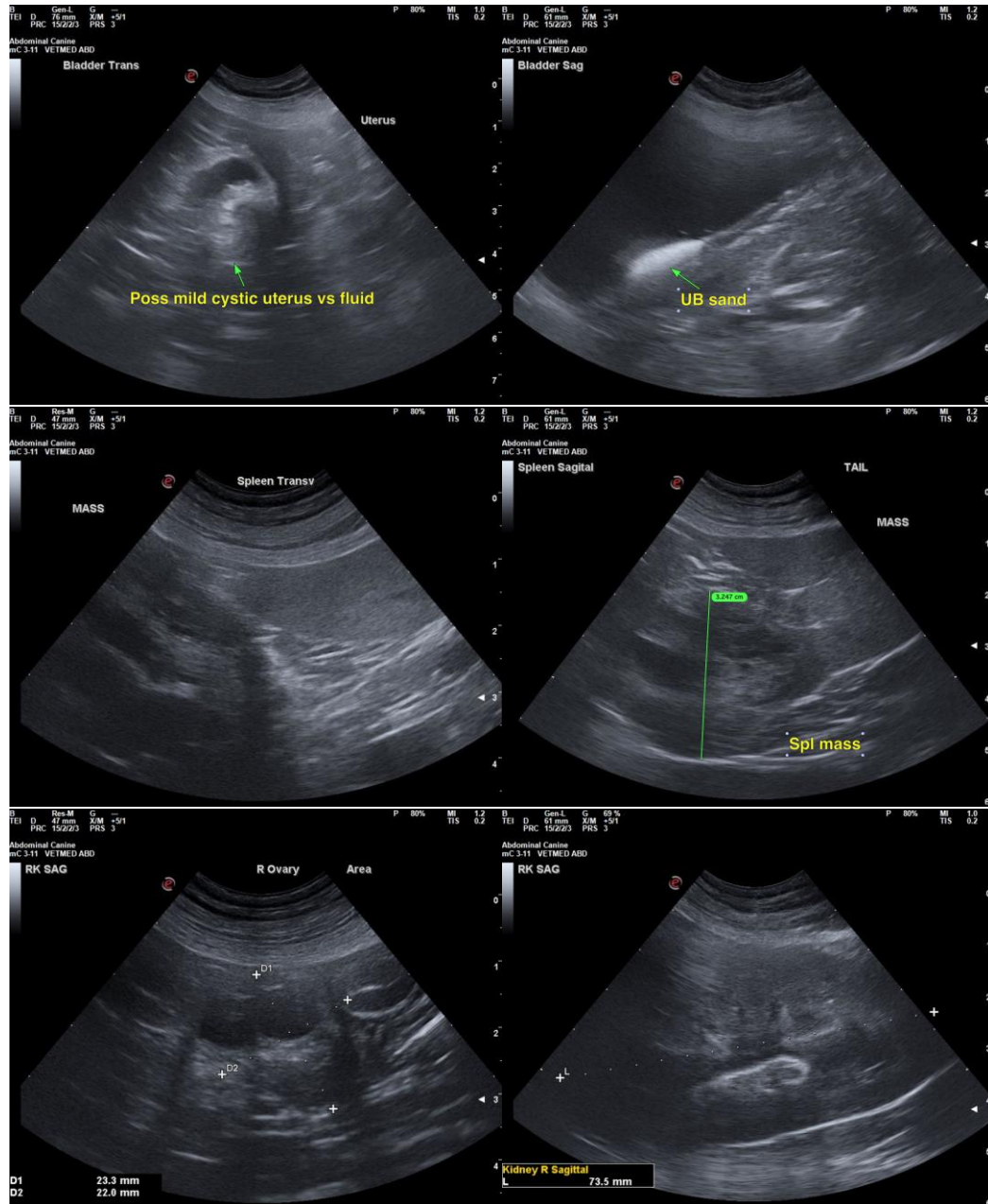
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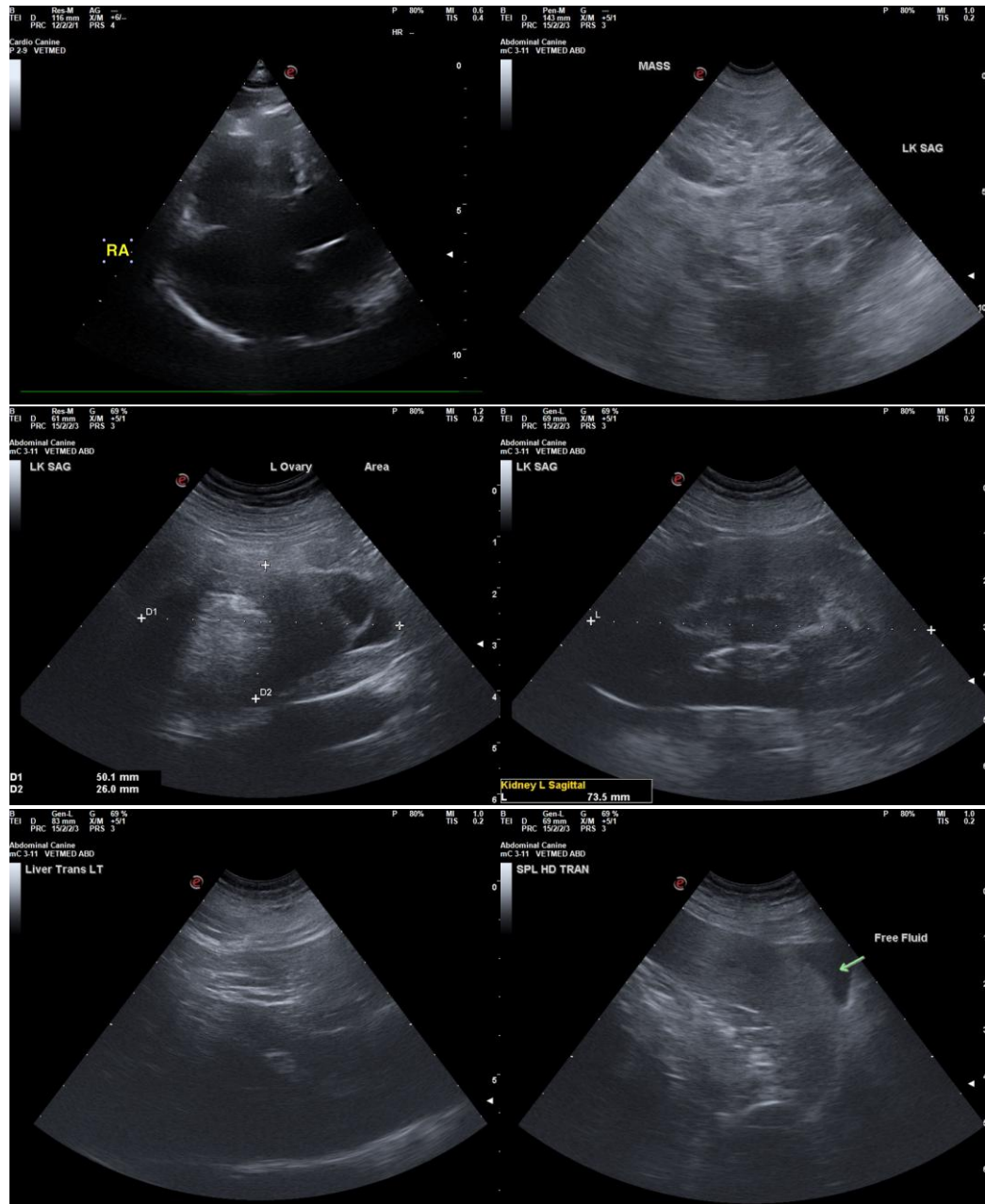
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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