



PATIENT

Beba Rodriguez

SPECIES

Canine

BREED

Mixed

SEX

F

AGE

8yr

WEIGHT

67.8

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. Ricardo Fernandez

INVOICE

24188

DATE

03/13/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to there being a concern of the presence of an ovarian remnant
- Px visited rDVM Sept. 14, 2025 for an exploratory sx due to being rescued and owners not knowing if Px was intact or not
- rDVM managed to remove a remnant of the right ovary, but some time after the sx, Px began to bleed from the vulva
- Additionally, the preliminary bloodwork showed elevated hepatic enzyme values
- Owner reports that Px had some episodes of diarrhea a month ago and when bloodwork was performed, the pancreatic lipase test came back with elevated values
- Px was prescribed Panacare which helped stop the episodes of diarrhea
- Px has a Hx of Heartworms but is currently negative after the Tx and is on Heartgard
- PU, PD, PP as per owner
- Abnormal PE/Chem/CBC/UA Results: 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 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.

The uterine remnant was indistinctly visualized. No overt uterine remnant enlargement or fluid distention. Heterogeneous to indistinctly nodular tissue in the area of the right ovary measuring ~ 3.0 by 1.9 cm was present. Concurrent heterogeneous to cystic tissue in the area of left ovary measuring 2.0 by 1.3 cm was present.

Normal size and margination were 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 7.8 cm in length. The right kidney measured – cm in length.

The visualized medial iliac lymph nodes were sonographically normal.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The cranial pole nodule measured 1.1 cm x 0.82 cm. The caudal pole nodule measured 1.1 cm x 0.71 cm. Concurrent mild asymmetrical adrenomegaly. The left adrenal gland measured 1.1 cm width at the caudal pole and 3.2 cm length.

A well-defined, hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. A cranial right nodule measured 1.4 cm x 0.8 cm. Concurrent mild asymmetrical adrenomegaly. The right adrenal gland measured 0.67 cm width at the caudal pole and 3.2 cm length.



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Spleen

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 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/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 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral mildly enlarged nodular adrenal glands.
- Hepatopathy-subjective benign
- Normal gallbladder
- Heterogeneous nodular to cystic tissue area of left and right ovaries
- Indistinct yet subjective non-enlarged uterine remnant
- Normal gastrointestinal tract and area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tissue noted in the area of the left /right ovaries is highly suggestive of unilateral to bilateral ovarian remnant as a primary cause of vaginal bleeding. Correlation with vaginal cytology as well as anti-Mullerian hormone assay is recommended.

The nodular adrenal glands may indicate hyperplastic or functional vs non-functional adenomatous



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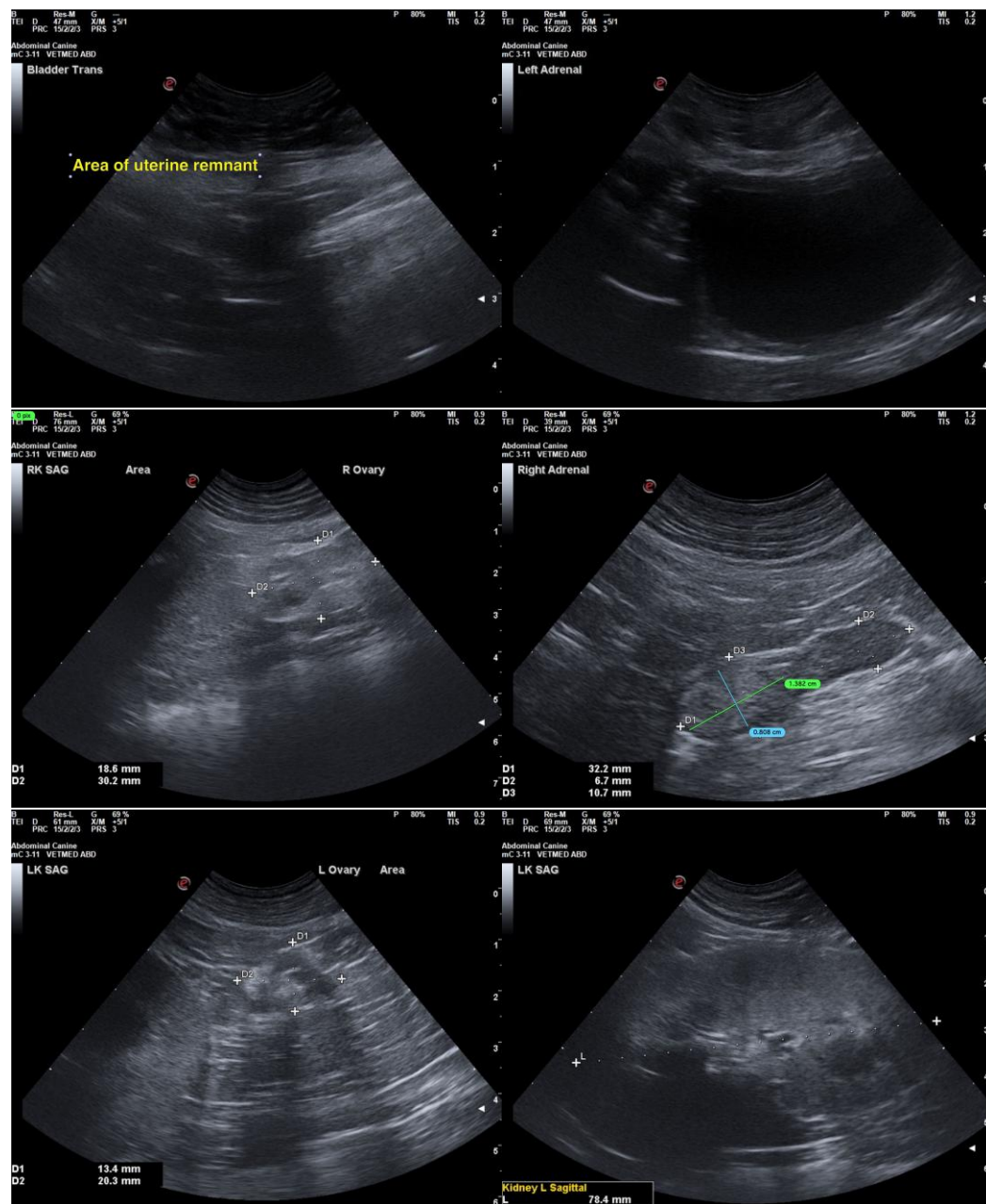
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change with unilateral or bilateral adrenal emerging neoplastic criteria felt less likely. A full adrenal workup with LDDST recommended given patient clinical signs. Monitoring of systemic blood pressure for evidence of hypertension is recommended. Sonographic monitoring of the adrenal glands for evidence of progressive nodular change or enlargement is indicated.

Monitoring of pancreatic lipase as mild pancreatitis may present sonographically unremarkable with gastrointestinal support is recommended.





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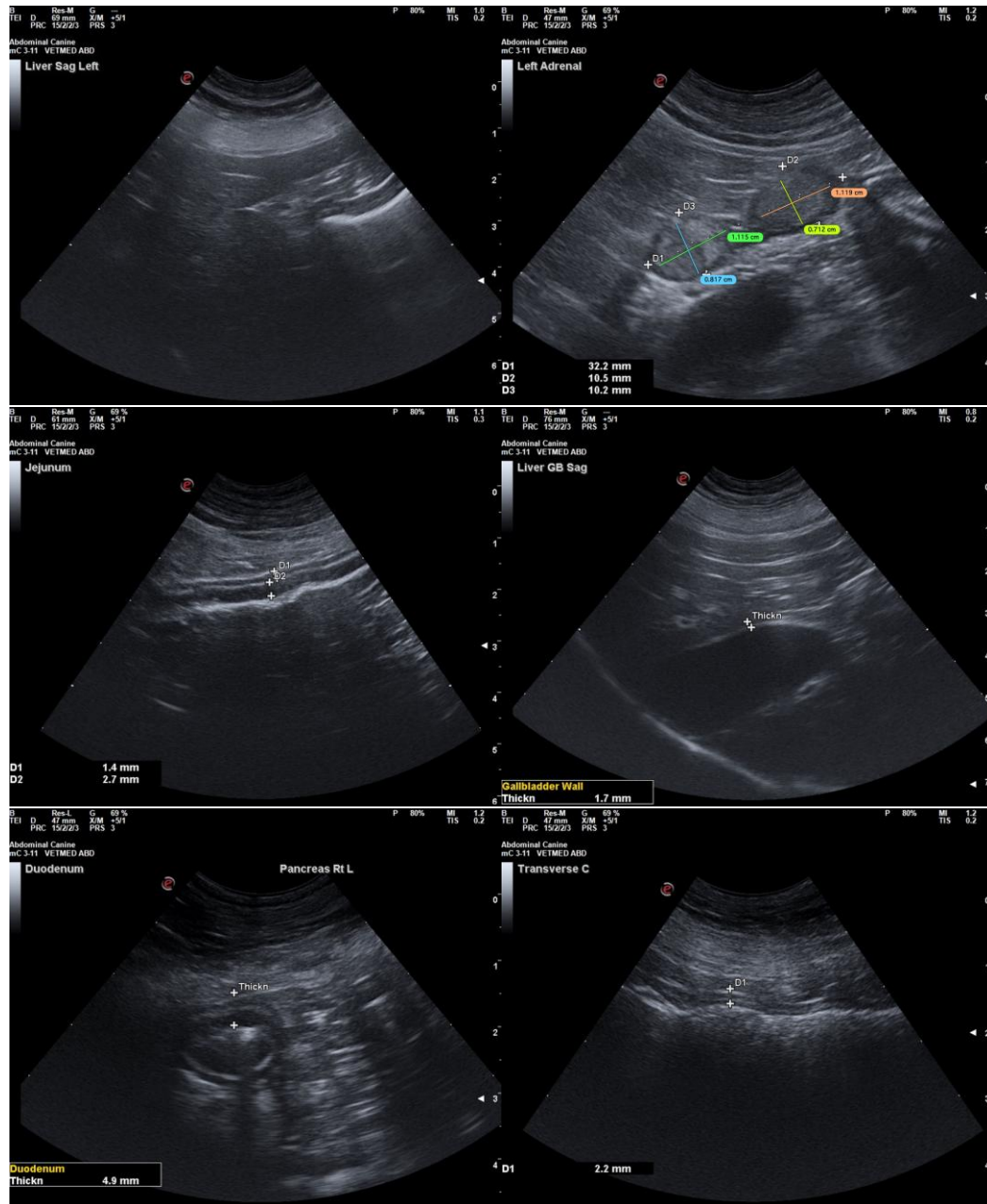
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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