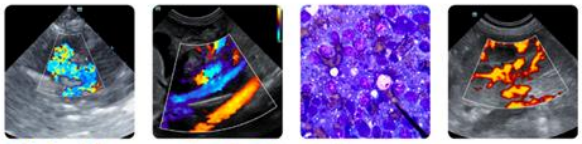


PATIENT

Chubby Gomez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

13yr

WEIGHT

9.8lb

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. Javier Rodriguez

INVOICE
24191

DATE
03/13/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to presenting with elevated hepatic enzymes and a painful abdomen
- Px originally visited rDVM a month ago due to severe, frequent episodes of diarrhea which owner described as "explosive"
- Px has a heart murmur, cardiomegaly, severe halitosis and periodontal disease. Owner informed that they would like to go through with a dental prophylaxis and an echocardiogram study after the liver enzyme levels have been normalized
- Px had a syncope/seizure episode, owner reported that this is the first time that this has happened
- Painful abdomen upon palpation
- No vomiting reported
- Px exhibits a dry cough and is not currently on any cardiac Mx
- Px has been Dx with a collapsed trachea
- Px is currently taking the following Mx: Clavamox, Gabapentin
- Abnormal PE/Chem/CBC/UA Results: Radiographs and bloodwork attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The proximal urethra was normal in structure and tone with focal non-obstructive prostatic urethral lumen mineral. Anechoic urine was present in the lumen with minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate appeared normal and free of pathology

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral to small renoliths were present. Intermittent cortical cysts were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.81 cm in length.

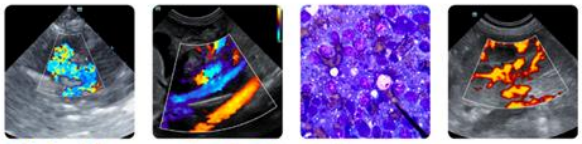
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non-capsule deforming well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. The capsule was



PATIENT
Chubby Gomez

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
MN

AGE
13yr

WEIGHT
9.8lb

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. Javier Rodriguez

INVOICE
24191

DATE
03/13/2026

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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

Subjective generalized hepatomegaly and rounded capsule contour. Non-homogenous hepatic parenchyma exhibiting mild parenchymal remodeling. Intermittent, non-homogenous to mildly hyperechoic, variably sized intraparenchymal nodules were present, an example measured 1.5 cm in diameter. A homogenous to isoechoic caudate lobe mass with mild associated symmetrical capsule distortion was present measuring 3.7 cm in diameter.

The gallbladder was mildly distended in size with moderate, non-dependent, variably congealed to potentially adhered non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid 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 semi formed to soft feces in lumen.

Pancreas

The pancreas was normal in size with mild capsule asymmetry. Heterogeneous mildly hyperechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy exhibiting isoechoic caudate lobe mass and intermittent, mildly hyperechoic parenchymal nodules- inflammation, cholestasis, nodular hyperplasia, lipogranulomas, hepatoma, neoplasia or combination all potentials
- Non-organized, congealed possibly adhered gallbladder debris- immature gallbladder mucocele
- Chronic renal changes exhibiting medullary mineral /renoliths and cortical cysts
- Bilateral mild adrenomegaly
- Minor non-obstructive urinary bladder and prostatic urethral lumen mineral
- Probable chronic pancreatitis with remodeling
- Sonographically normal gastrointestinal tract with mild retained gastric fluid and semi-formed to soft fecal matter in colon

PATIENT

Chubby Gomez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

13yr

WEIGHT

9.8lb

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. Javier Rodriguez

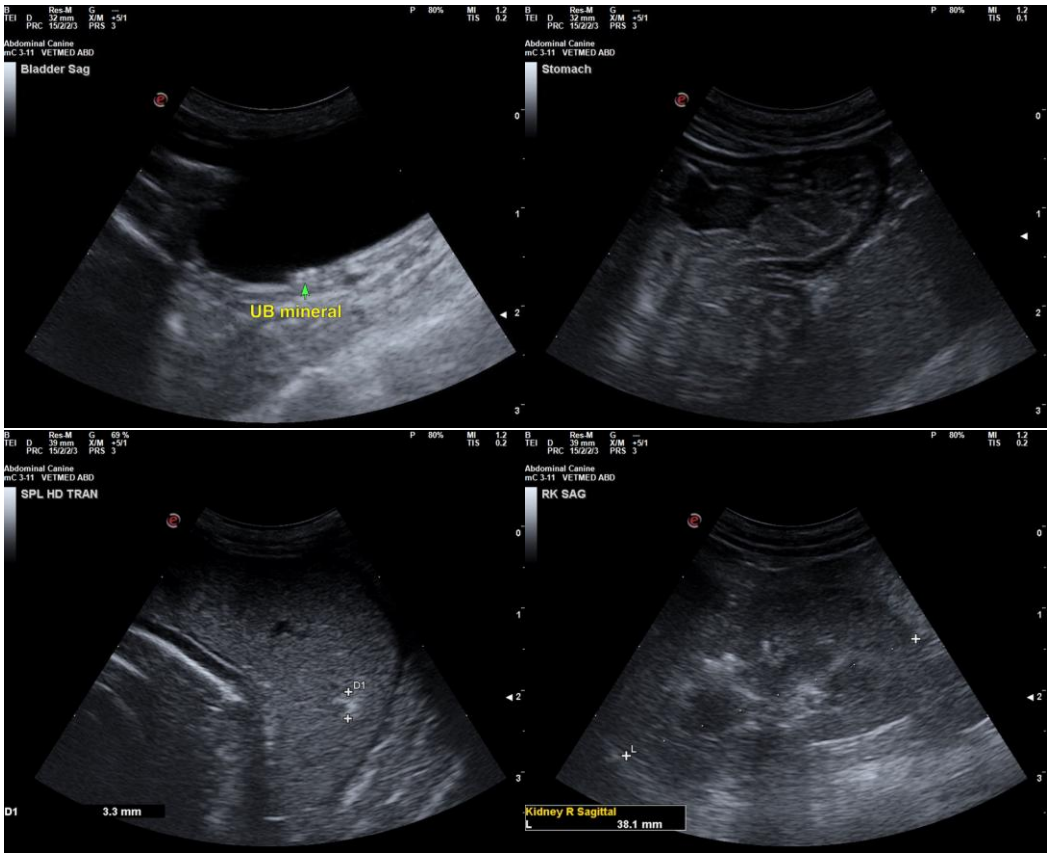
INVOICE
24191

DATE
03/13/2026

- Probable benign splenic nodules consistent with myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a hepatic mass, parenchyma and accessible nodule FNA cytology warranted for further clarification. Adrenal screening warranted if clinical signs consistent with Cushing's syndrome are present. This patient likely passing small amounts of mineral from the kidneys into the urinary bladder and proximal urethra. UA is recommended if not recently done. Chronic pancreatitis is probable if cranial abdomen /subxiphoid discomfort on palpation is present.



PATIENT

Chubby Gomez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

13yr

WEIGHT

9.8lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

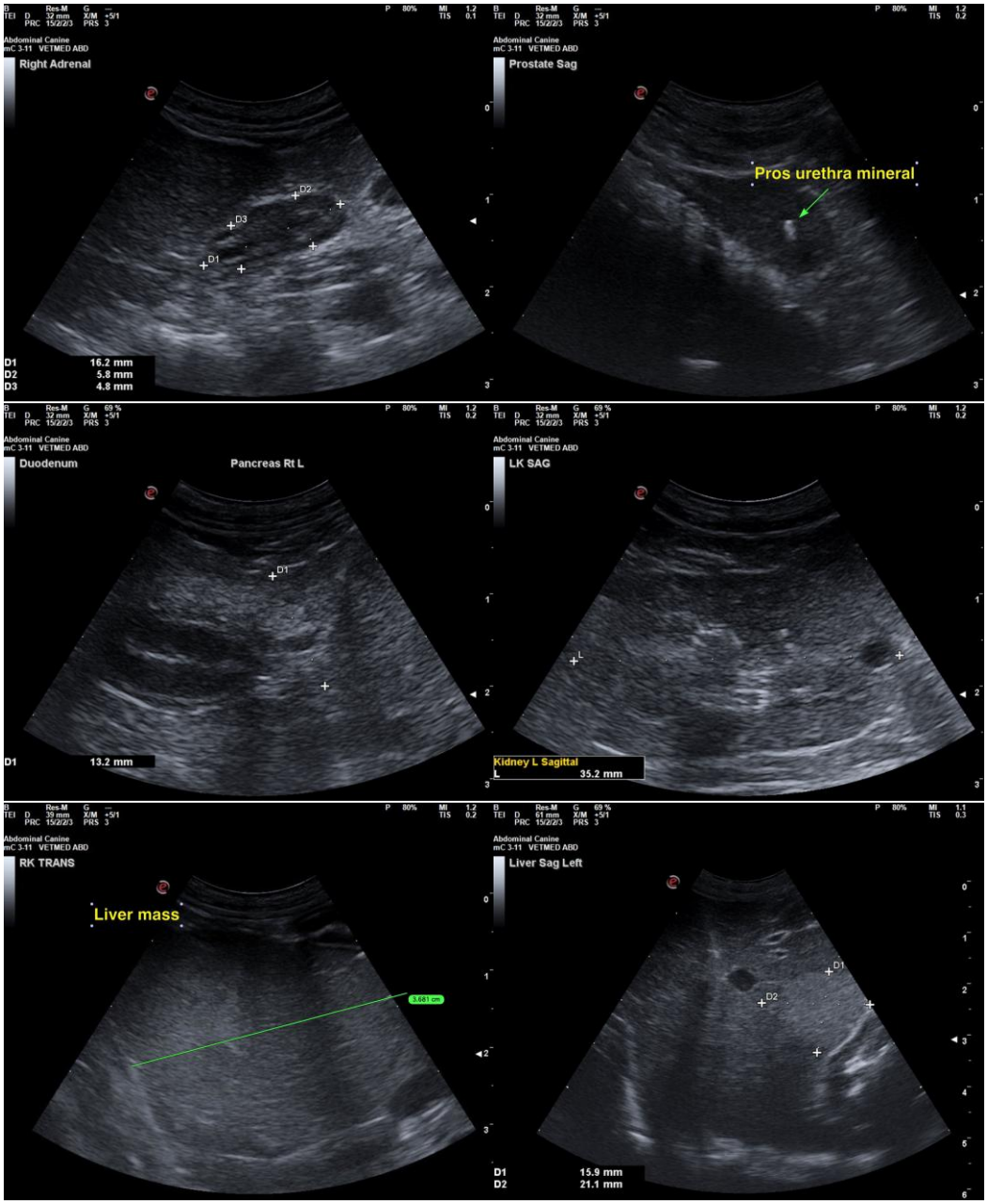
Pulse Pet Ultrasound Services

REFERRING VET

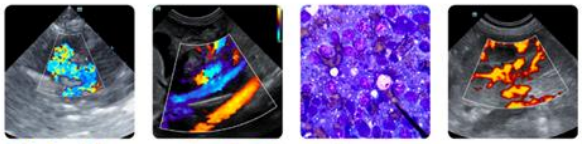
Dr. Javier Rodriguez

INVOICE
24191

DATE
03/13/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chubby Gomez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

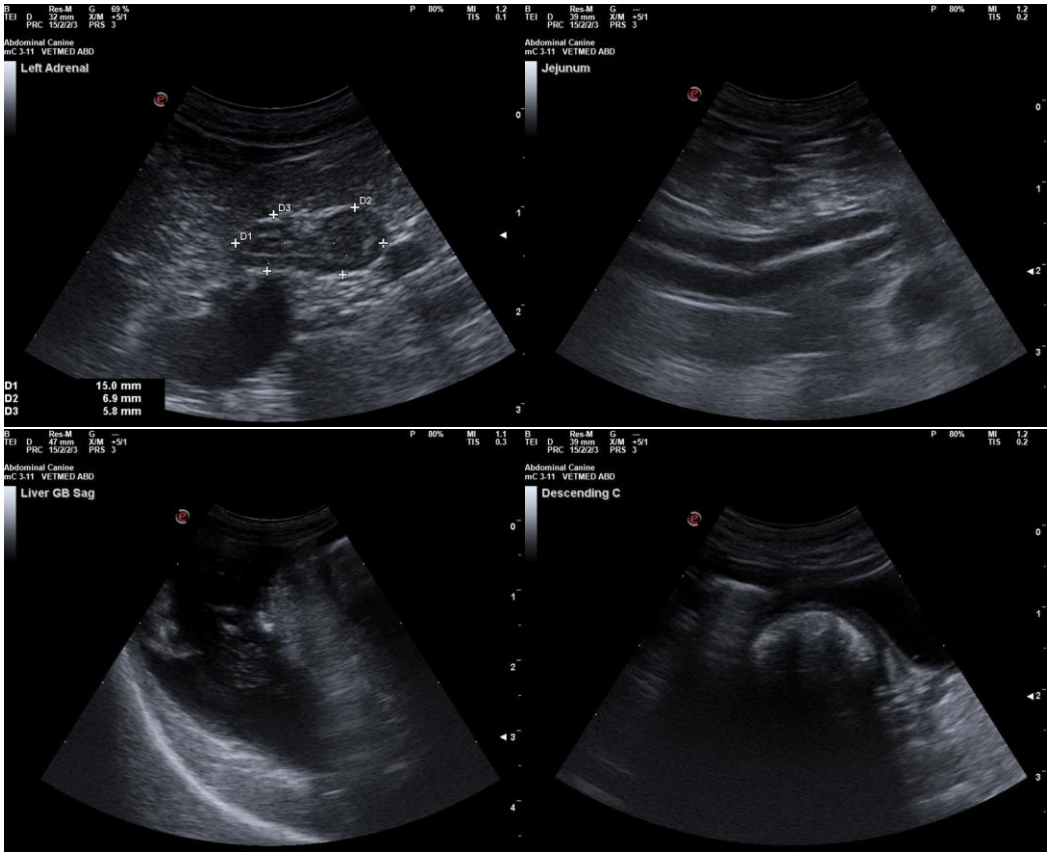
MN

AGE

13yr

WEIGHT

9.8lb



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. Javier Rodriguez

INVOICE
24191

DATE
03/13/2026

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