



PATIENT

Nala Diaz

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

15yr

WEIGHT

12.6lb

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. Adriana Bauza

INVOICE 24278

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound and an FNA of the liver
 - Px has been inappetent for almost 3 weeks now according to owner and has lost about 2lbs
 - No diarrhea, vomiting, or coughing reported
 - Px is currently taking the following Mx: Ursodiol, Denamarin, Cerenia, Famotidine
 - FNA of liver was conducted and results are currently pending
- Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.54 cm width at the caudal pole.

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 presented mildly 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 congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact borderline prominent pylorus wall. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.43 cm in width.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Borderline prominent duodenojejunal wall width was present. Empty lumen to the level of the colon. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.48 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of peritoneal effusion was present.

Suspect intermittent mildly enlarged non-homogenous cystic hepatic lymph nodes adjacent to the portal vein. An example of lymph node measured 1.8 cm x 0.76 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild non-organized gallbladder debris (non-mucocele)
- Empty gastrointestinal tract, borderline prominent pylorus and intestinal wall
- Mild heterogeneous remodeled pancreas
- Age related renal/adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver, although non-specific, is consistent with benign hepatopathy criteria with considerations including metabolic, vacuolar, non-obstructive cholestatic, inflammatory or hepatotoxic etiologies. Correlation with hepatic cytology, primarily to assess for evidence of inflammation is recommended.

No overt sonographic evidence of significant gastrointestinal mural pathology or active pancreatitis as a contributing factor to the gastrointestinal signs or weight loss. Correlation with a GI panel to include PLI/TLI/cobalamin and folate is recommended. Continued hepatosupportive medications and consideration for empirical therapy for potential cholangiohepatitis with concurrent gastrointestinal support and clinical monitoring would be reasonable. Sonographic reassessment if evidence of progressive hepatopathy, gastrointestinal signs or weight loss is recommended.



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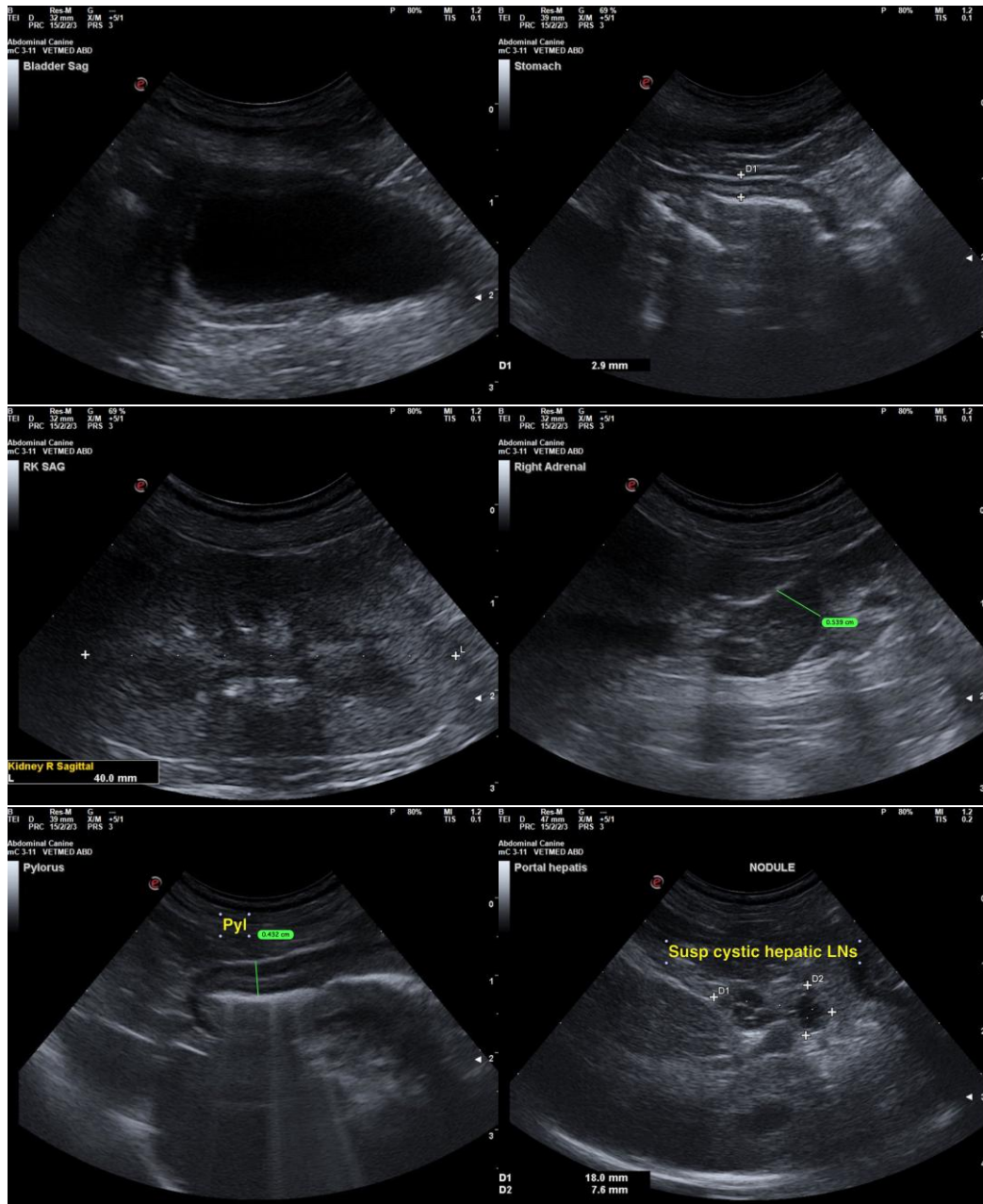
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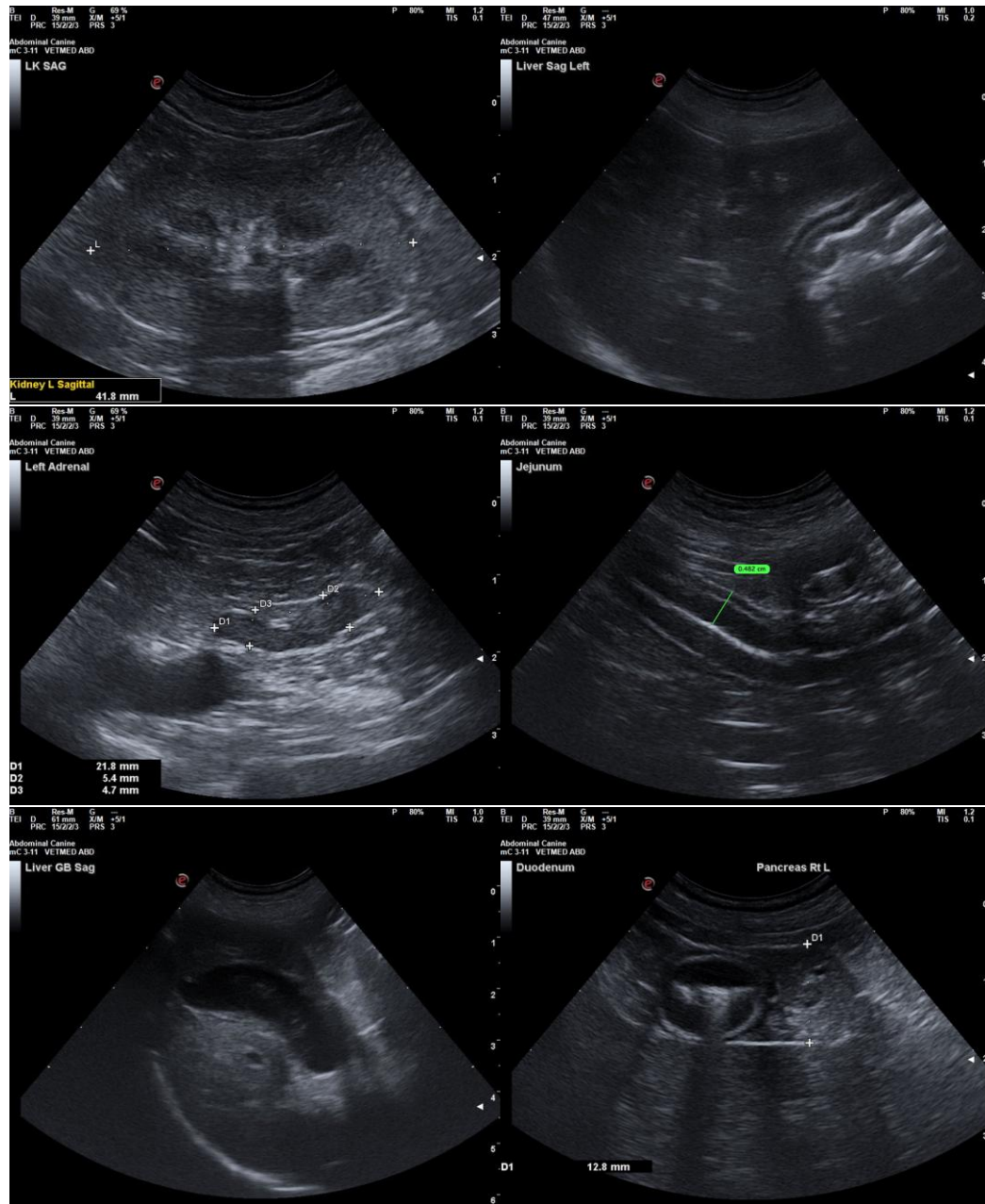
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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