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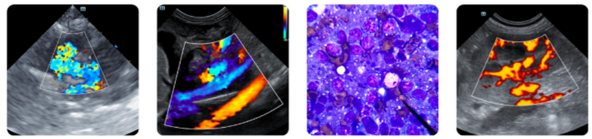


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bella Matos

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Female Spayed

AGE

14y

WEIGHT

12.6 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. Maricarmen Vega

INVOICE

13257

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Px presented as a referral for an abdominal ultrasound due to Hx of constipation and Gastroenteritis Dx
- Px originally presented to rDVM las week due to concerns of constipation and vomiting
- Px was then Dx with Gastroenteritis
- Px returned to rDVM yesterday due to constipation
- rDVM wanted to rule out G.I. obstruction, masses, etc

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 to a depth of 3.0 cm exhibited normal thickness and tone. Focal, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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. Areas of medullary mineralization and mild pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

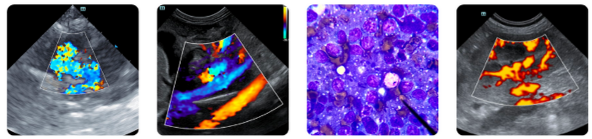
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.

Spleen

The spleen was subjective mildly enlarged in size with folding. A nonspecific fluid filled to cavitary splenic lesion to mass was noted measuring 4.3 cm in diameter mid to caudal spleen. The fluid filled lesion appeared mildly echogenic. Intermittent, small, hyperechoic nodules were present suggestive of myelolipomas.

Liver

The liver exhibited generalized mild hepatomegaly with symmetrical contour and mild non-homogeneous remodeled parenchymal. Normal vascular volume with no mass or nodules visualized. The gallbladder was non distended in size with mild, primarily gravity dependent to non-dependent, focally hyperechoic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

The small intestine presented intact wall layering with subjective prominent duodenal jejunal mucosa exhibiting mild, hyperechoic duodenal mucosa echogenicity to lesions. Intermittent, hyperechoic jejunal mucosal speckling. 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 semi-formed feces in lumen.

Pancreas

The pancreas was normal in size, mild capsule asymmetry with isoechoic to mild heterogeneous prominent parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, minor prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

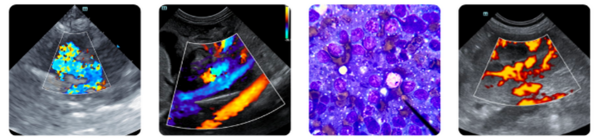
ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with mild, non-organized, hyperechoic gallbladder debris (non-mucocele)
- Enteropathy exhibiting duodenal jejunal mildly hyperechoic speckling/striations
- Suspect chronic pancreatitis
- Splenomegaly with unspecified fluid filled/cavitary lesion
- Chronic renal changes exhibiting medullary mineral and pyelectasia
- Focal urinary bladder lumen mineral
- Semi-formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic enteropathy is most suggestive of chronic benign criteria. The fluid filled to cavitary splenic lesion is nonspecific and may indicate a splenic cyst, fluid filled hematoma, abscess, necrosis or potential neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and no pathology on 3-view chest radiographs, diagnostic splenectomy with concurrent hepato-intestinal biopsies could be considered.

Hepato-supportive medications, i.e. Denamarin/Ursodiol, hydrolyzed diet trial, high colony count probiotic such as Proviable, empirical deworming, and +/- Cobalamin supplementation pending assessment of Cobalamin level with linical and sonographic monitoring of the splenic lesion for evidence of progression would be more conservative. The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.



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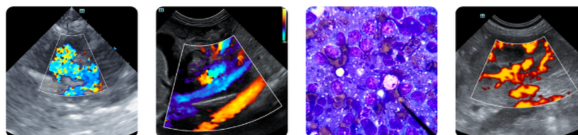

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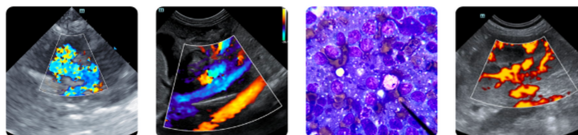

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com