



## PATIENT

Kayra Diaz

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

FS

## AGE

9yr

## WEIGHT

8.4lb

## 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. Rhemuel Varcарcel

## INVOICE 24448

DATE  
04/10/2026

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to a suspected abdominal mass. Owner reports that around 3 years ago Px visited their vet due to arthritic pain, radiographs were performed and there was a suspected mass around the spleen, and Px was referred for an abdominal ultrasound with FNA of the spleen. No abnormalities were reported. Px recently visited rDVM for arthritic pain once again and the suspected mass was still present, therefore, rDVM would like to perform a recheck of the area. An FNA of the spleen was performed and results are currently pending.

Abnormal PE/Chem/CBC/UA Results: Radiographs and rDVM record 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 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 3.4 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 left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.50 cm width at the caudal pole.

### Spleen

The spleen was asymmetrically enlarged and regionally rounded in appearance with maintained symmetrical contour and homogenous parenchyma. Normal vascularity. No visualized masses or nodules were present. The spleen measured ~ 2.5 cm width in the area of splenomegaly.

### 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 mild non-organized gravity dependent debris. The cystic and common bile ducts were normal.

### Gastrointestinal



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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 pancreas was mildly prominent in size with capsule asymmetry, exhibiting mild heterogeneous remodeled parenchyma.

### **Free Abdomen**

Intermittent minor mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 0.8 cm x 0.33 cm.

Minor perisplenic / peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Non-specific variably enlarged to swollen spleen with maintained homogenous parenchyma
- Non-congested liver
- Mild gallbladder debris (non-mucocele)
- Minor perisplenic / peritoneal effusion and mild mesenteric lymphadenopathy
- Prominent non-homogenous pancreas with prominent pancreatic ducts

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the spleen may include non-specific to incidental hyperplasia, hematopoiesis or inflammation with occult hepatic splenic neoplasia not excluded and assuming patient is non-sedated.

Correlation with pending splenic cytology is recommended. Definitive cause of the minor effusion was not obvious, assuming normal ALB. Assessment for evidence of cranial abdomen discomfort on palpation which may potentially allude to chronic pancreatitis +/- spec CPL if gastrointestinal signs is recommended.



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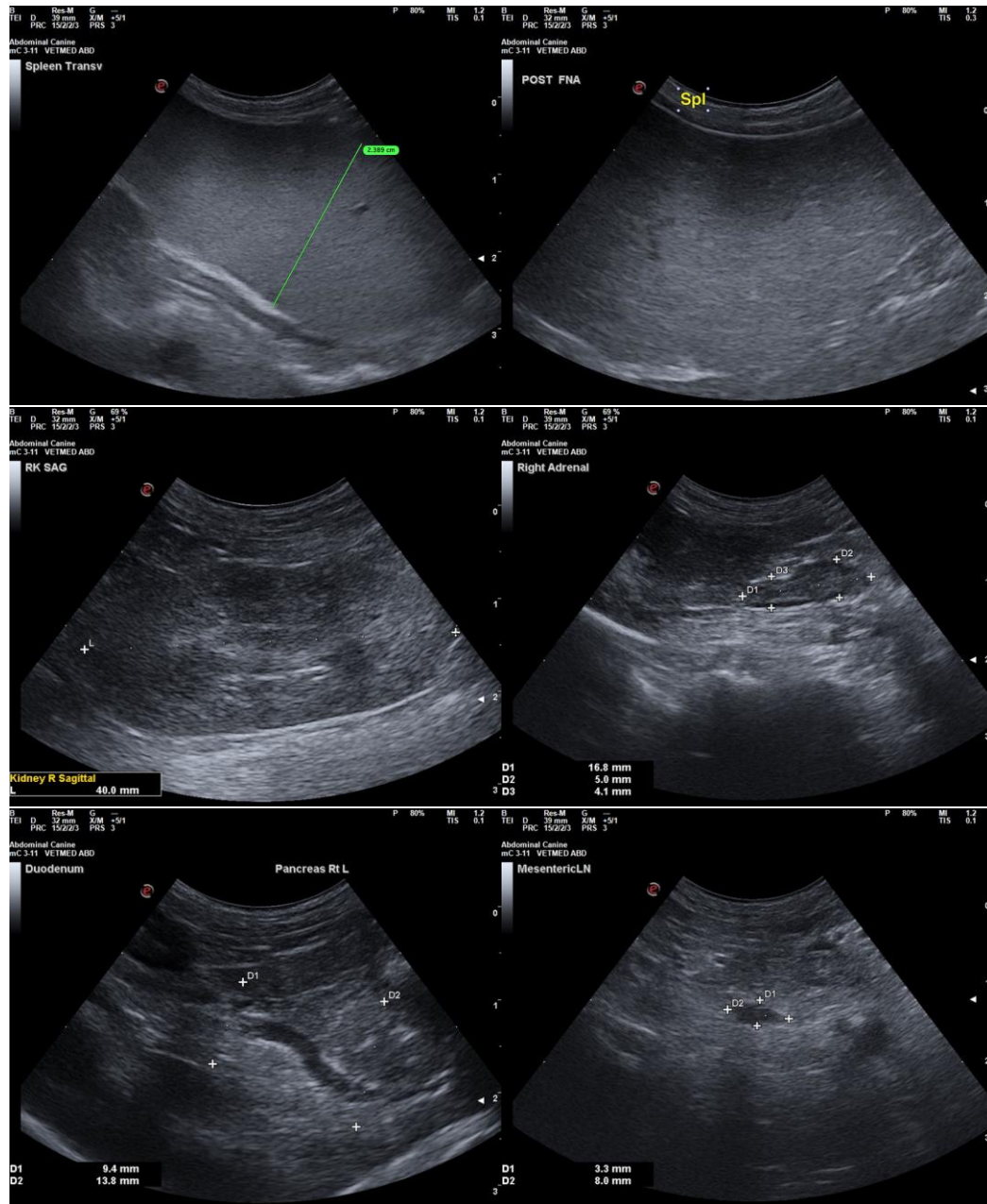
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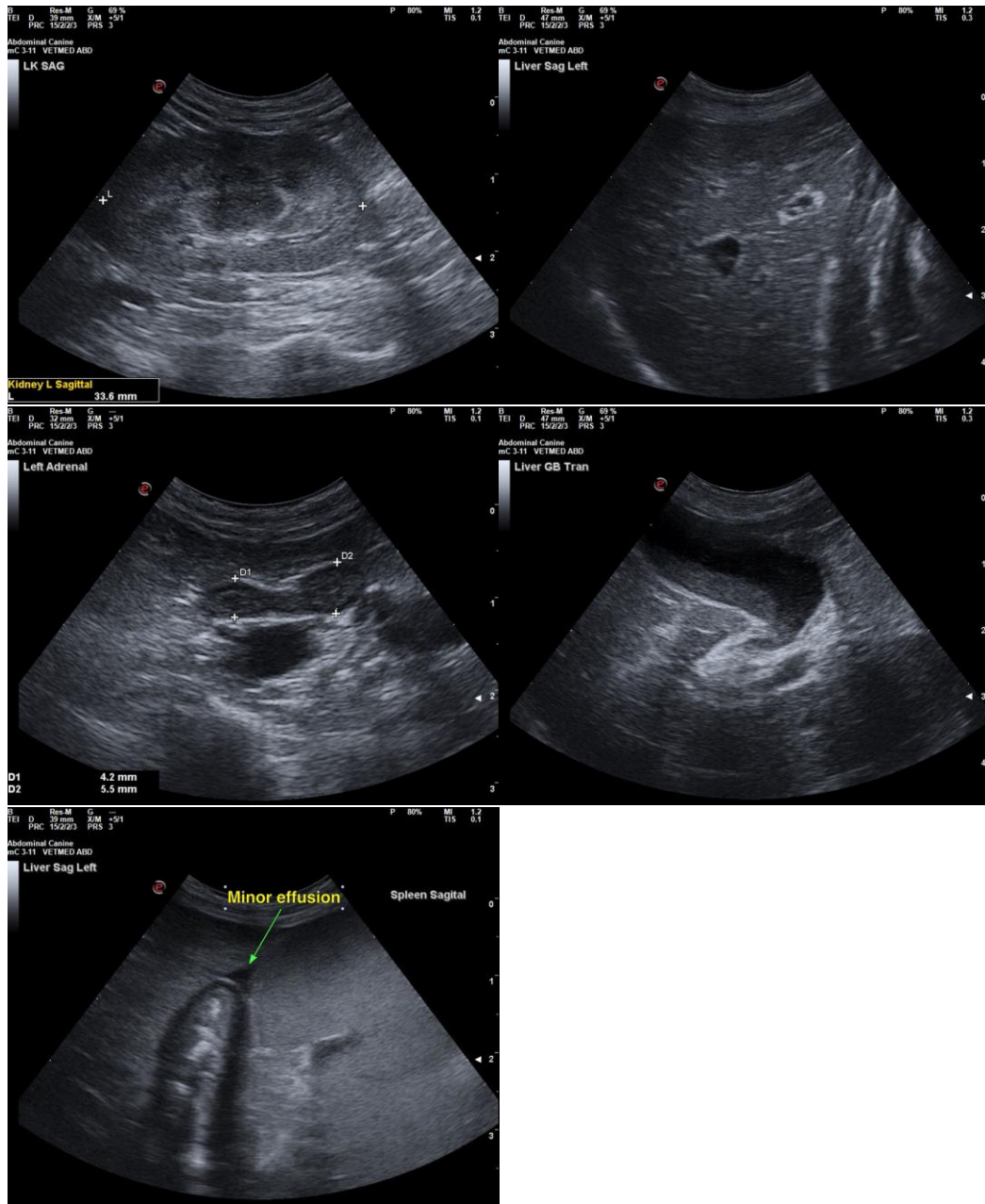
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)

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