



PATIENT

Maximo Terron

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7yr

WEIGHT

120.0lb

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. David Muñoz

INVOICE 24503

DATE
04/13/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzyme values and ingestion of a foreign body. Px originally visited rDVM on Sunday due to lethargy, abdominal discomfort, and inappetence, owner reports that Px had gotten into the trash the week prior and ate a corn on the cob. Owner reports that Px excreted some parts of the corn on the cob, but still was unsure if everything was eliminated. When Px visits rDVM bloodwork is ran and there was an elevation in the ALT value, therefore, Px is started on Denamarin and Hepatic Royal Canin diet. Owner reports that Px has had episodes where he vomits out the entirety of the food.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your referenc

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 8.0 cm in length. The right kidney measured 8.0 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 0.71 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 0.85 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 was subjectively normal in size, structure, and contour. Possible mild hypoechoic parenchyma with increased prominence and thickness of portal vascular borders. Adequate 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and 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 formed shadowing 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.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 4.7 cm x 0.51 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty gastrointestinal tract with mild gastric gas
- Non-specific hepatopathy exhibiting subjective adequate hepatic vascular volume
- Sonographically normal gallbladder
- Intermittent mild mesenteric lymphadenopathy -consistent with benign criteria
- Shadowing formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal pattern or residual foreign material with passed foreign material within the colon not definitively excluded. Non-specific chronic or possible acute on chronic hepatitis, (viral, bacterial, leptospirosis, toxin) hepatotoxicosis, i.e. copper or other inflammatory hepatopathy favored given elevated ALT. No obvious evidence of intrahepatic or extrahepatic macroscopic shunt.

Assuming normal clotting status, further assessment may include hepatic FNA cytology +/- leptospirosis titers/ PCR and bile acid profile if evidence of hepatic dysfunction. Hepatic biopsies for histopathology and copper assessment are likely required for definitive diagnosis. Hepatic and gastrointestinal support with monitoring is recommended.



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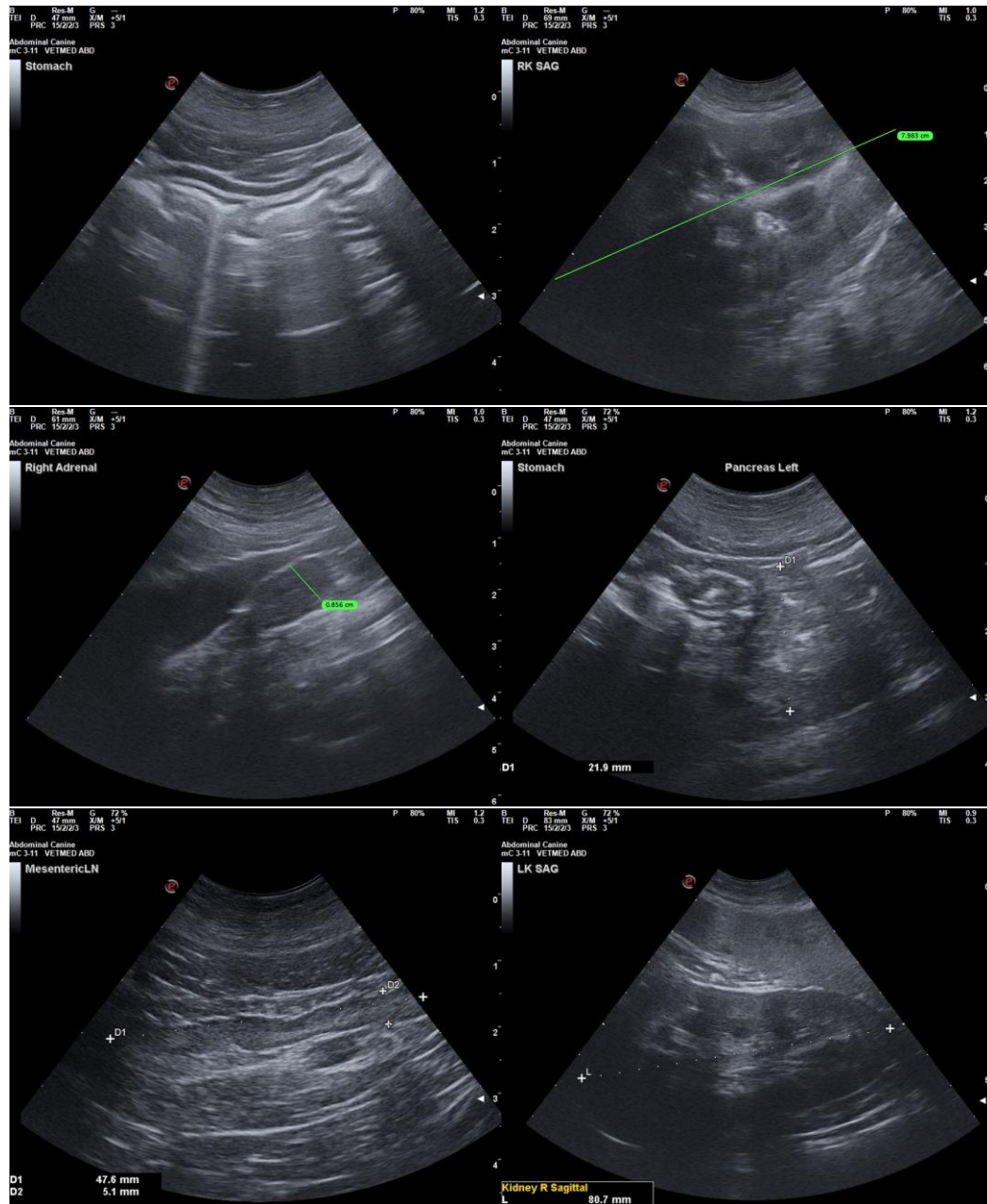
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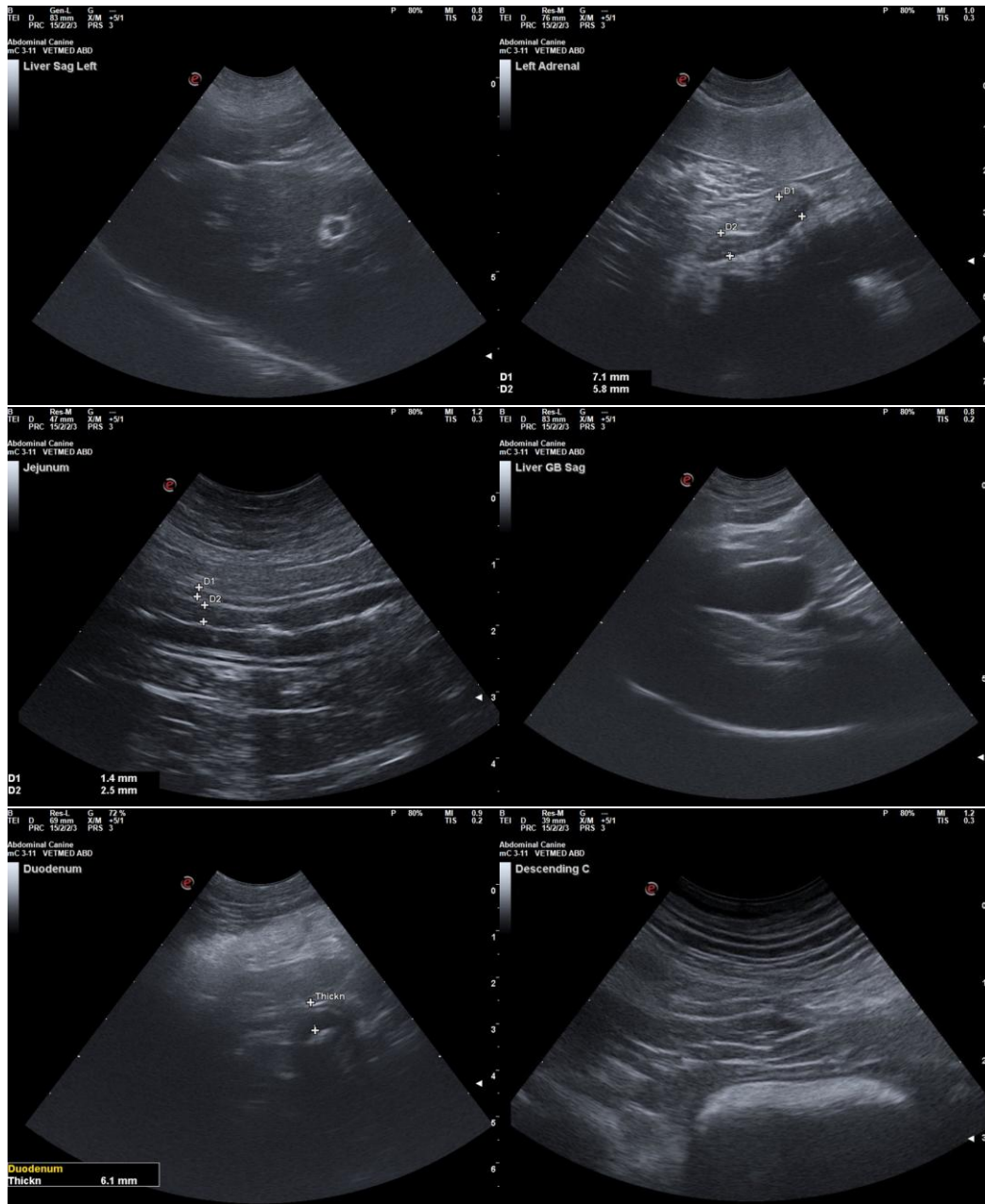
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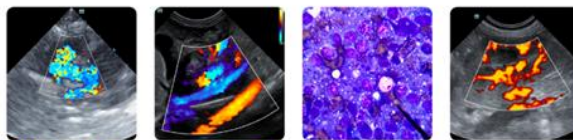
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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