



PATIENT

Brownie Nieves

SPECIES

Canine

BREED

Mixed

SEX

MI

AGE

9yr

WEIGHT

8.2lb

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 24534

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of bloody stool, prostatomegaly, and suspect of gallbladder stones. Px originally visited rDVM due to presenting with soft bloody stool a was Dx with gastritis. Radiographs were performed and the prostatomegaly and abnormal gallbladder were noted. No lethargy, inappetence, vomiting, or diarrhea were reported by owner. An FNA sample of the mesenteric lymph nodes and the spleen were collected and results are currently still pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 3.6 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Multiple small cysts were present. The prostate measured 2.1 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 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 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited primarily homogenous parenchyma. Intermittent non-capsule deforming, non-homogenous nodules were present, an example measured 1.0 cm in diameter.

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 congealed hyperechoic mineralized debris to emerging choleliths in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained fluid with no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated primarily intact wall layers with diffusely thickened walls owing to thickened muscularis layer and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.51 cm width. The jejunum wall measured 0.42 cm width.

Generalized mild variably thickened colon wall layers were present with soft 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

Scant peritoneal effusion was present.

Enlarged, hypoechoic mid abdomen mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.9 cm length and 2.0 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy exhibiting thickened altered wall layer ratio
- Hypoechoic swollen mesenteric lymphadenopathy
- Mild heterogeneous pancreas
- Splenic nodules
- Mild variably thickened colon wall with soft fecal matter
- Scant peritoneal effusion

Secondary

- Non-obstructive mineralized gallbladder debris to emerging choleliths
- Benign prostatic hyperplasia pattern with small prostatic cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the mesenteric lymphadenopathy meets neoplastic criteria with high concern for multicentric round cell neoplasia, i.e. lymphoma involving the lymph nodes, intestinal tract and spleen. Intestinal inflammatory disease, significant lymphadenitis and benign splenic nodules, such as hyperplasia or hematopoiesis possible. Correlation with splenolymphatic cytology is recommended. Biopsies may be required for definitive diagnosis. Pending diagnostics, gastrointestinal support indicated



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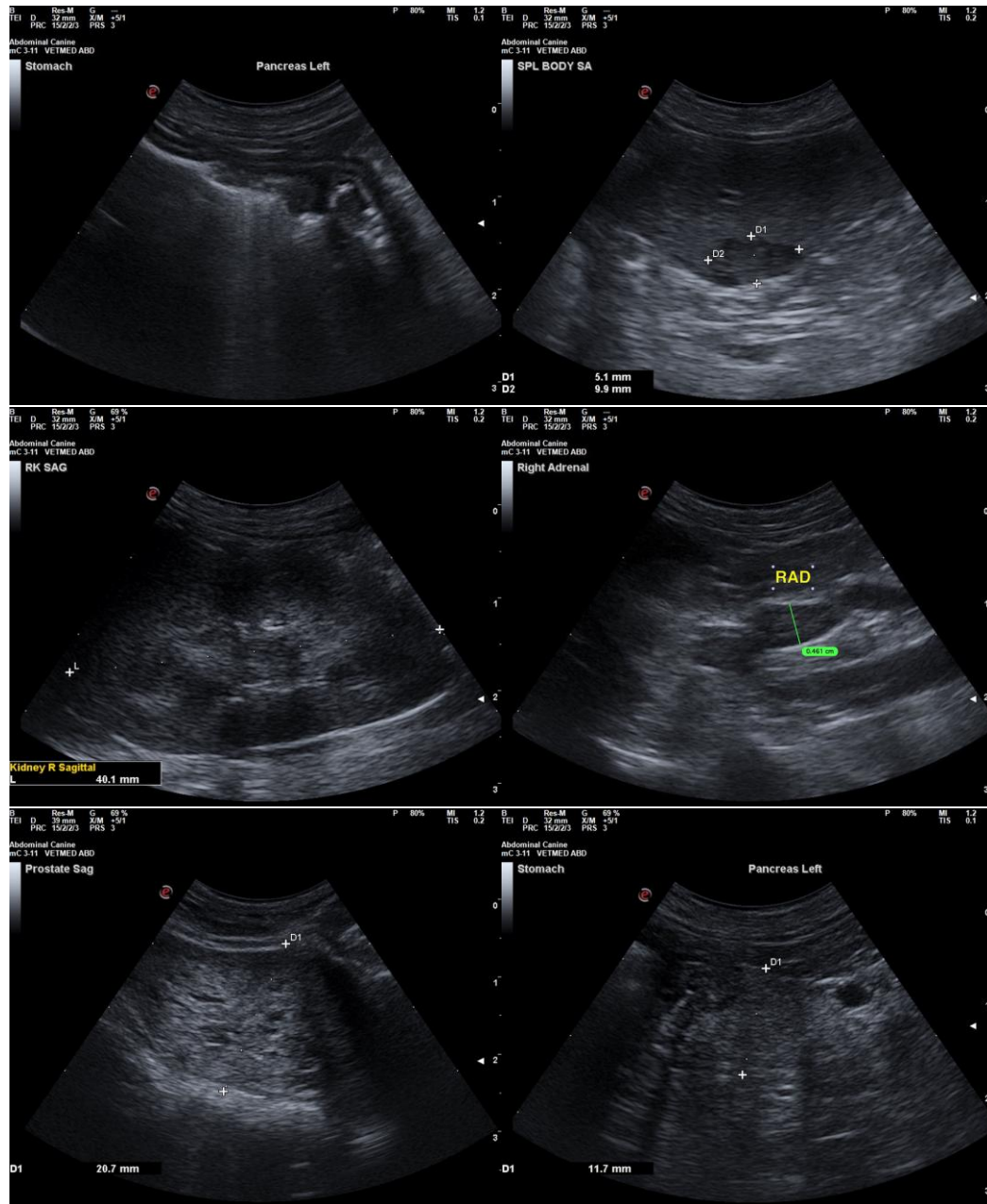
Dr. Javier Rodriguez

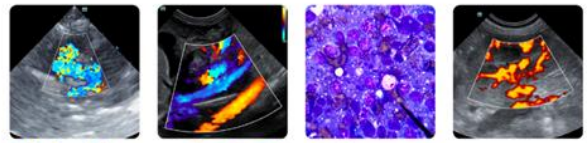
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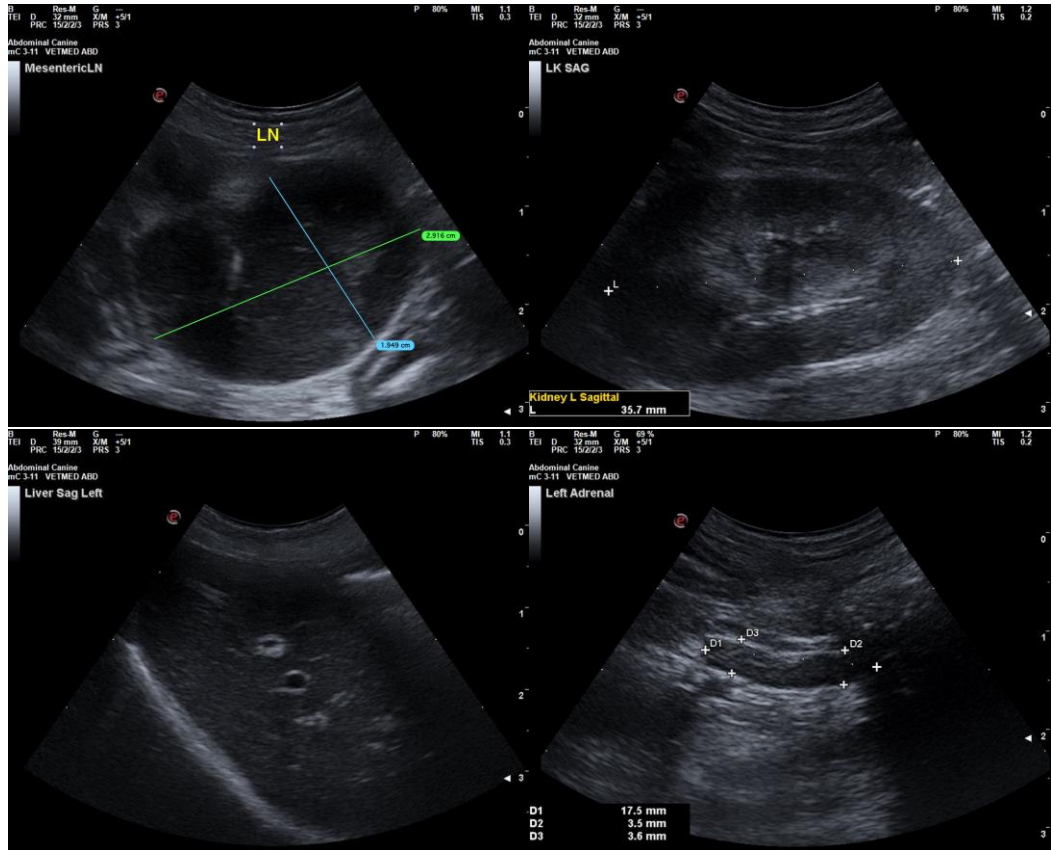
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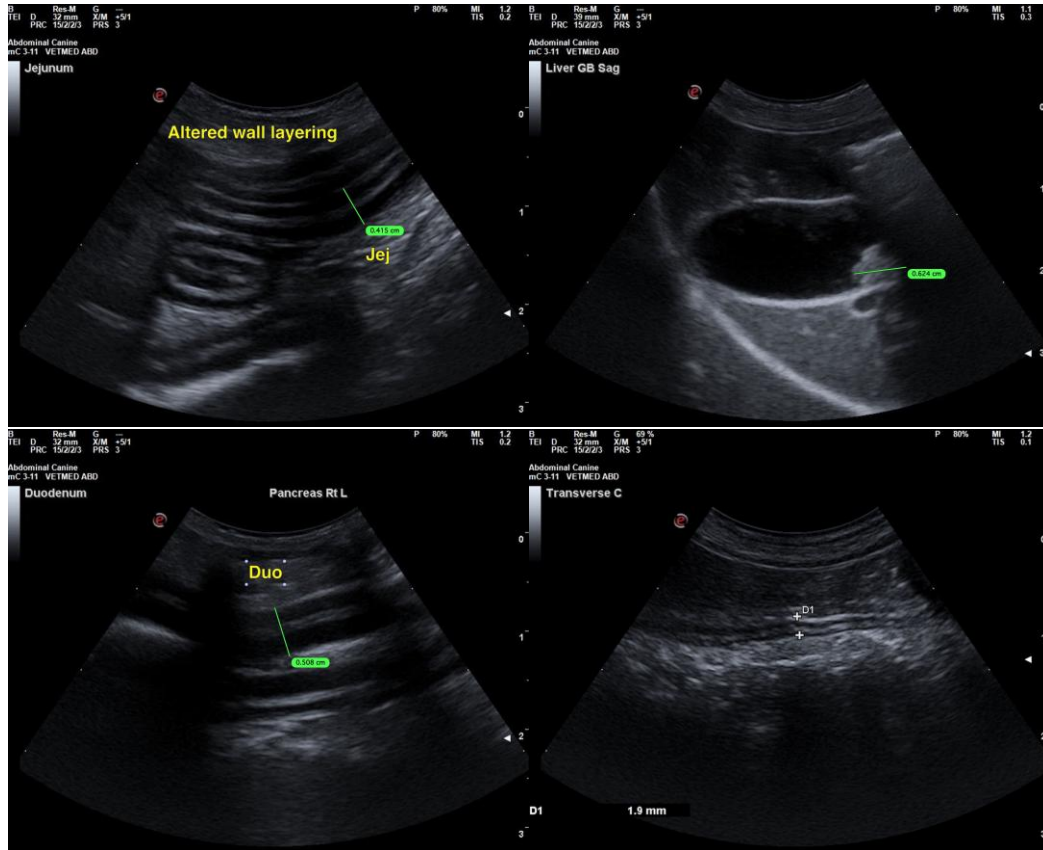
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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