



PATIENT

Brandon Ortiz

SPECIES

Canine

BREED

Mixed

SEX

Male Intact

AGE

8y

WEIGHT

48.0 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse PUS

REFERRING VET

Dr. Lionel Ricci

INVOICE

13437

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzymes. Px originally visited rDVM due to a mass on the perianal region and bloodwork showed an elevation of hepatic enzymes. Sx was performed to remove the mass on the perianal region, but there's a second mass in the same region and rDVM would like to surgically remove it once again. No diarrhea, vomiting, lethargy, or inappetence reported by owner.

Current Medications: Px is currently taking Denamarin and consuming a Hepatic diet.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference. FNA of liver declined by owner. ALT 773, ALP 243

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Intermittent, small, anechoic, thinly walled parenchyma cysts were present.

Normal size and margination was 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 6.1 cm in length. The right kidney measured 6.3 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 0.61 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 0.66 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

The liver exhibited possible borderline enlargement and normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. Mild to indistinct portal vascular borders. Solitary, thinly walled intraparenchymal cyst right cranial liver



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measuring ~3.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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 ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent, mildly prominent to enlarged medial iliac and sublumbar 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). Example of medial iliac lymph node measured 1.8 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with benign intraparenchymal cysts
- Normal gallbladder
- Normal bilateral adrenal glands/kidneys
- Benign prostatic hyperplasia pattern with small prostatic cysts, minor potential for prostatitis
- Intermittent, mild mesenteric and medial iliac lymphadenopathy – consistent with benign criteria, i.e. incidental reactive hyperplasia, lymphadenitis, less likely early metastasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is consistent with benign criteria, although nonspecific. Inflammatory etiology may be suspected given primarily elevated ALT with potential concurrent vacuolar changes, cholestasis, fibrosis, hyperplasia or other. Hepatic neoplasia thought less likely. Further assessment may include, assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory criteria. No evidence of vascular anomaly. Hepatic biopsies for histopathology and copper assessment would be required for definitive diagnosis. No anesthetic contraindications. If evidence of adequate hepatic function, i.e. normal BUN, glucose, cholesterol and albumin levels. Hepato-supportive medications and monitoring would be more conservative.



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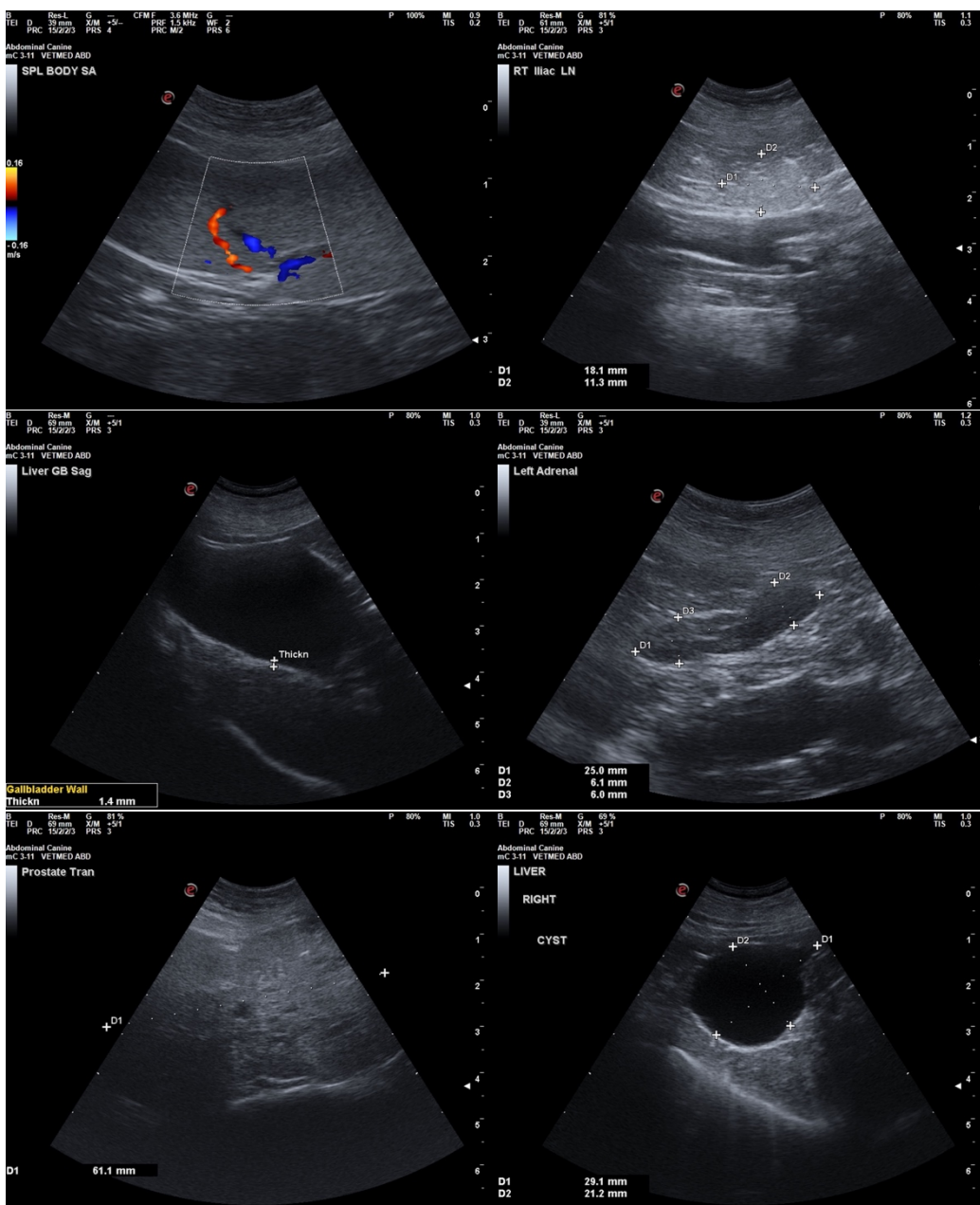
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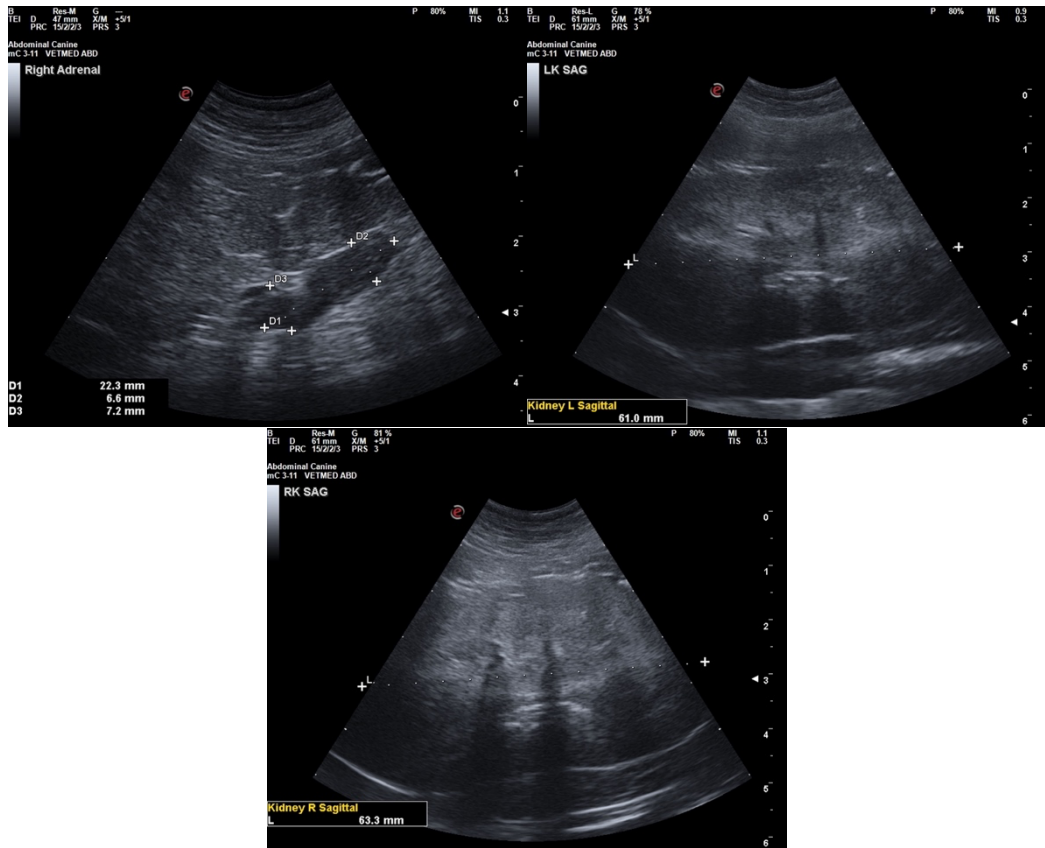
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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