



PATIENT

Ferrero Milan
Rodriguez

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Ferdie Liard

INVOICE

24661

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Px presented as a referral for a Thoracic non-cardiac ultrasound due to a space-occupying lesion within the thoracic cavity observed in the radiographs. Px originally visited rDVM on 04/27/2026 for evaluation of malaise. Owner informs that Px had been lethargic and inappetent, but no vomiting, diarrhea, coughing, nor sneezing reported by owner. Px is currently on the following Mx: Onsior, Elura, and Lactulose.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

Normal aerated lung noted in the left and right cranial mid and caudal thorax. No evidence of pleural effusion.

Subjective cardiac assessment revealed normal left and right chamber dimension and adequate LV systolic function. No evidence of pericardial effusion.

Subjective alinear diaphragm was visualized in several views with suspect liver visualized in the labeled caudal thorax. The majority of the liver appeared to be primarily within the abdominal cavity. No overt peritoneal effusion. The stomach appeared likewise caudal to the liver and within the abdominal cavity containing a mild amount of non-shadowing ingesta. The visualized gallbladder was sonographically normal.

ULTRASONOGRAPHIC FINDINGS

Primary

- Suspect small diaphragmatic hernia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected small diaphragmatic hernia may be intermittent or sliding. A cranially expanding isoechoic liver lesion / mass, non-visible caudal thoracic mass obscured by caudal thoracic aerated lung or hiatal hernia thought less likely. Radiographic monitoring with as needed gastrointestinal support indicated. CT evaluation, if possible, would be ideal for further clarification.



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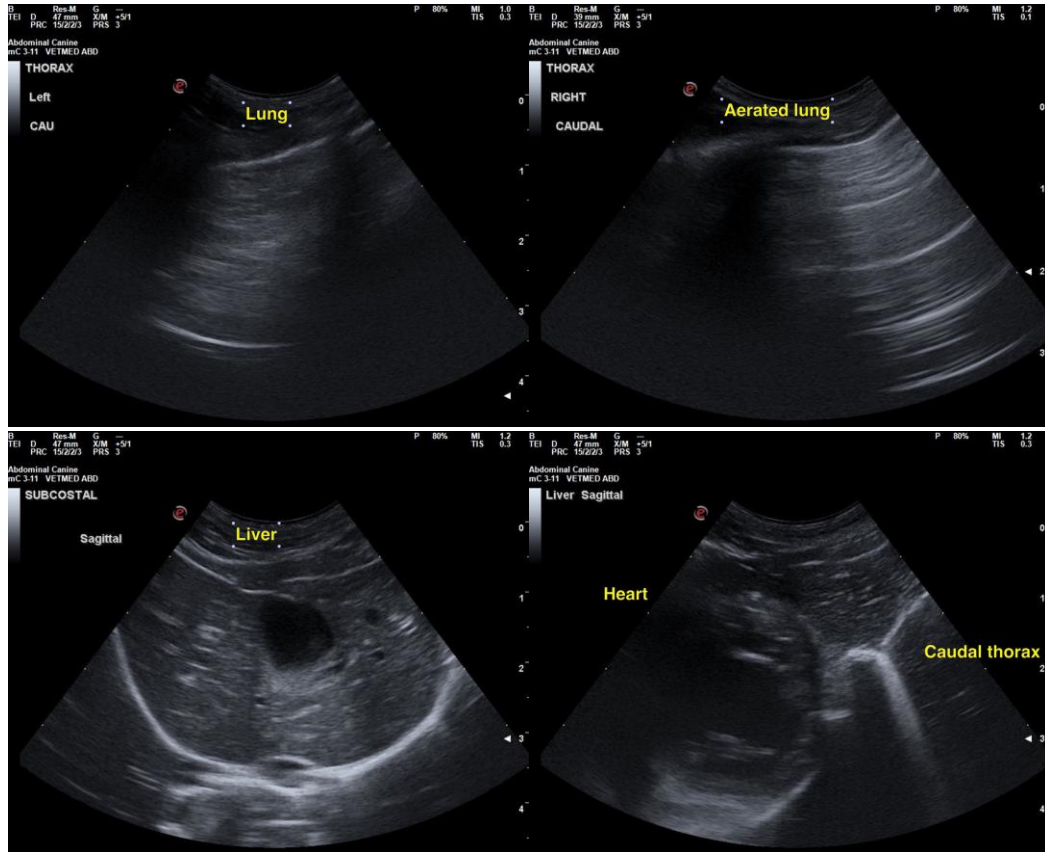
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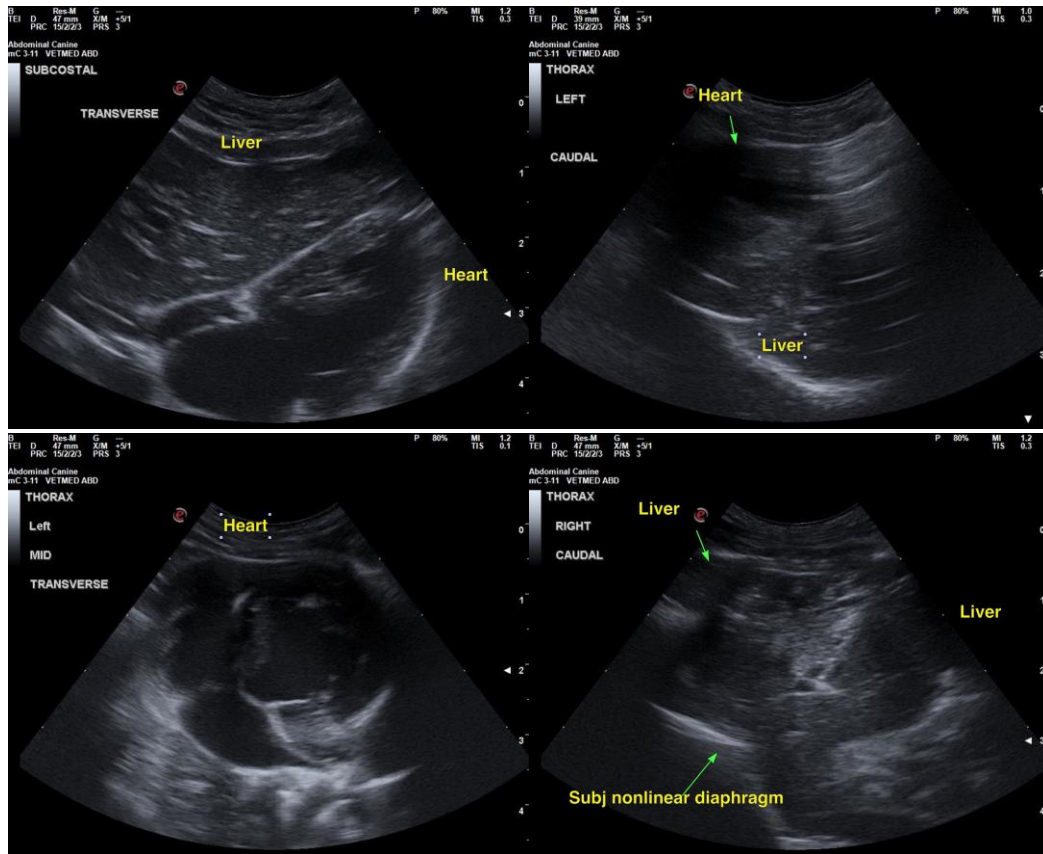
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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