

**PATIENT**

Lalai Martinez

**SPECIES**

Canine

**BREED**American Pitbull  
Terrier**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

63.2 lbs.

**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. Jose Gonzalez

**INVOICE**

10834

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

Px presented as a referral for an abdominal ultrasound due to there being a suspect of there being a mass in the abdomen. Px presented to rDVM on April 8th due to presenting with a distended abdomen. No vomiting, diarrhea, inappetence, or lethargy reported by owner. Px is PU/PD, and sometimes Px has episodes of excessive panting.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached below for your reference. CBC: WNL  
Chem: HIGH ALP (560 U/L), HIGH BUN (36 mg/dL), HIGH Ca (11.9 mg/dL), PHOS (6.6mg/dL), HIGH  
CREA (1.7mg/dL), HIGH GLU (126mg/dL)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN*****Urinary System***

The urinary bladder, trigone, and cystourethral junction 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 was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. Moderate left kidney pyelectasia was present. No evidence of visible left or right hydroureter. The left kidney measured 7.6 cm in length. The right kidney measured 8.0 cm in length.

***Adrenal Glands***

Both adrenal glands were asymmetrically enlarged, exhibiting nonhomogeneous, non-mineralized parenchyma. The right adrenal gland measured 2.8 cm length x 0.93 cm caudal pole width. The left adrenal gland measured 4.3 cm length x 2.0 cm caudal pole width.

***Spleen***

The spleen exhibited two visualized, variably expansive, nonhomogeneous to small splenic masses. The cranial splenic mass measured ~2.2 cm in diameter. The mildly expansive, subjective caudal lateral splenic mass with associated symmetrical capsule distortion measured ~3.0 cm in diameter.

***Liver/ Gallbladder***

The liver presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor retained fluid and focally shadowing, nonobstructive ingesta without evidence of obstruction.

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 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 were evident.

## *Free Abdomen*

Intermittent mesenteric and medial iliac 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 of a lymph node measured 1.7 cm x 0.7 cm. No evidence of effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Chronic nephropathy exhibiting variable bilateral pyelectasia
- Hepatopathy – subjective benign
- Normal gallbladder
- Mild to variably expansive nonhomogeneous splenic masses
- Bilateral asymmetrical nonhomogeneous adrenomegaly
- Intermittent mild mesenteric and medial iliac lymphadenopathy – suggestive of benign criteria, i.e., mild reactive hyperplasia, less likely lymphadenitis

### *Secondary Findings*

- Mild retained gastric fluid and nonspecific shadowing ingesta, normal empty small intestine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic masses are nonspecific, with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Assuming normal clotting status and using a 25-gauge needle, splenic mass FNA cytology could be considered for further clarification. Adrenal workup with LDDST is warranted given the adrenal presentation, hepatopathy, and patient's clinical signs.

Assuming no evidence of pathology on three view chest radiographs and ideally on brief sonographic assessment of the heart, diagnostic and prophylactic splenectomy could be considered.



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The pyelectasia noted in both kidneys, more prominent in the left kidney, may be secondary to chronic renal changes, pelvic scarring, or possible underlying chronic infection. Correlation with urinary workup, including UA, C/S on a sterile urine sample, +/- UPC level, if not inflammatory proteinuria, for renal staging is suggested.

The retained gastric fluid and nonspecific shadowing gastric content may be incidental, given no reported gastrointestinal signs. Sonographic reassessment following a documented 12-hour fast may be indicated if non-reported gastrointestinal signs arise.

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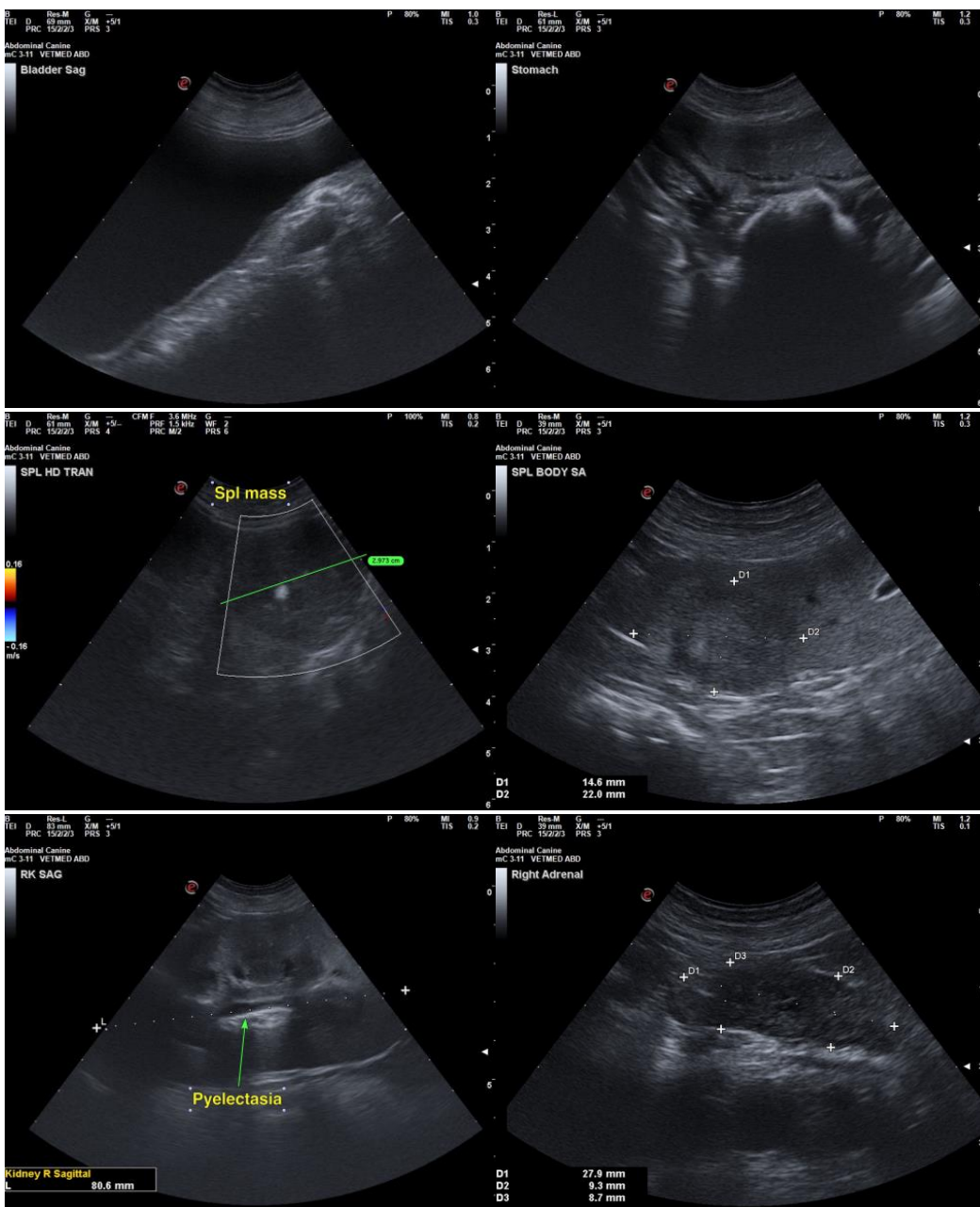
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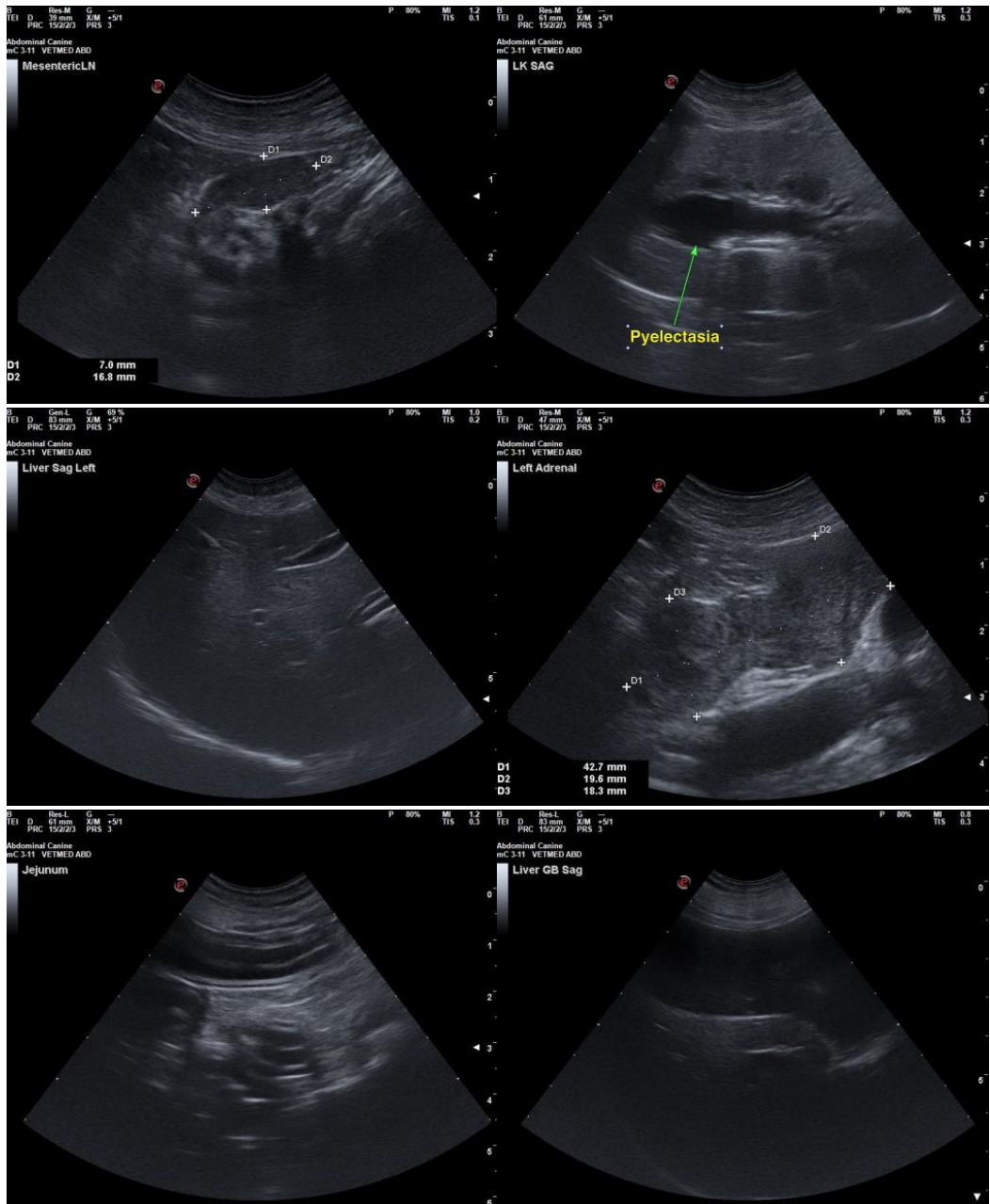
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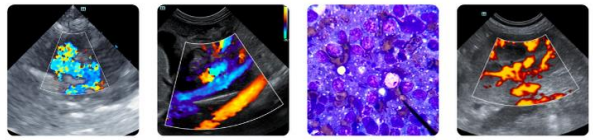
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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