



PATIENT

Amara Diaz

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

11y

WEIGHT

37.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer

HOSPITAL NAME

Pulse PUS

REFERRING VET

Dr. Alex Aponte

INVOICE

13450

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral to rule out splenic neoplasia. Px originally visited rDVM due to a cutaneous Hemangioma in the abdominal region. Px has presented with some intermittent diarrhea, but no vomiting, coughing, or lethargy reported by owner.

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

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.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited probable solitary cyst with associated intra cyst mineralization measuring ~1.2 cm in diameter. Concurrent mild medullary mineral was present in the left kidney. The left kidney measured 5.9 cm in length. The right kidney exhibited medullary mineral. The right kidney measured 5.9 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 0.60 cm width at the caudal pole. A nonhomogeneous nodule was present in the cranial right adrenal pole exhibiting subtle, hyperechoic, non-mineralized, non-capsule deforming measuring 0.65 cm in diameter. The nodule did not exhibit signs of vascular invasion. The right adrenal gland was normal in size and measured 0.65 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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

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.



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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

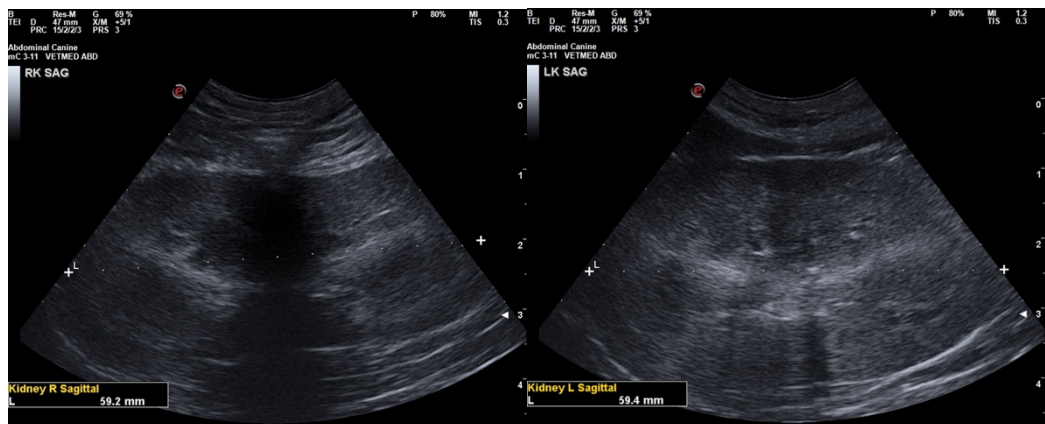
The visualized medial iliac and mesenteric lymph nodes were sonographically normal without evidence of inflammatory or metastatic criteria. Medial iliac lymph node measured 2.9 cm x 0.52 cm. Solitary subcutaneous non-homogeneous to mildly hypoechoic nodule was present measuring 2.1 cm x 0.84 cm. No evidence of associated cellulitis. No evidence of peritoneal effusion present.

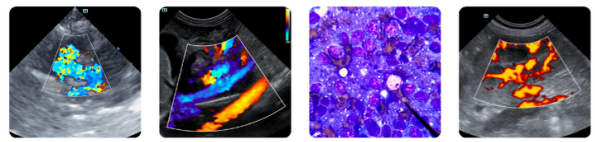
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver/spleen
- Normal gastrointestinal tract/colon
- Chronic renal changes with mild medullary mineral, probable left kidney cyst with intra cyst mineral
- Subtle cranial right adrenal nodule – nonspecific, suspect adenoma
- Nonspecific non-homogeneous subcutaneous nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the subtle cranial right adrenal nodule for evidence of progression and periodic monitoring of systemic BP for evidence of hypertension is suggested. FNA cytology of the nonspecific subcutaneous nodule indicated for further clarification.





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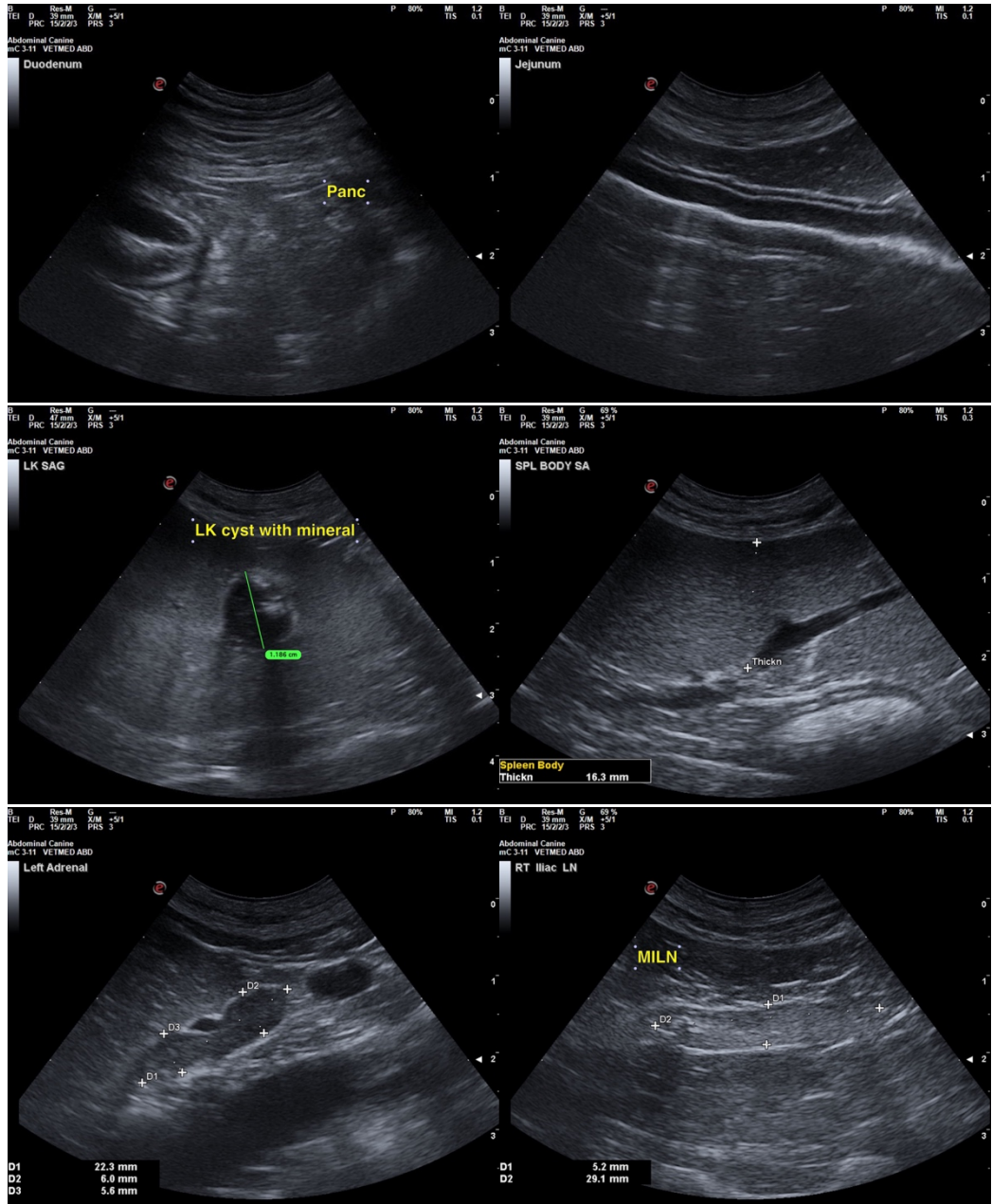
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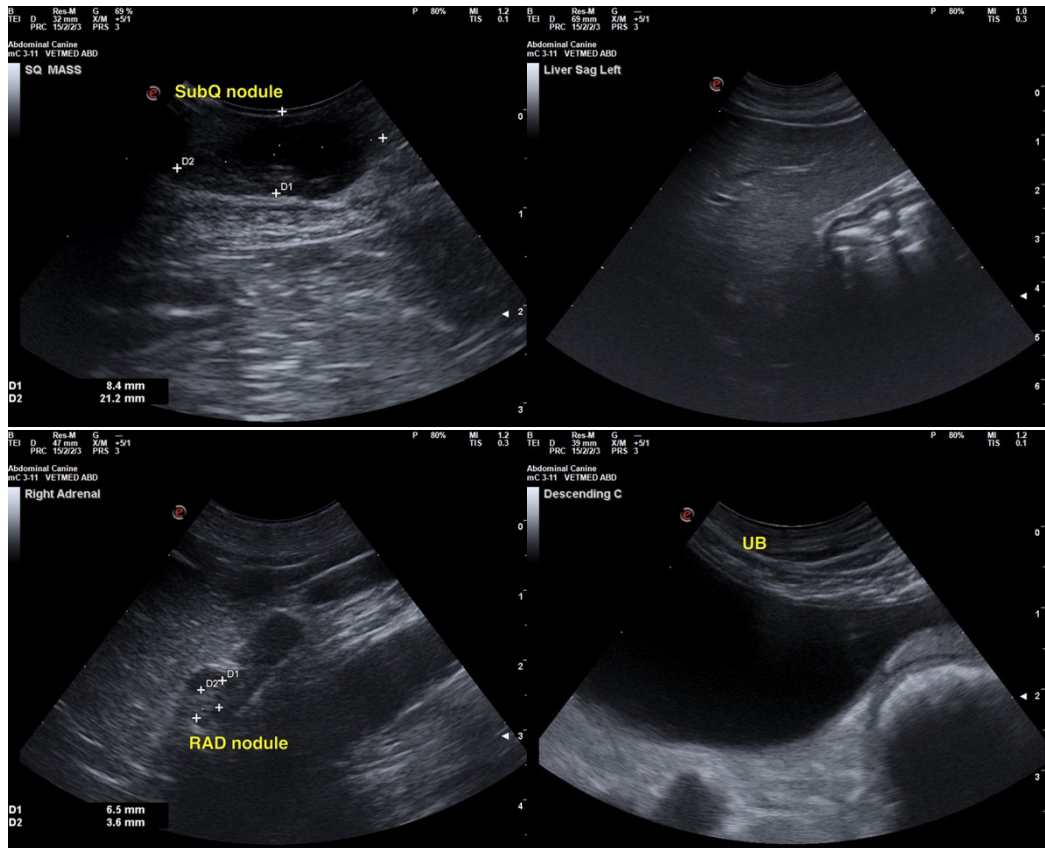
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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