

PATIENT

Ghost Gonzalez

SPECIES

Canine

BREED

Mix

SEX

Intact Male

AGE

7 Years

WEIGHT

76 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Alma Alicea

INVOICE

15547

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of diarrhea and vomiting. Owner reported that Px presented with bloody diarrhea and bloody vomiting since last week. Px was hospitalized in emergency clinic for 2 days and was discharged yesterday. Px is diabetic. Px has been inappetent since the episodes of diarrhea and vomiting began, but is now doing better. Px is taking the following Mx: Cerenia, Famotidine, Propectalin, Metronidazole, Baytril, Sucralfate.

Abnormal PE/Chem/CBC/UA Results: rDVM record and radiographs attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change 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. The prostate measured 4.0 cm in diameter. The left and right testicles were sonographically normal.

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 7.2 cm in length. The right kidney measured 7.4 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 0.58 cm width at the caudal pole.

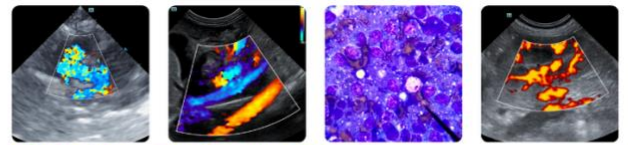
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

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 & Gallbladder

The liver presented subjective 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



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing mild ingesta/chyme was present.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The right pancreas was asymmetrically prominent to mildly enlarged with nonhomogenous hypoechoic parenchyma and mild surrounding hyperechoic peripancreatic omentum.

Free Abdomen

Intermittent mild medial iliac and mesenteric 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 mesenteric lymph node measured 1.3 cm x 0.54 cm. No evidence of effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

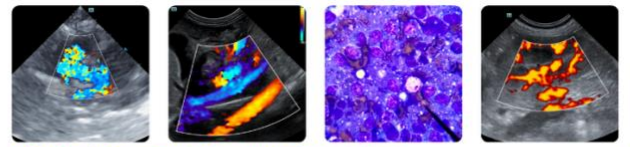
- Sonographically unremarkable gastrointestinal tract/colon with mild nonshadowing gastrointestinal ingesta/chyme with semi formed/soft fecal matter in colon.
- Prominent nonhomogenous hypoechoic right pancreas- persistent possibly resolving active to chronic active pancreatitis.
- Benign hepatopathy pattern.
- Minor nonorganized gallbladder debris (non-mucocele).
- Intermittent mild mesenteric/medial iliac lymphadenopathy- consistent with benign criteria i.e. mild reactive hyperplasia or lymphadenitis, suspect secondary to inflammatory bowel episode.

Secondary Findings

- Benign prostatic hyperplasia, minor potential for prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued gastrointestinal support and empirical therapy for pancreatitis, give an improved clinical presentation is recommended. Correlation with the GI panel to include PLI, TLI, cobalamin and folate, may be considered. Long-term, novel protein or hydrolyzed diet, and high colony count probiotic, such as Provable or VisBiome, may prove beneficial. Recheck sonogram if recurrent gastrointestinal signs. No evidence of neoplastic criteria.



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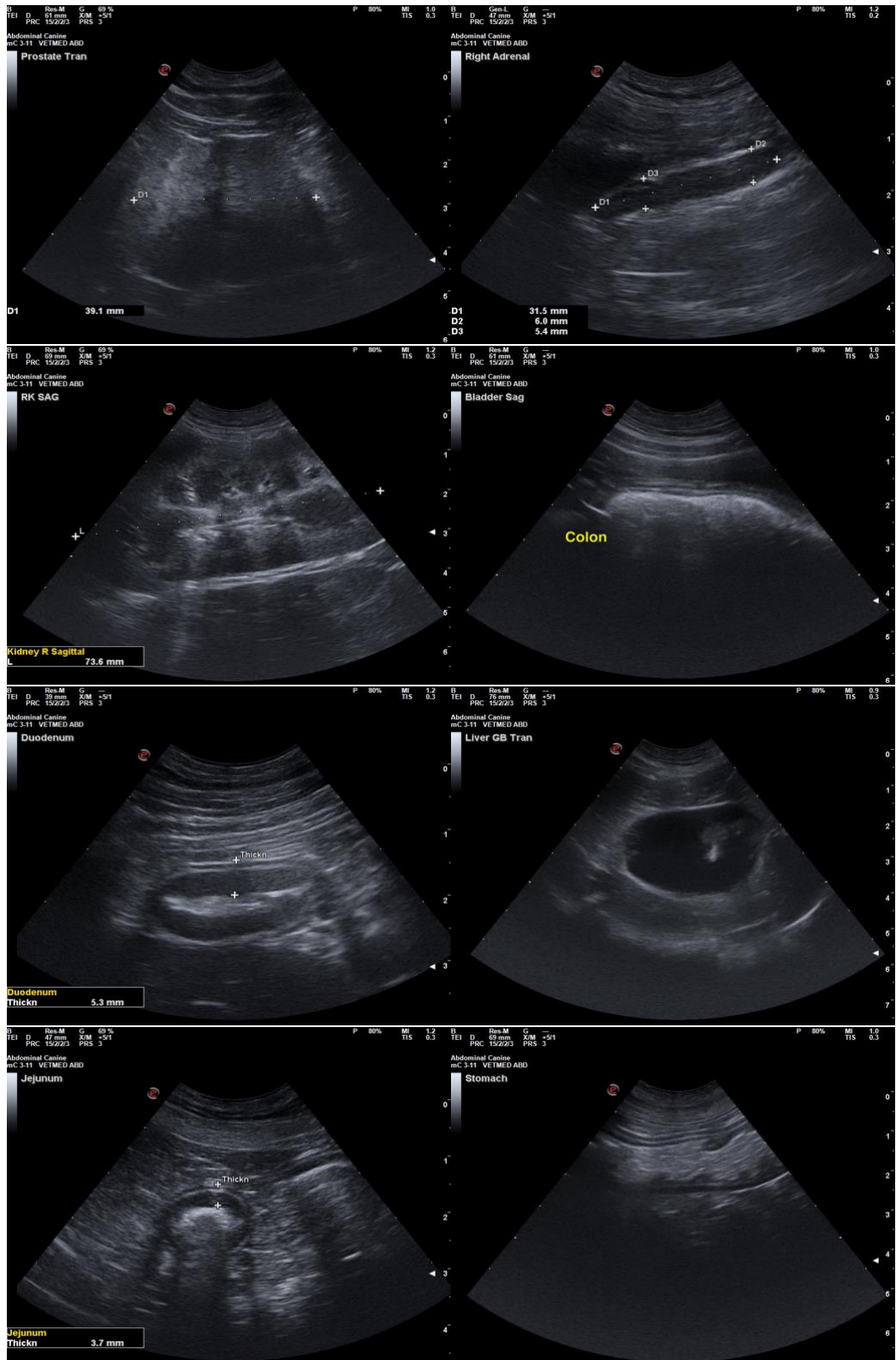
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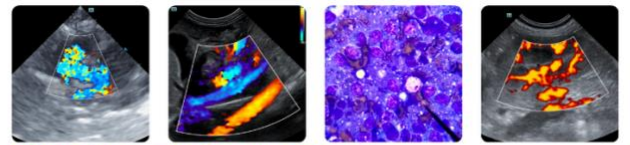
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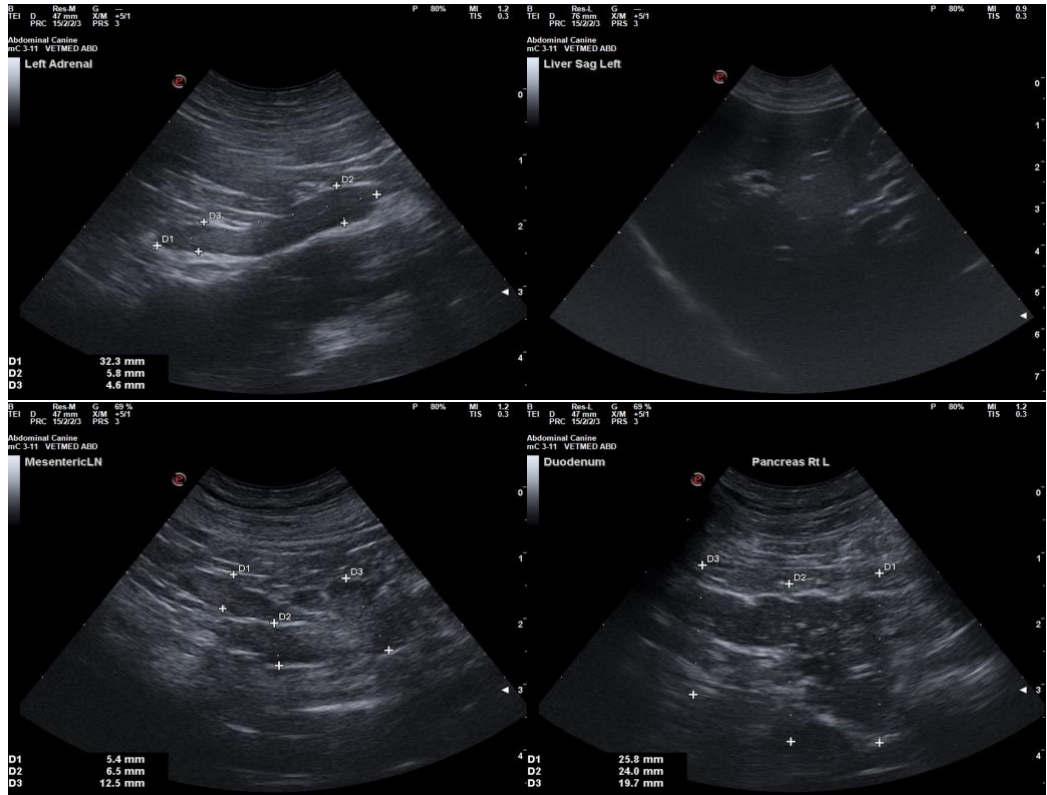
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com