



PATIENT

Sofia Rivera

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

24 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Díaz LVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Dra. Ileana Rivera
Mujica DVM

INVOICE

14955

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Had diarrhea over the weekend and has been quieter than usual. On PE, heart and lungs auscultated normal. Tense in abdominal palpation. Results of cbc and chemistry wnl, except for the ALP (she has a history of elevated ALP consistently).

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 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 0.49 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 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were present with an example measuring 0.80 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. A solitary mildly expansive nonhomogenous hypoechoic splenic nodule was present measuring 1.7 cm in diameter.

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

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



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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 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 semi formed to soft fecal matter.

Pancreas

The parenchyma of the right pancreas and pancreas base was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon with semi formed/soft fecal matter.
- Suspect chronic pancreatitis/fibrosis.
- Mild benign hepatomegaly.
- Nonorganized gallbladder debris (non-mucocele).
- Nonexpansive nonhomogenous hypoechoic splenic nodule with concurrent probable myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver suggests benign or idiopathic vacuolar or cholestatic hepatopathy in conjunction with ALP elevation and non-mucocele gallbladder debris. The hypoechoic splenic nodule may indicate lymphoid hyperplasia, hematopoiesis, granuloma, inflammation, while potential for emerging splenic tumor is not excluded.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) splenic nodule and hepatic parenchyma FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support with concurrent hepatosupportive medications with serial monitoring of the gallbladder and splenic nodule for evidence of progression would be reasonable. Diagnostic and prophylactic splenectomy with concurrent hepatic biopsies (assuming normal clotting status) are likely required for a definitive diagnosis.



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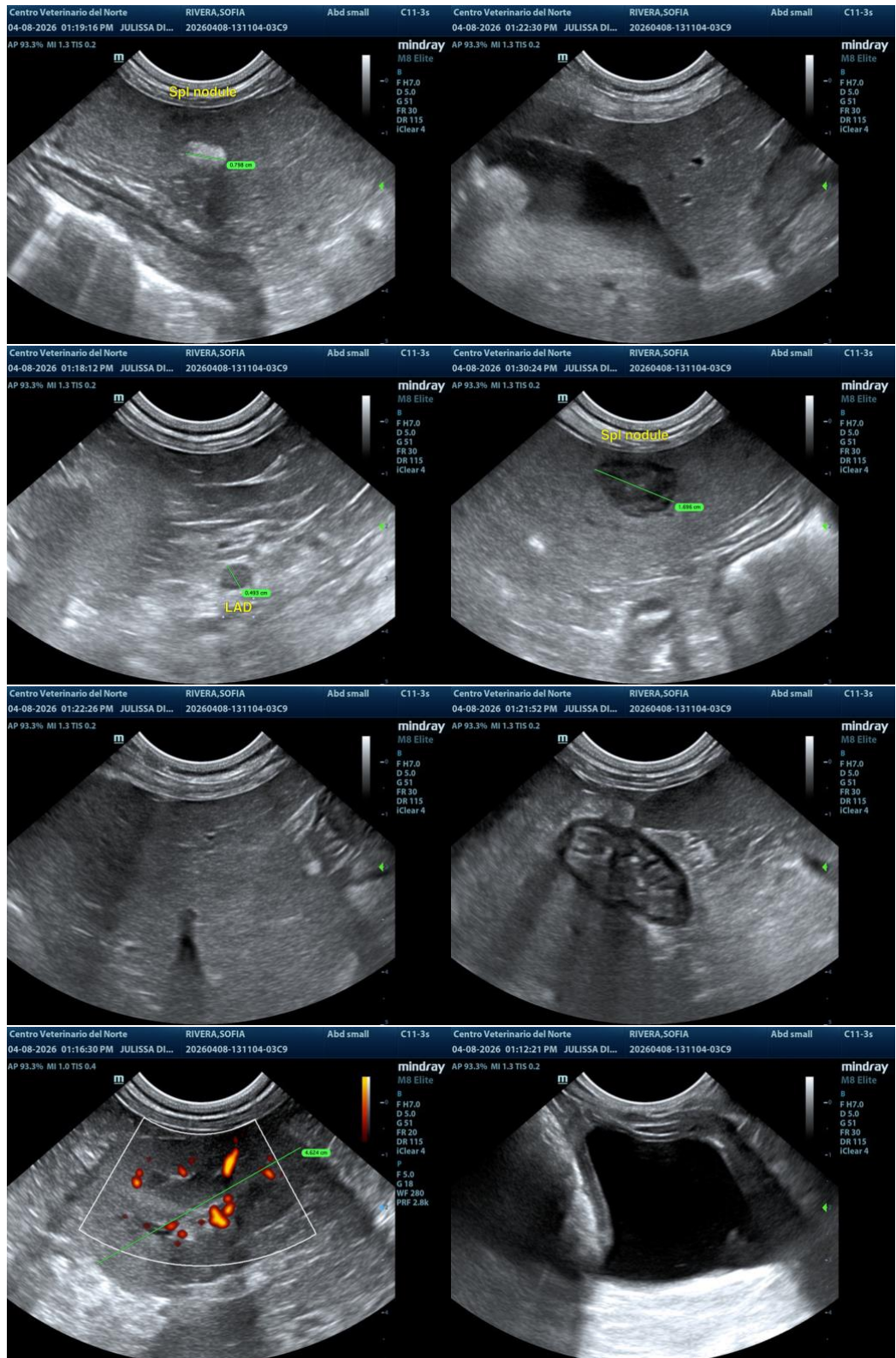
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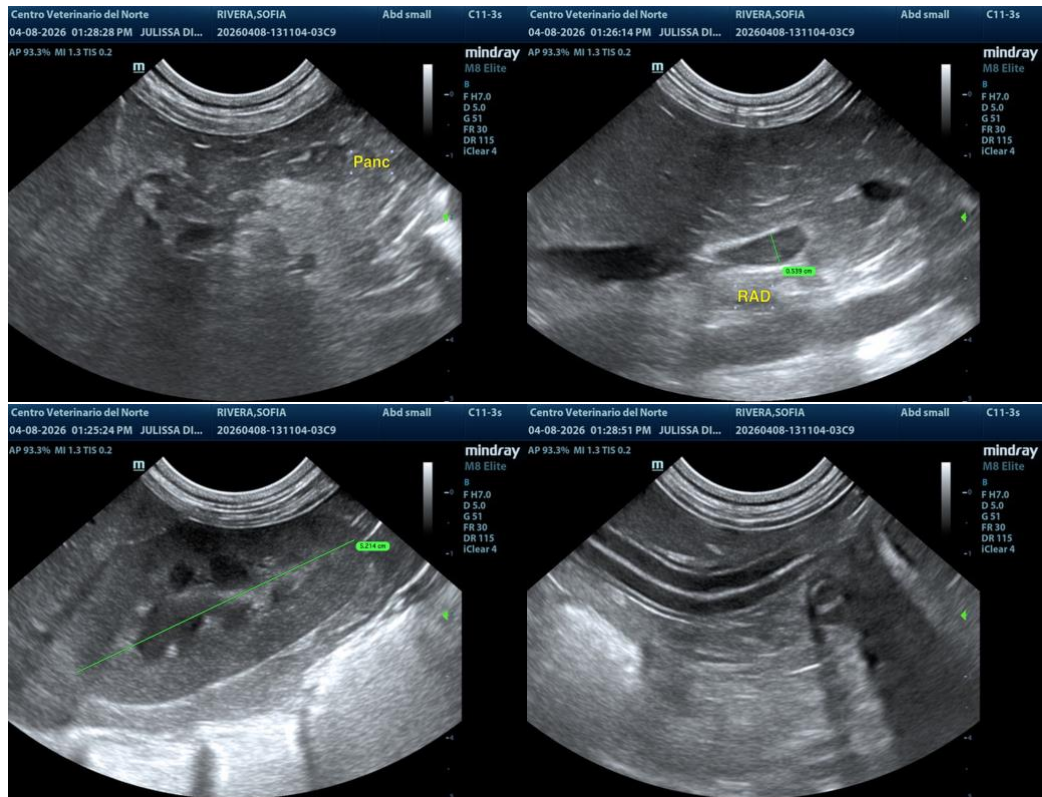
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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