



PATIENT

Max Aldahondo

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

16.0 lbs

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

Dr. Nidia Alvarez

INVOICE

15658

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to persistently elevated hepatic enzymes. Px has been asymptomatic as per owner, no vomiting, no diarrhea, no coughing, no inappetence. Px originally visited rDVM for a routine wellness check and bloodwork showed elevation in the hepatic enzymes. Denamarin was prescribed and on the follow up appointment the hepatic values slightly increased. Sample of stomach mass collected via FNA, results are currently pending.

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily ventroapical urinary bladder. Mildly nonhomogenous, non-mineralized ventral apical wall echogenicity. Moderate dependent lumen mineral extending into the cystourethral junction and proximal urethra without obstruction to urine outflow. The ureteral papillae were normal. The ureters were not visible which is normal. The ventroapical wall measured 0.72 cm wall width.

The area of the residual prostate appeared normal and free of pathology.

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. A right kidney small cortical cyst was visualized. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the caudal pole. The right adrenal gland measured 0.45 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small hyperechoic nodules were present. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a variable coarse echotexture and subjective mild nonhomogenous parenchymal remodeling with indistinct portal vascular borders. Intermittent indistinctly marginated nonhomogenous hyperechoic intraparenchymal nodules and discrete hypoechoic nodules were present. Example of liver nodules measured 2.2 cm in diameter.



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

Gastrointestinal

The stomach revealed a mild irregular nonhomogenous mass in the area of subjective gastric antrum to pylorus measuring approximately 3.0 cm in diameter. No overt obstruction to pyloric outflow with overall empty gastric lumen. The remainder of the stomach wall exhibited intact wall layering and normal wall width.

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 fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous liver exhibiting variably echogenic intraparenchymal nodules- chronic vacuolar, cholestatic of inflammatory hepatopathy, parenchymal remodeling, areas of nodular hyperplasia, hematopoiesis, fibrosis, lipogranulomas, neoplasia thought less likely yet not excluded.
- Nonorganized gallbladder debris (non-mucocele).
- Hyperechoic splenic nodules- consistent with probable myelolipomas.
- Pancreatic remodeling.
- Age-related renal/adrenal changes.
- Stomach mass.
- Probable ventroapical cystitis with urinary bladder lumen mineral extending into the proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatic and stomach mass FNA cytology is recommended. Urinary workup is indicated if not recently done. No obvious evidence of intra-hepatic or extra-hepatic macroscopic shunt. Hepatic and stomach mass biopsy with histopathology is likely required for a definitive diagnosis.



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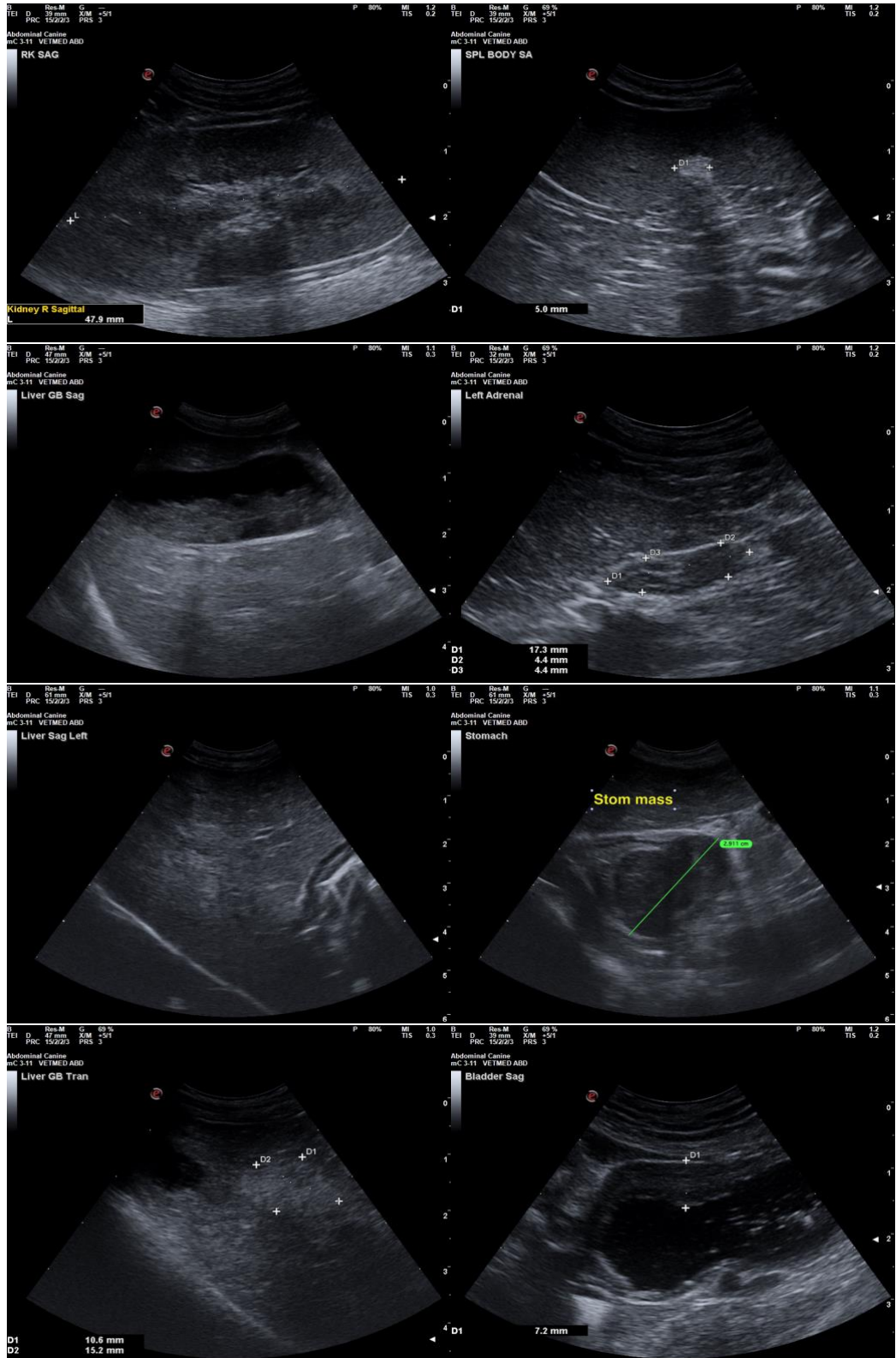
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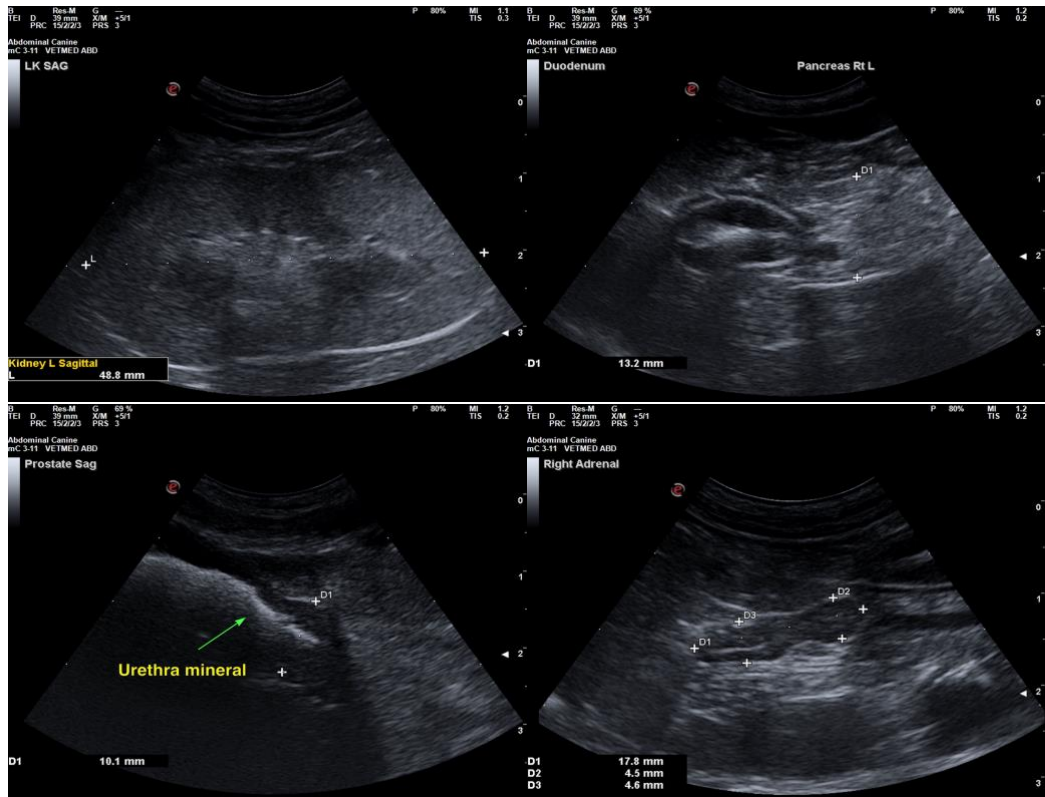
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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