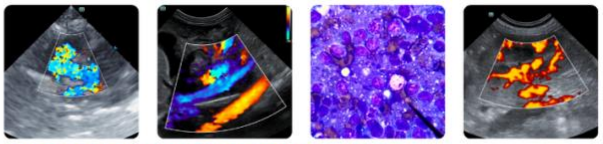


PATIENT

Goyita Rivera

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Maria Martes

INVOICE

16162

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of chronic diarrhea and inappetence. Px was prescribed Cerenia, metronidazole, Diagel, and Proviable at another veterinary clinic on 4/30/26. Owners have not seen improvement with Mx. Patient is eating well her Royal Canin Gastrointestinal Low Fat diet. Feces are liquid. There is no hematochezia. On physical exam, patient has a BCS of 3.5/9, fur staining at paws, calculus accumulation and lenticular sclerosis. Patient had been previously on Apoquel, Galliprant, Dasuquin and Adequan. Medications were discontinued when patient developed diarrhea. Sample of Spleen and Lymph node were acquired via Fine Needle Aspiration (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, 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were present. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 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 0.48 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 0.53 cm width at the caudal pole.

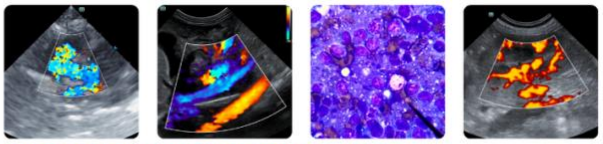
Spleen

The spleen presented enlarged in size with capsule asymmetry and nonhomogenous hypoechoic indistinctly hyperechoic nodular parenchyma with normal vascular volume.

Liver & Gallbladder

The liver presented with generalized hepatomegaly and homogenous mildly hypoechoic parenchyma with mild increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild thickened walls containing nonobstructive mineralized accumulated gallbladder neck debris to choleolith measuring approximately 1.1 cm in diameter. Concurrent nondependent particulate bile sediment with no evidence of peripheral inflammation. The common bile duct was not visualized.



PATIENT

Goyita Rivera

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Maria Martes

INVOICE

16162

DATE

05/13/26

Gastrointestinal

The stomach presented mildly thickened wall. Overall, intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio with possible propensity for borderline prominent intestinal mucosa layer. The duodenum wall measured 0.41 cm wall width. The jejunum wall measured 0.40 cm wall width.

The descending colon walls presented intact yet mild thickened wall layering. Lumen gas and soft fecal matter was present in the colon lumen. The descending colon wall measured 0.27 cm wall width.

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

Multicentric mildly to variably enlarged nonhomogenous hypoechoic mesenteric and medial iliac lymphadenopathy were present with an example measuring 3.7 cm x 1.5 cm with surrounding perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mild parenchyma hypoechogenicity.
- Thickened gallbladder wall with nonobstructive mineralized debris/choleolith.
- Enlarged nonhomogenous hypoechoic indistinctly nodular spleen.
- Nonspecific gastroenterocolonopathy exhibiting mildly thickened hypomotile stomach and soft fecal matter in colon.
- Multicentric variably hypoechoic to swollen mesenteric/medial iliac lymphadenopathy.

Secondary Findings

- Bilateral chronic renal changes, normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although pending sampling is required for further clarification, primary concern for multicentric round cell neoplasia is indicated with diffuse to multicentric non-specific inflammatory infectious disease or other non-neoplastic etiology are possible yet thought less likely. Correlation with splenic and lymphatic FNA cytology is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

PATIENT

Goyita Rivera

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

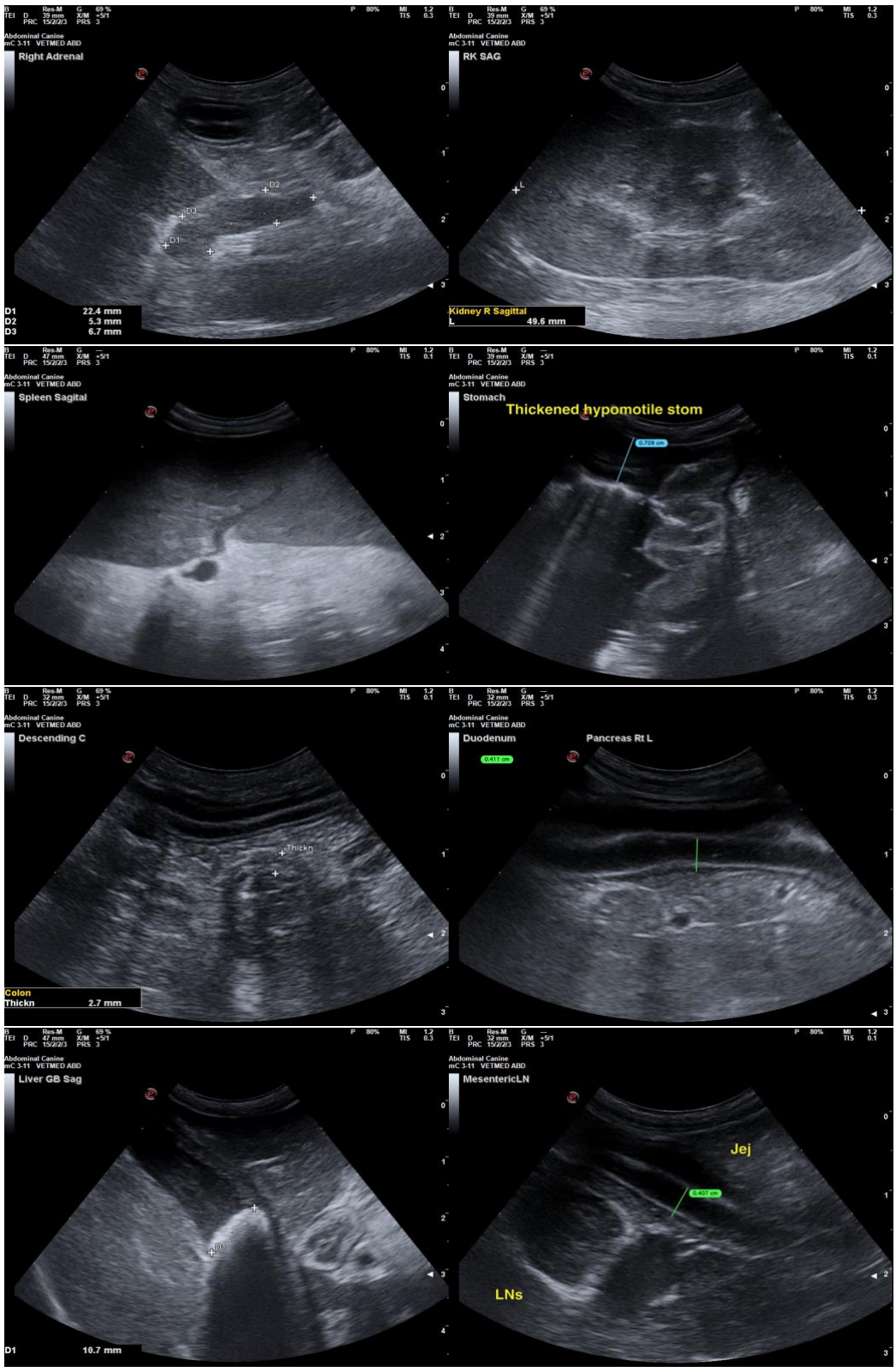
Dra. Maria Martes

INVOICE

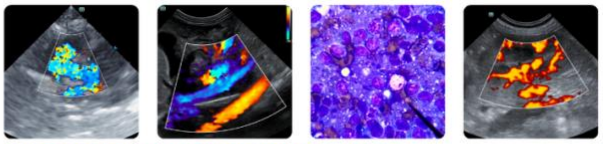
16162

DATE

05/13/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Goyita Rivera

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

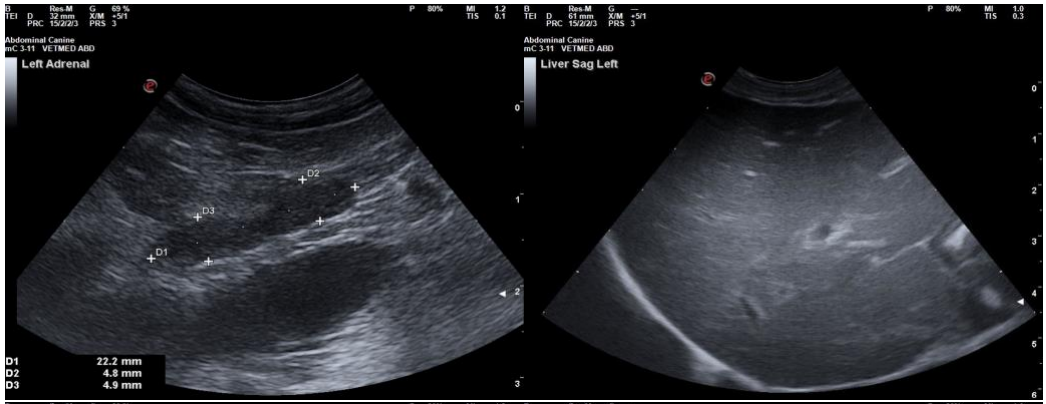
Dra. Maria Martes

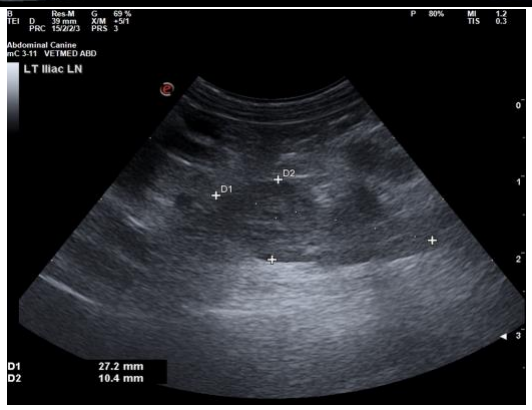
INVOICE

16162

DATE

05/13/26





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