



PATIENT

Itzel Morales

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

13yr

WEIGHT

7.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Marilyn Davila

INVOICE 24828

DATE
05/13/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of non-regenerative anemia. Px received a blood transfusion around 3 weeks ago and CBC has been repeated every week since then, values seem to be improving since the blood transfusion was performed. Px originally presented to rDVM due to inappetence and vomiting, but these symptoms have now ceased. Px is BAR, apparent, and no recent vomiting or diarrhea were reported by owner. Owner mentioned that Px has a Hx of drinking large amounts of water and urinating frequently. Px is currently taking the following Mx: Prednisone 5mg SID, Lixotinic, Sucralfate BID, Famotidine, Clavamox.

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 exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. A solitary dependent lumen mild irregular shadowing calculus was present measuring ~ 0.7 cm in diameter.

Normal size and margination were 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 measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.38 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in 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 mild to possible moderately 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. Normal vascular volume. 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 mild non-organized debris. The cystic and common bile ducts were normal.



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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 stomach wall measured 0.30 cm in 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.46 cm width.

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly-subjective benign
- Mild gallbladder debris
- Normal spleen
- Age-related renal changes
- Cystic calculus
- Normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as the definitive cause of the patient's anemia, including no evidence of neoplastic criteria. Immune-mediated or infectious etiologies regarding anemia may be considered. CBC pathology review +/- infectious disease serology if clinically indicated are recommended.

Continued empirical therapy for non-specific anemia would be appropriate. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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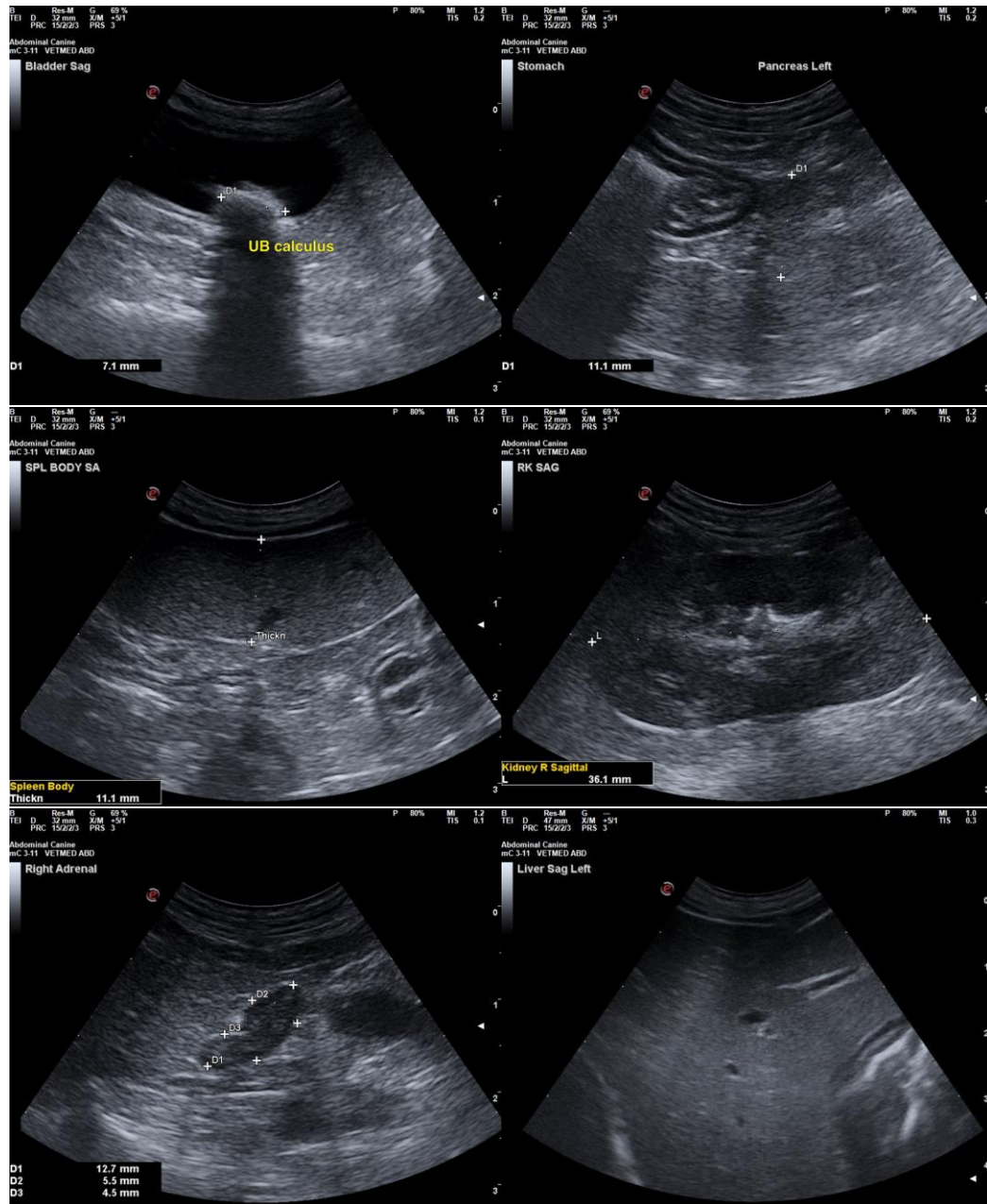
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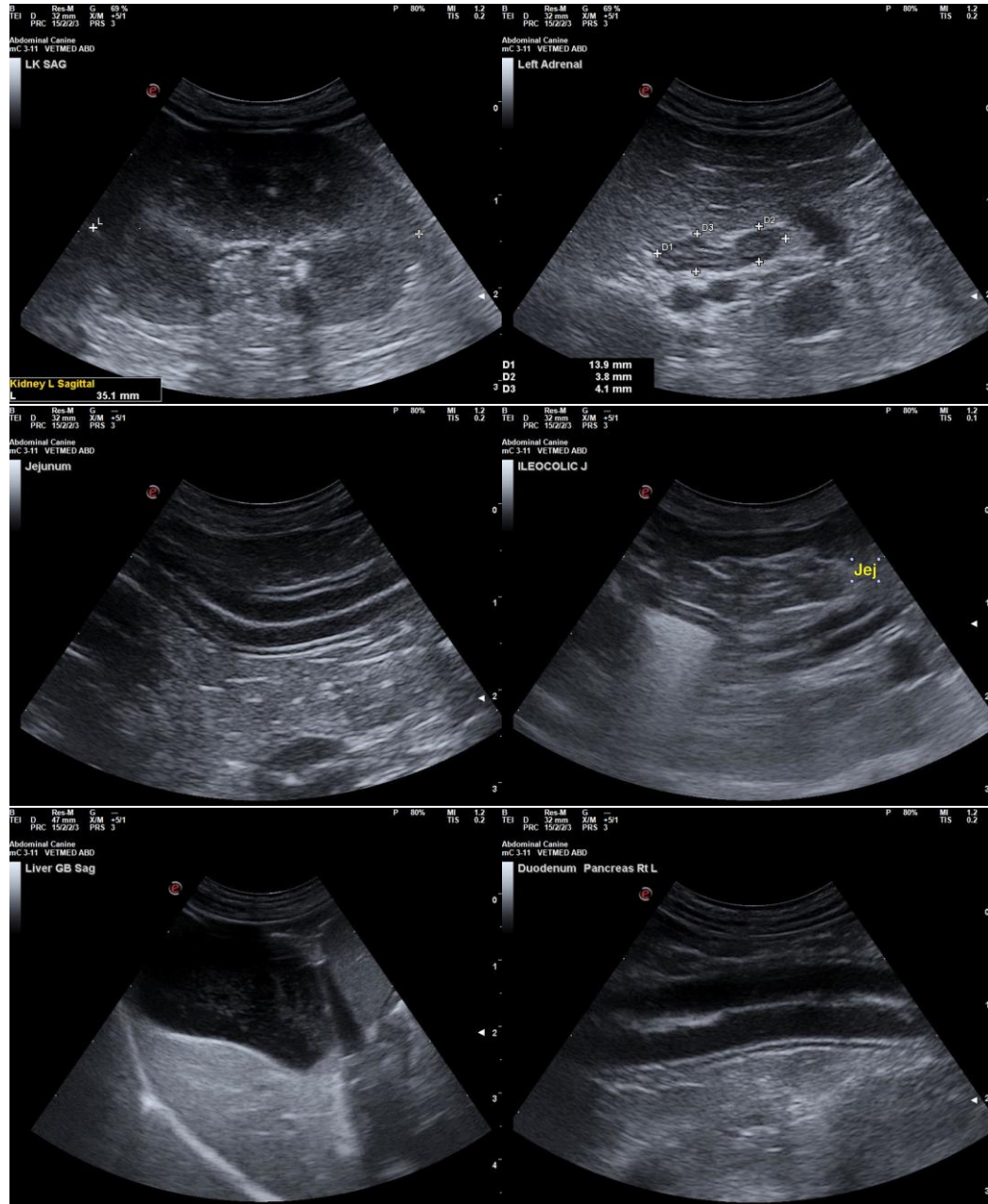
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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