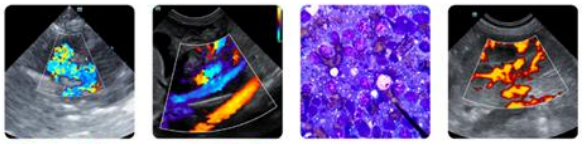


PATIENT

Channel Rodriguez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

13yr

WEIGHT

14.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr Maria Colon

INVOICE
24162

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of Colitis. Px originally visited rDVM due to presenting with bloody diarrhea. Owner reports that Px has Hx of presenting with different stool consistencies. No inappetence, lethargy, or vomiting reported by owner.

Abnormal PE/Chem/CBC/UA Results: Ultrasound report of the last ultrasound performed 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 cm exhibited normal thickness and tone. Mild asymmetrical ventroapical to dorsoapical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. No evidence of inflammatory or neoplastic changes were noted. Previously noted intramural ectopic ureter with possible emerging ureterocele was present.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney pyelectasia was present. Bilateral areas of medullary mineral were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was mildly subnormal in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm width at the caudal pole.

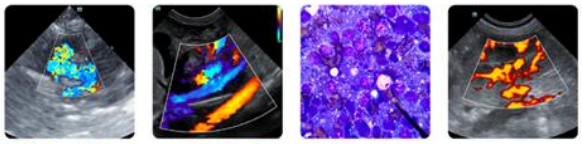
Spleen

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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A solitary visualized discreet mildly non-homogenous, isoechoic to mildly hypoechoic intraparenchymal nodule was present measuring 2.0 cm. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented borderline thickened wall. Intact wall layering was maintained and distinct. Mildly prominent rugal folds. The stomach contained a mild amount of anechoic fluid. No obstruction to pyloric outflow.

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 0.51 cm width. The jejunum wall measured 0.39 cm width.

The colon exhibited intact mildly prominent wall and was non-distended containing semi-formed to soft fecal matter. The descending colon measured 0.21 cm in 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

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Static mild colitis pattern
- Mild hypomotile gastritis
- Discrete liver nodule - tend to trend benign with nodular hyperplasia or lipogranuloma probable
- Previously noted intramural ectopic ureter with possible emerging ureterocele
- Subnormal right adrenal gland
- Mild chronic renal changes exhibiting medullary mineral and left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar colon appearance compared to the previous study without evidence of progressive mural pathology. Continued therapy for non-specific or idiopathic colitis indicated.

Recheck UA +/- C/S or UPC level for renal staging recommended. Serial monitoring of urinary signs which may suggest emerging clinical ectopic ureter or ureterocele given mild left kidney pyelectasia is indicated. Concurrent periodic monitoring of the discreet liver nodule for evidence of progression would be ideal. Additional GI diagnostics may include screening cortisol level, GI panel, and fresh fecal analysis if not recently done.

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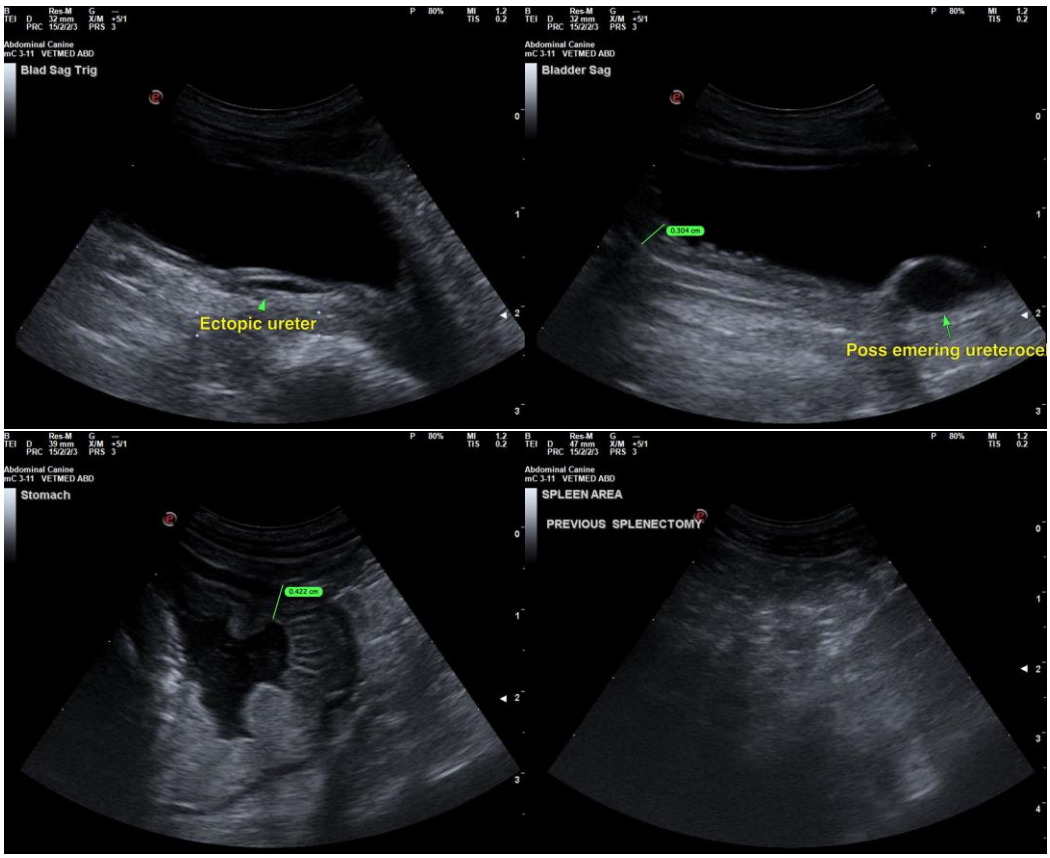

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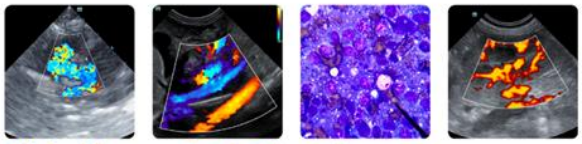

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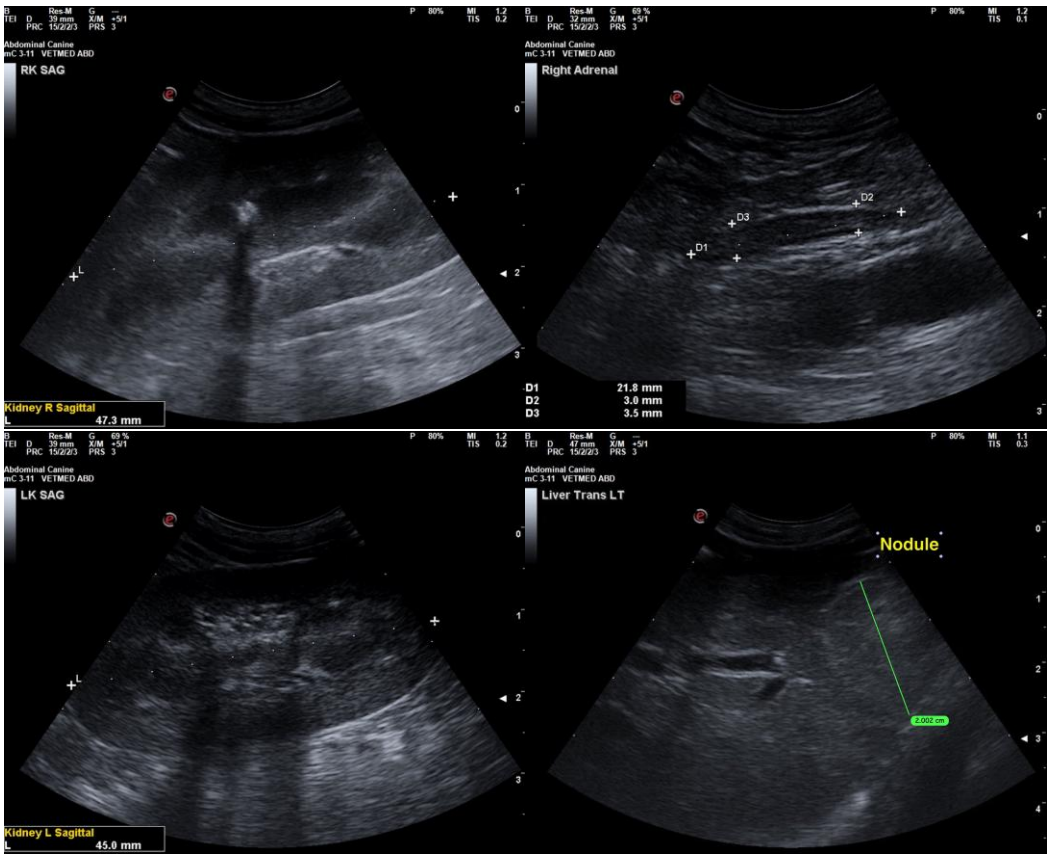

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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