



PATIENT

Smoochy Vidal

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

11Y

WEIGHT

19.6lbs

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

Dr. Jose
Carrasquillo

INVOICE

75047

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of persistent squatting to urinate. rDVM reports the following: Px urinates in the grass so the owner is unable to identify hematuria. On presentation patient is BAR, and the abdominal palpation was unremarkable. An abdominal radiograph was taken that R/O bladder calculi. A cystocentesis was done, and a urine culture came back negative, but the urinalysis revealed an increase in leukocytes, and mild hematuria with good concentrating ability. On reexamination in 5/9 a CBC showed a mild leukopenia, and a chemistry profile revealed a mild increase in ALKP, with normal renal values. Sample of Lymph nodes collected via FNA, results are still pending.

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone. An irregularly thickened dorsal and ventral caudal trigone and cystourethral junction wall with asymmetrical luminal surface was present. The thickened cystourethral junction wall measured 0.58 cm width. The proximal urethra presented thickened with normal tone to a depth of 3.0 cm. No evidence of proximal urethra urine retention. Focal areas of proximal urethra lumen vs mural mineralization are seen. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

Irregularly enlarged to swollen hypoechoic medial iliac lymph nodes were present. An example of a lymph node measured 2.6 x 1.2 cm. Mild surrounding perilymphatic hyperechoic tissue/omentum was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 pyelectasia. The left kidney measured 4.7 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 0.53 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 0.43 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 presented borderline 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



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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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 evidence peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened cystourethral junction and visible proximal urethra with focal proximal urethral lumen vs mural mineral.
- Swollen hypoechoic medial iliac lymphadenopathy.
- Hepatopathy – subjectively benign.
- Mild age related renal changes.
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened cystourethral junction and proximal urethra are highly suggestive of neoplastic criteria i.e. transitional cell carcinoma and suspect medial iliac lymphatic metastasis. Chronic caudal cystitis/ urethritis and medial iliac lymphadenitis are possible yet thought less likely. Correlation with pending lymph node FNA cytology is recommended. Concurrent BRAF assay, cytospin cytology, or free-catch urine sample to assess for neoplastic transitional cells may be considered. Cystoscopy or traumatic urethral catheterization could also be considered for cytology/biopsy. No current evidence of left or right ureter obstruction.



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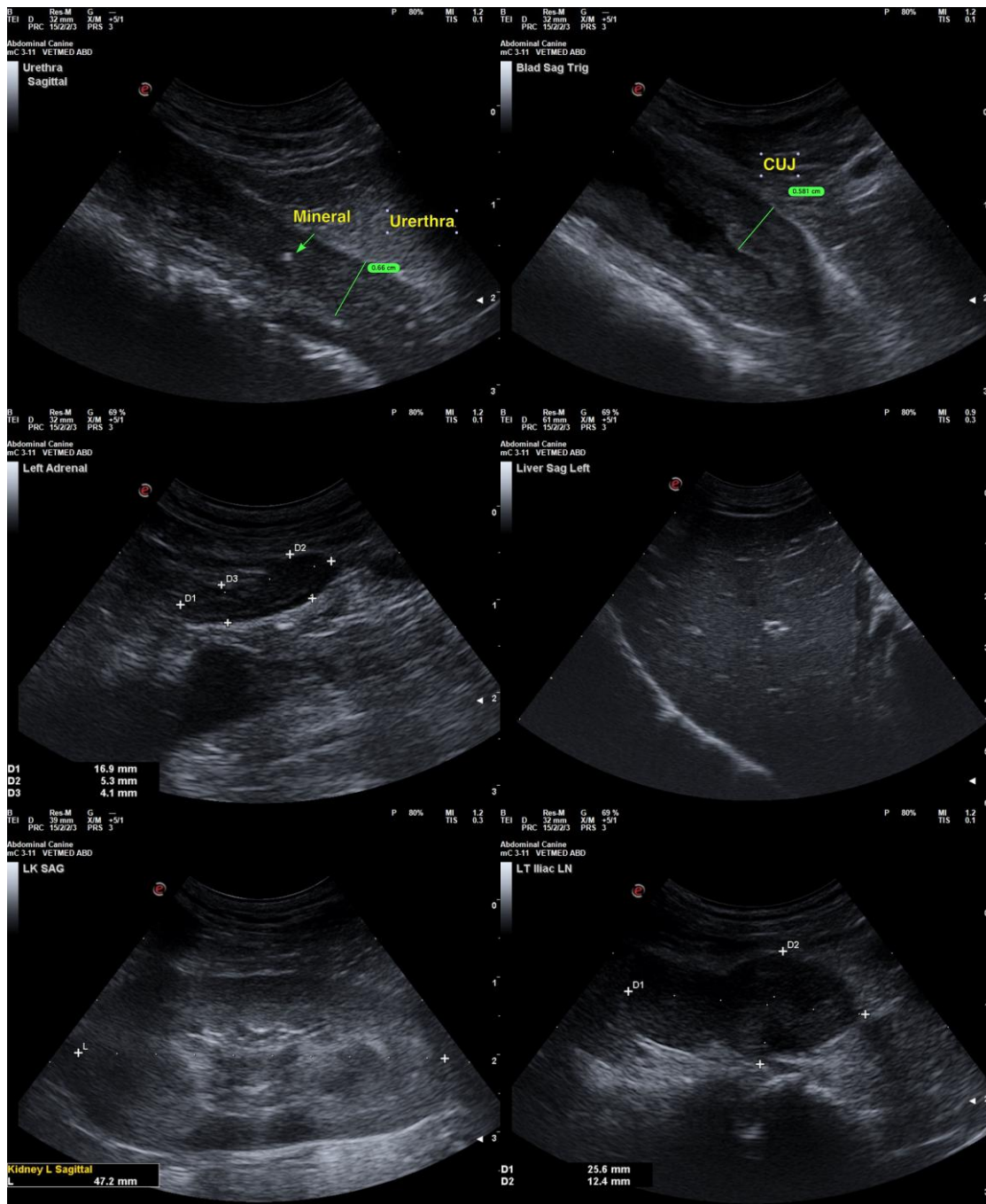
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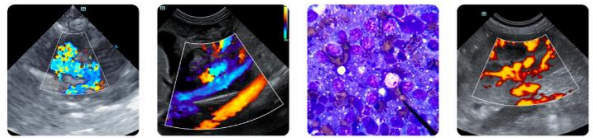
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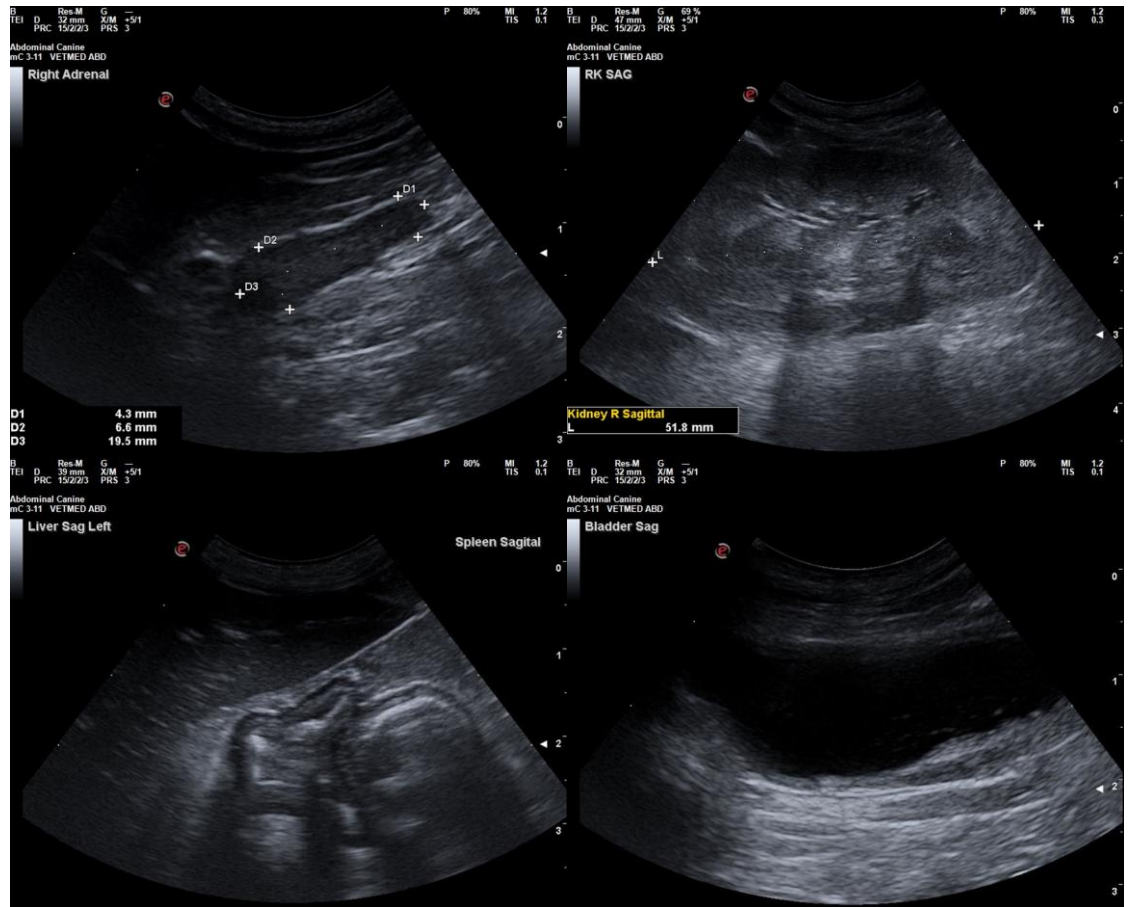
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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