



PATIENT

Kobe Caceres

SPECIES

Canine

BREED

Mixed

SEX

Male Intact

AGE

13y

WEIGHT

12.5 lbs.

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. Andrea Ramos

INVOICE

10897

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzyme values and a large space occupying lesion visualized in radiographs. Px originally visited rDVM due to episodes of bloody diarrhea, Mx were prescribed and the Px speed to get better, as per owner. A couple of days later Px was lethargic, inappetent, and was showing signs of discomfort, rDVM then performed bloodwork and radiographs which then showed some elevated values and a hepatic mass. Sample of the hepatic mass and prostate were collected via FNA, results are currently pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Intermittent, small prostatic cysts were present, measuring 2.8 cm in diameter.

The left and right testicles were sonographically normal.

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

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. Mild bilateral pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly asymmetrically enlarged, most notable in the cranial pole, measuring 0.89 cm cranial pole width and 0.60 cm caudal pole width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the cranial pole and 0.50 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 generalized hepatomegaly secondary to large to caudally expanding, nonhomogeneous, hyperechoic liver mass measuring at least 9.0 cm in diameter. The hepatic parenchyma not involved with the mass exhibited normal echogenicity with mild coarse echotexture. Normal hepatic



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vascular volume was present. The gallbladder was non-distended in size, containing primarily anechoic content with mild, gravity-dependent to non-dependent, nonorganized gallbladder debris. 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. Mild gastric displacement secondary to the liver mass was noted.

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 soft fecal matter 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 obvious peritoneal effusion was present. No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Large, caudally expanding liver mass
- Nonorganized gallbladder debris (non mucocele)
- Normal spleen
- Normal gastrointestinal tract with soft fecal matter in colon
- Chronic renal changes with mild pyelectasia
- Mildly enlarged left adrenal gland
- Benign prostatic hyperplasia with prostatic cysts, mild potential for prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is suggestive of neoplastic criteria, i.e., carcinoma with severe hyperplasia, granuloma, or other non-neoplastic etiology thought less likely. Correlation with pending hepatic mass cytology is recommended. Gastric and some degree of intestinal displacement secondary to the liver mass is probable. There is no evidence of concurrent gastroenterocolic mural pathology or ileus. Hepato-gastrointestinal support is recommended.

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.



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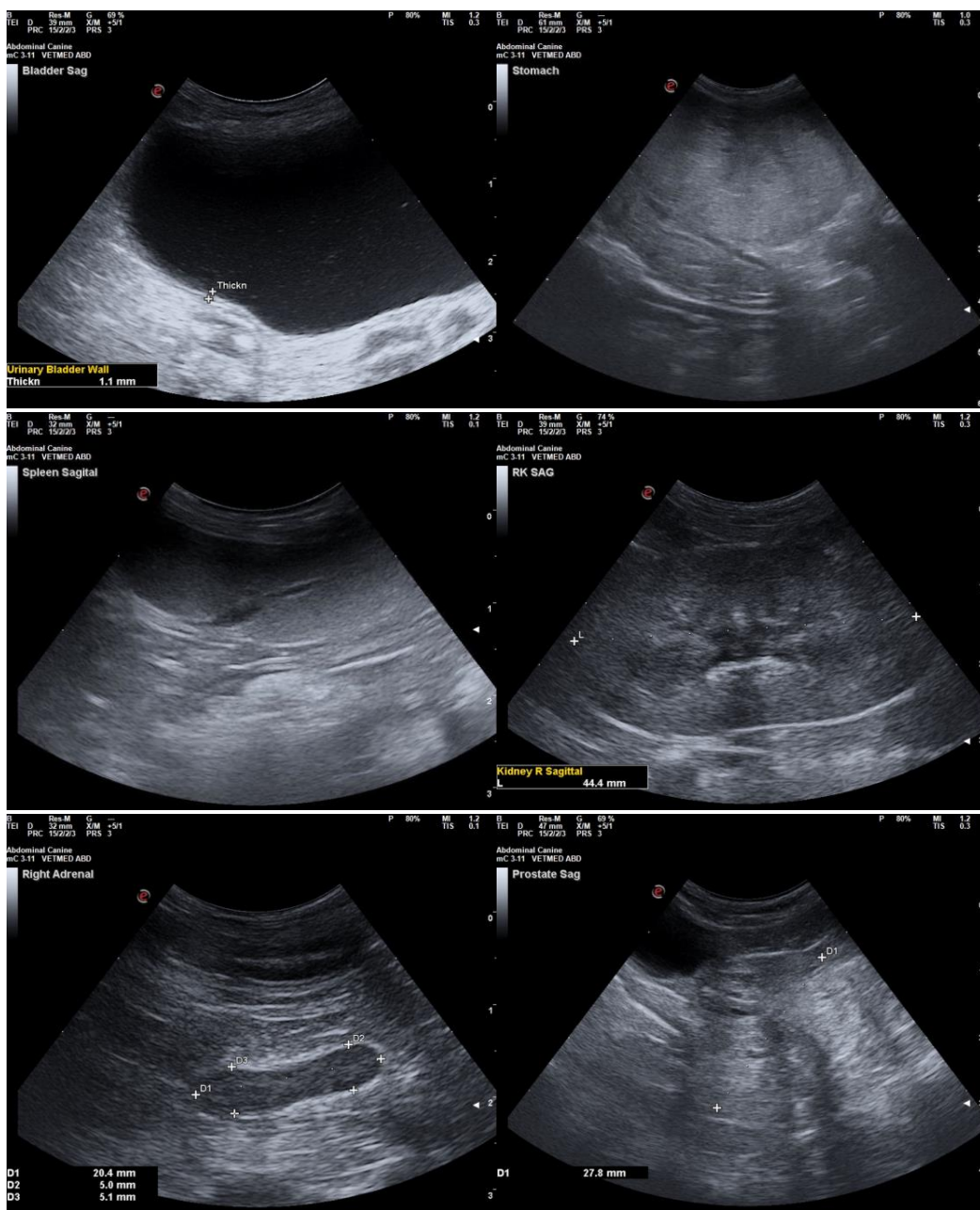
Dr. Andrea Ramos

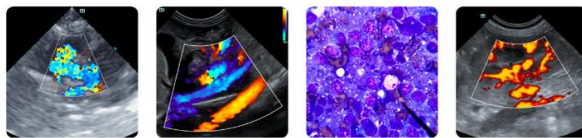
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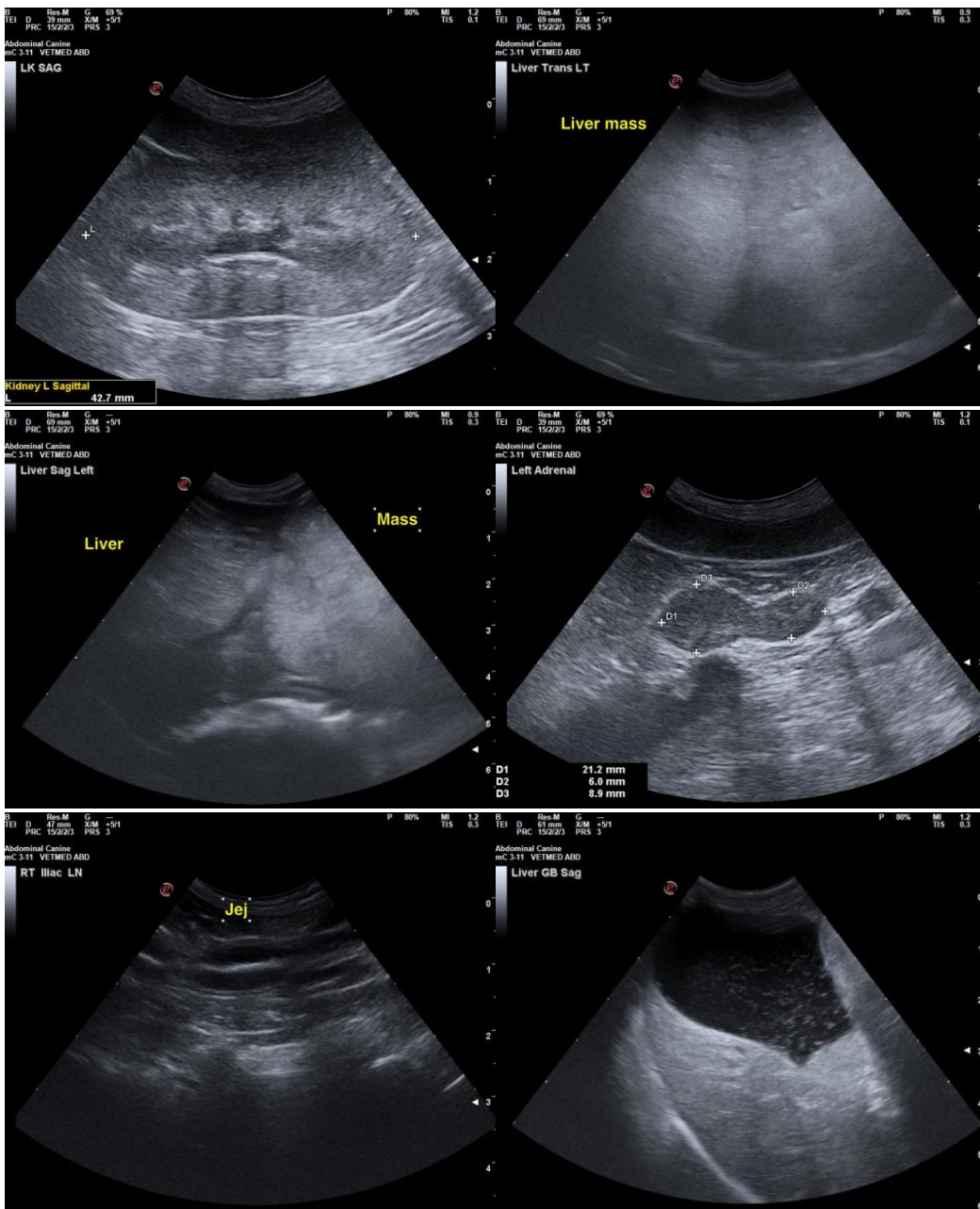
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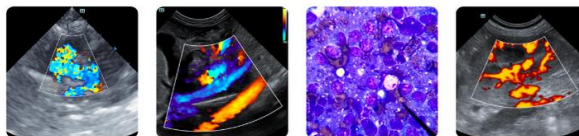
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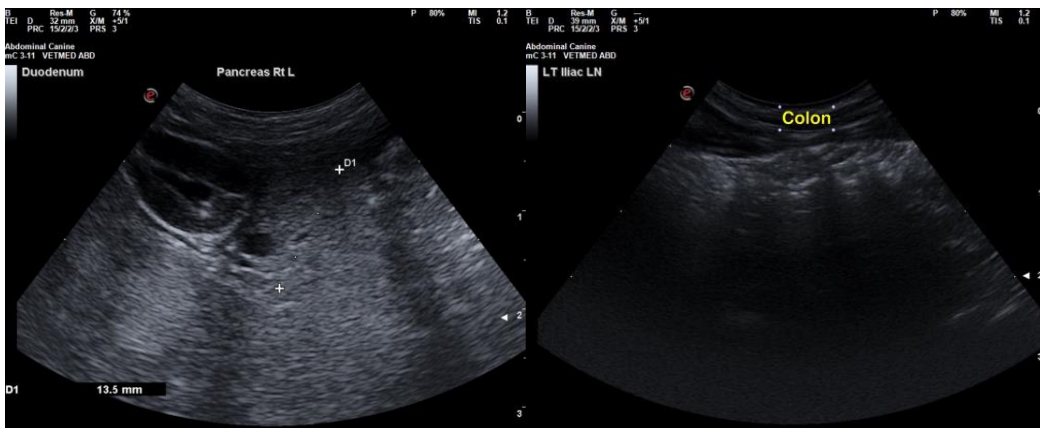
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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