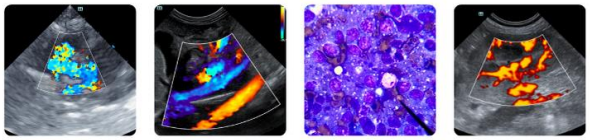


PATIENT

Punky Fernandez

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

16 y

WEIGHT

8.8 lbs.

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. Sonia Cajigas

INVOICE

10901

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for a double study (echocardiogram and abdominal ultrasound). Px originally presented to rDVM due to hematuria and a persistent dry cough. Radiographs were performed and cardiomegaly and a nephrolith were visualized. A urinalysis was also performed and a UTI was confirmed. No vomiting, no diarrhea, no PU/PD/PP, no exercise intolerance, and no episodes of syncope currently reported by owner. Px is currently taking the following Mx: Zeniquin 25mg tab, Meloxicam oral suspension 1.5mg/mL. Px was seen on 03/11/2025 for an echocardiogram study, the report will be attached below.

Abnormal PE/Chem/CBC/UA Results: - Bloodwork, Urinalysis, and last performed echocardiogram report attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine, prohibiting full evaluation of the urinary bladder wall. Possible focal wall folding with potential for dorsal wall polyp or emerging mass, potentially measuring 0.72 cm x 0.58 cm was noted. There were no visualized urinary bladder calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary renoliths were present. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

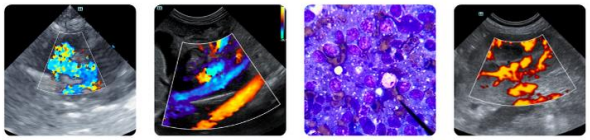
Adrenal Glands

A well-defined, hyperechoic nodule was present in the caudal left adrenal gland with associated mild expansion, resulting in a mild asymmetrical yet intact caudal left adrenal contour. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured ~0.9 cm x 0.9 cm. The overall left adrenal gland was enlarged, measuring 1.7 cm length x 0.9 cm width at the caudal pole.

The right adrenal gland was borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited a mid-splenic, mildly expansive, nonhomogeneous, hypoechoic nodule without associated capsule distortion, measuring 1.8 cm in diameter. Concurrent intermittent medial parenchyma was noted with non-capsule deforming hyperechoic nodules, most consistent with myelolipomas, with an example measuring 0.55 cm in diameter.



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Liver/ Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discreet, hyperechoic nodules were present.

The gallbladder was non-distended in size containing primarily anechoic content with mild, primarily gravity-dependent gallbladder neck debris exhibiting mild distal acoustic shadowing. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach contained a moderate amount of irregular, strongly shadowing content and retained fluid. There was no overt 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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder with possible focal dorsal wall folding vs. polyploid lesion or possible emerging mass
- Chronic renal changes with nonobstructive renolithiasis and cortical cysts
- Mild irregular nodular left adrenal gland, borderline right adrenomegaly
- Mildly enlarged nonhomogeneous liver with discreet hyperechoic nodules
- Nonorganized gallbladder debris (non mucocele)
- Mildly expansive splenic nodule and concurrent small myelolipomas
- Strongly shadowing irregular gastric content and retained fluid
- Chronic pancreatitis / fibrosis

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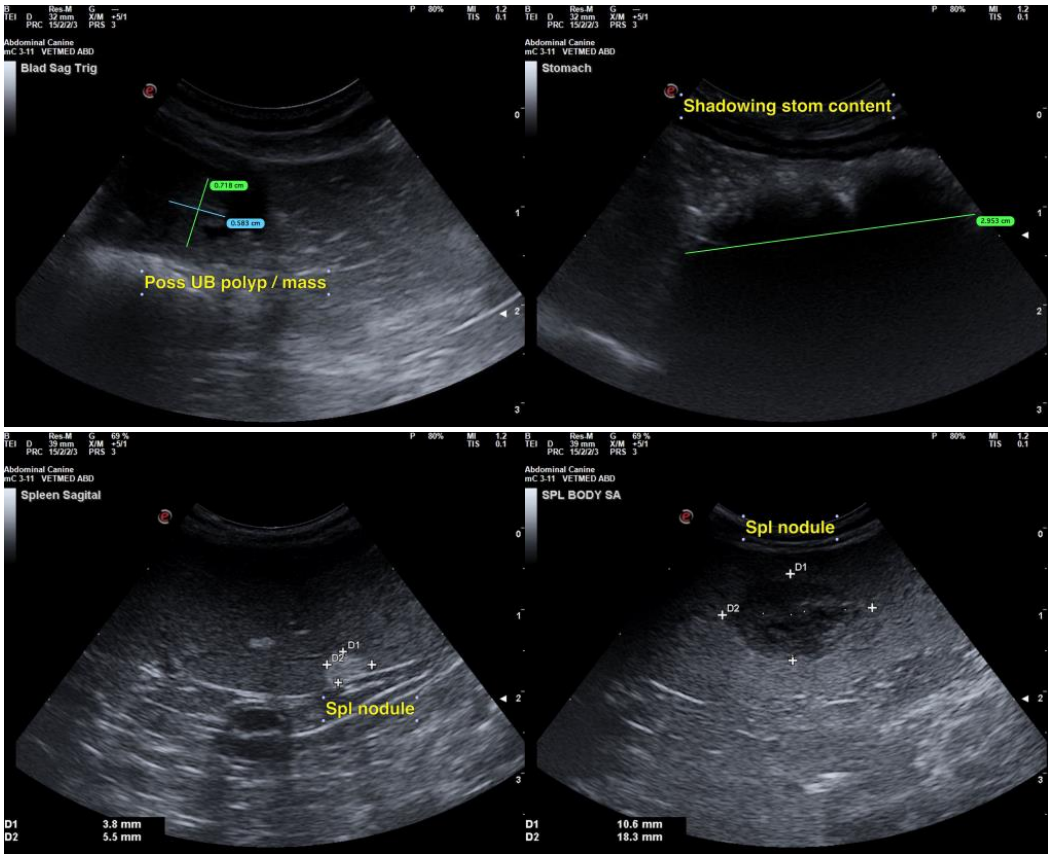
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF assay with sonographic monitoring of the urinary bladder with concurrent urine distention is recommended.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

The hepatic changes are most suggestive of benign criteria, i.e., parenchymal remodeling, vacuolar hepatopathy, cholestasis, probable subtle hyperechoic nodular hyperplasia, or lipogranulomas.

Adrenal screening, if clinical signs consistent with Cushing's Syndrome arise, as well as monitoring of systemic BP for evidence of hypertension, given the adrenal presentation, is recommended. Although no reported gastrointestinal signs, the strongly shadowing irregular gastric content is highly suggestive of gastric foreign material. Correlation with most recent meal ingestion and current gastrointestinal signs is recommended. Documented 12-hour fast and sonographic reassessment of the stomach is recommended.



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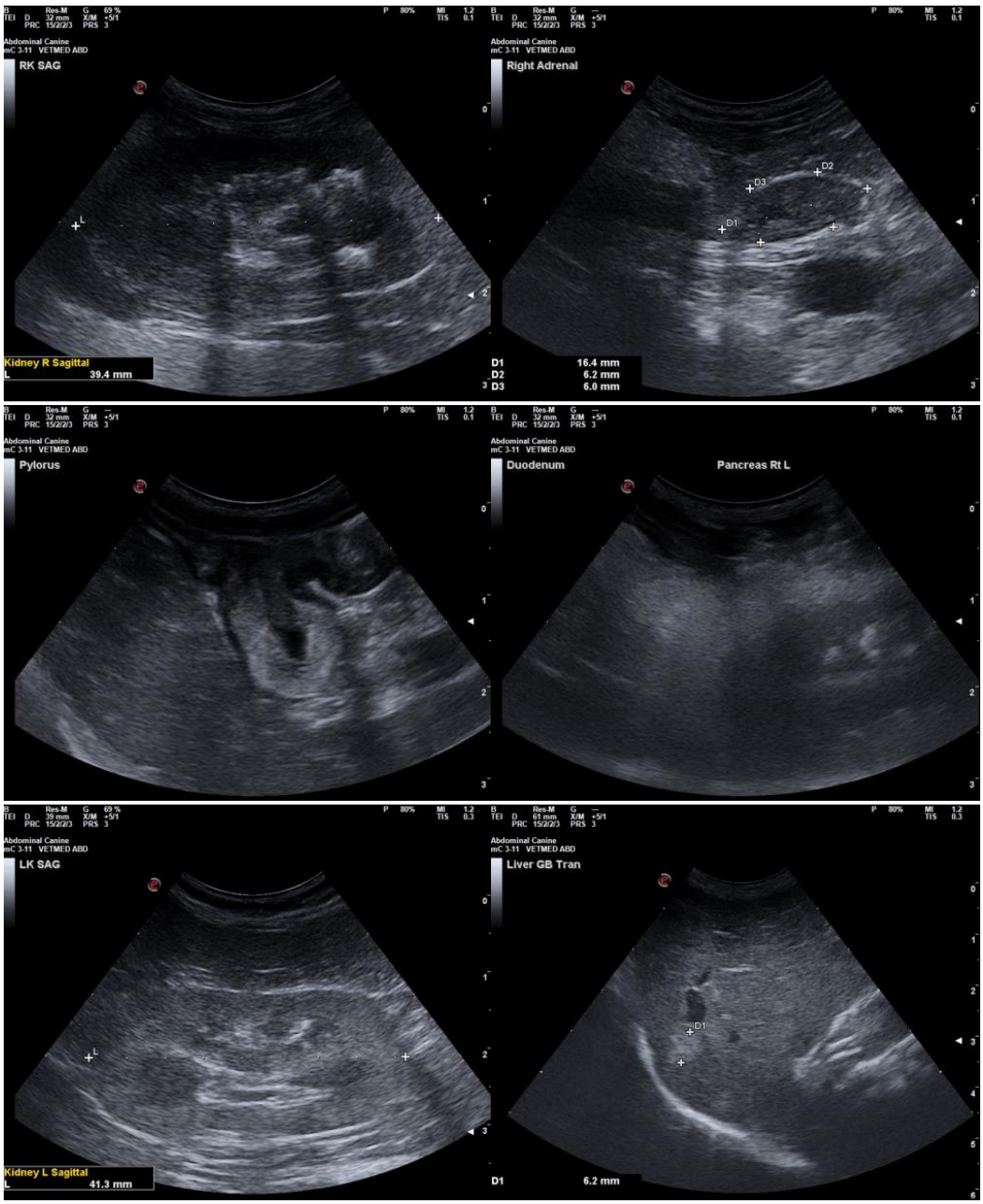

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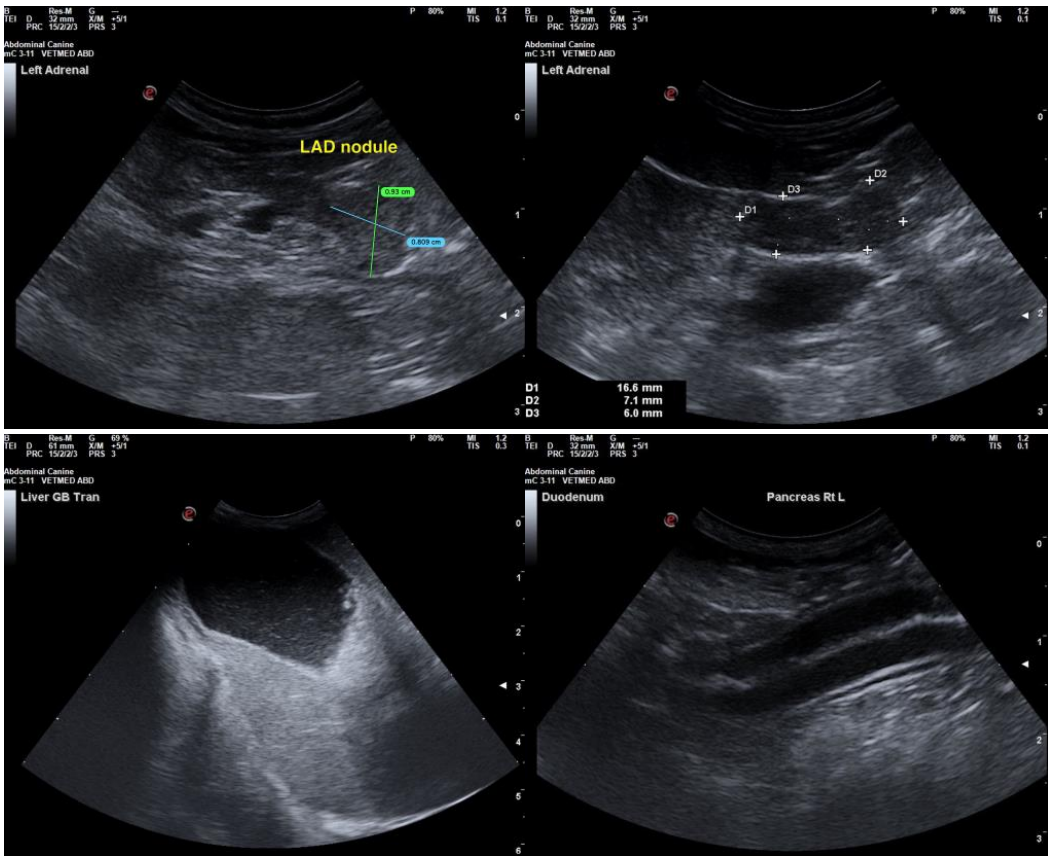

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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