



PATIENT

Cachita Gonzalez

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

13yr

WEIGHT

9.2lb

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. Rodriguez

INVOICE 24915

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral to check the presence of a space occupying lesion in the G.I. system. Px originally visited rDVM due to arthritis, radiographs were performed and a suspected mass effect was seen in between the small and large intestine. Px suffers from constipation so it was uncertain if what was observed in the radiographs was hardened, compact feces, or a mass. Px is currently anemic. No vomiting, no diarrhea, no inappetence, no PU/PD/PP reported by owner.

Abnormal PE/Chem/CBC/UA Results: No bloodwork, radiographs, or rDVM records provided.

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. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.6 cm in length. The right kidney measured 3.5 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 0.48 cm width at the caudal pole.

A well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.46 cm x 0.40 cm. The overall right adrenal gland measured 0.5 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 subjectively mildly 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. A solitary, subtle hypoechoic liver nodule was present, measuring 0.88 cm in diameter. 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



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented subjective intact to indistinct regional to variable thickened wall, most notable in the ventral gastric body with minor retained gastric fluid and gas. Thickened gastric wall measured up to 0.93 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 0.36 cm width. The jejunum wall measured 0.43 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

- Subjective mild hepatomegaly with intraparenchymal nodule- subjective benign, nodule suggestive of hyperplasia or lipogranuloma criteria
- Non-organized gallbladder debris
- Mild to variably thickened stomach with mild retained gastric fluid
- Sonographically normal small intestine / pancreas
- Non-disruptive cranial right adrenal nodule- suspect adenoma
- Sonographically normal spleen
- Chronic renal changes with mild bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported gastrointestinal signs in this patient, mild to variably thickened stomach may indicate nonspecific gastritis, although emerging neoplastic process or non-obvious ulceration in conjunction with anemia is possible. Gastroprotective protocol, sonographic monitoring and consideration for upper gastrointestinal endoscopy with potential biopsies is recommended.

Correlation with full lab work and hepatic enzyme assessment recommended. Hepatosupportive medications may be considered if evidence of cholestasis. Technically emerging to small right adrenal tumor possible yet thought less likely. Sonographic monitoring of the right adrenal nodule, liver nodule and stomach as well as periodic monitoring of systemic BP for evidence of hypertension is recommended. No evidence of intra-abdominal mass.



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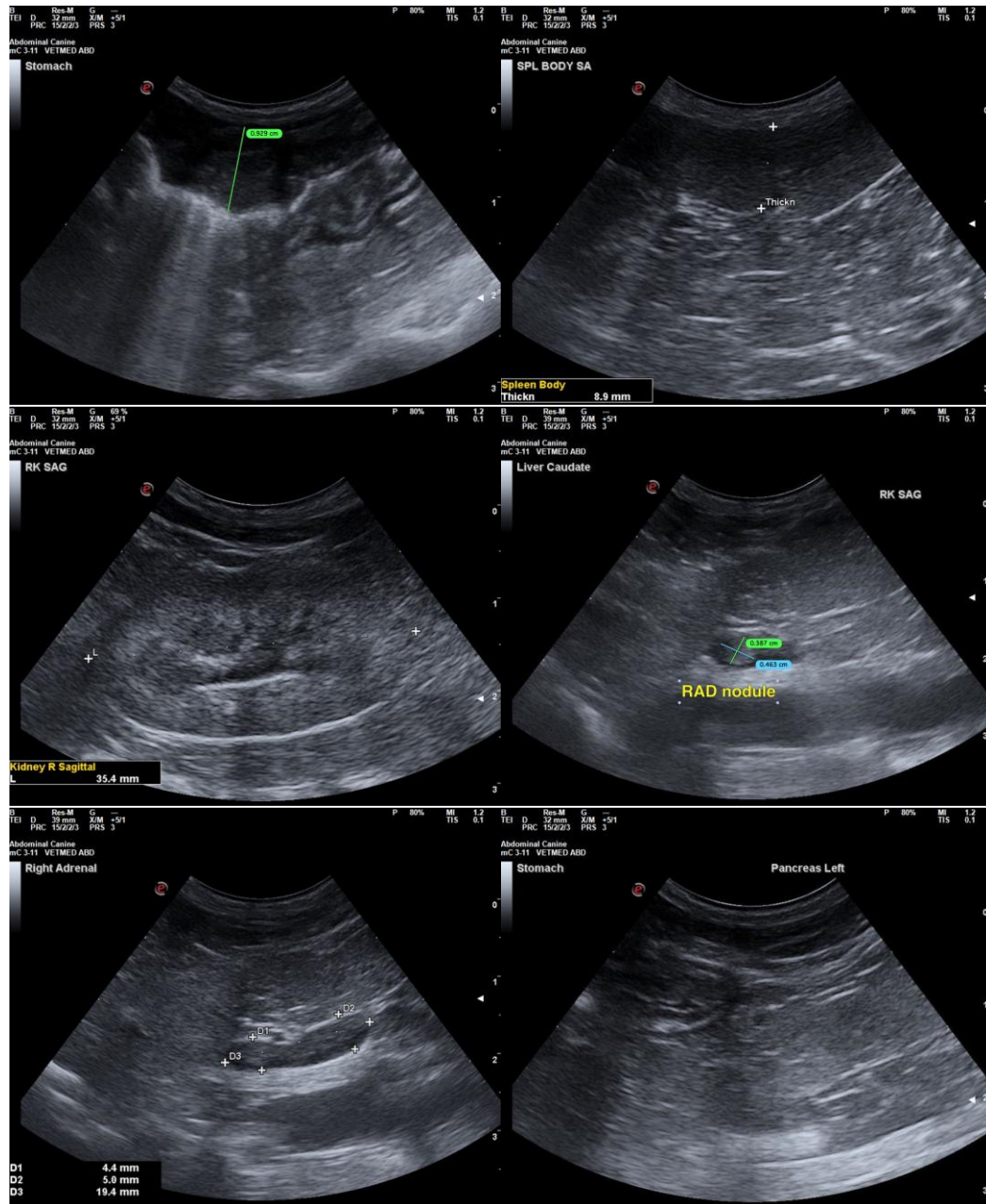
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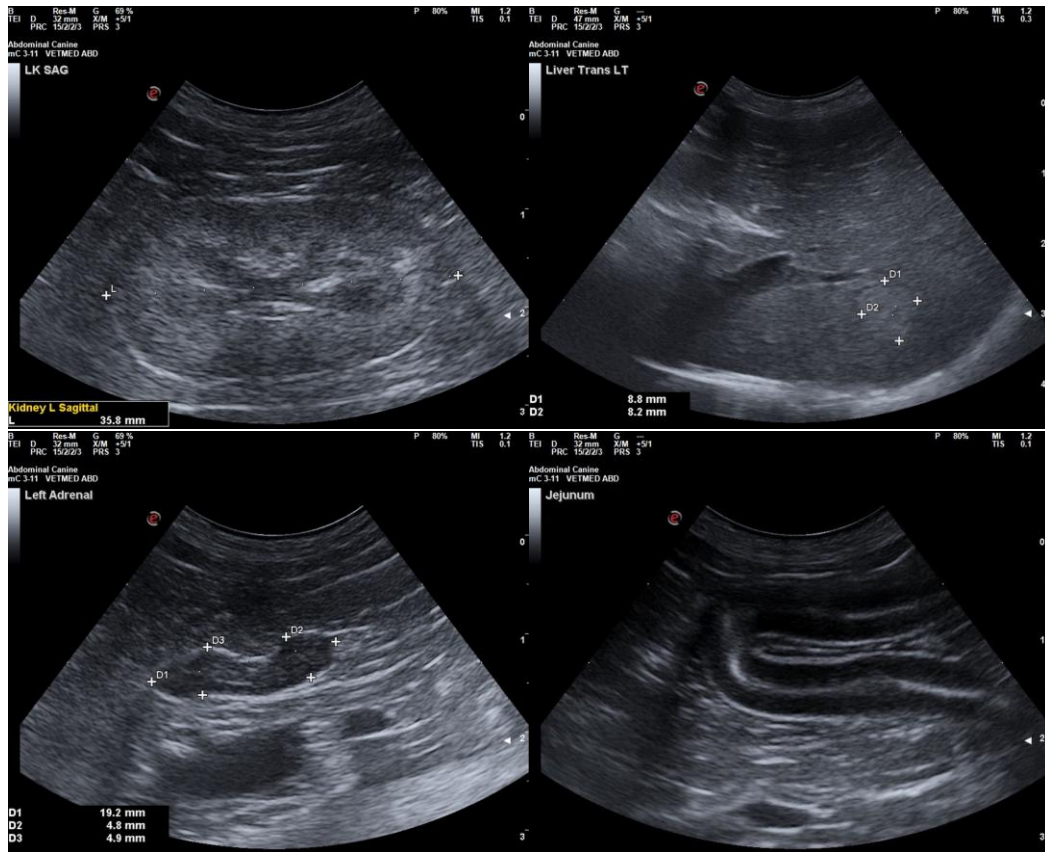
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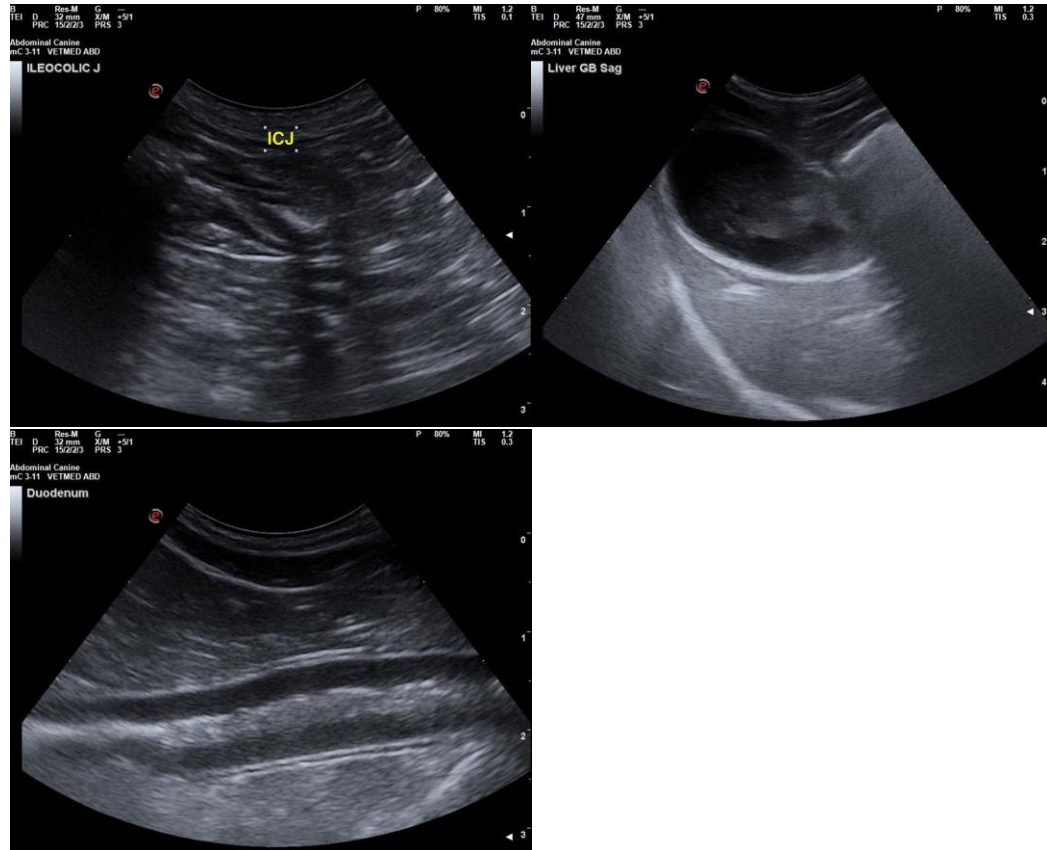
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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