



PATIENT

Peque Taylor

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

8 years

WEIGHT

17.4 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. Maricarmen

INVOICE

10920

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzymes. Px originally visited rDVM due to a dry cough, bloodwork was performed and elevated hepatic enzyme levels were noted. Owner reports that besides the dry cough, Px is asymptomatic. Px has had a dry cough for a while and owner reports that Cerenia usually helps stop the cough but in this case the Cerenia did not help the cough continues. An echocardiogram had been performed on 07/24/2025 and the Cardiologist ruled that the cough was unlikely cardiac in origin. No inappetence, no vomiting, no diarrhea, no lethargy, no PU/PD/PP reported by owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No urine mineral or calculi noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 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 0.54 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 0.50 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. A solitary, non-capsule deforming, nonhomogeneous splenic nodule was present, measuring 2.1 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size with symmetrical contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Intermittent, discreet, nonhomogeneous, hypoechoic intraparenchymal nodules were present, with an example measuring 0.6-0.8 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, 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.



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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 pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of peritoneal effusion was noted. Suspect cystic lymph node was present adjacent to the ileocolic junction vs. omental cyst, measuring 2.2 cm x 1.1 cm.

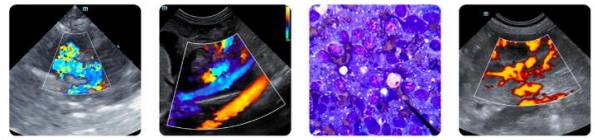
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intermittent discreet intraparenchymal nodules – vacuolar, inflammatory, cholestatic hepatopathy, discreet nodular hyperplasia, hematopoiesis, fibrosis, or combination, all potentials with emerging to occult hepatic neoplasia thought less likely
- Mild gallbladder debris (non mucocele)
- Mild heterogeneous splenic nodule – hyperplasia, hematopoiesis, granuloma, inflammation, consolidated abscess, emerging tumor, all potentials
- Bilateral mild renal medullary mineral
- Mild pancreatic remodeling
- Normal adrenal glands
- Suspect peri-ileocolic benign cystic lymph node vs. omental cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma / accessible hepatic nodule and splenic nodule FNA cytology could be considered for further clarification. Splenectomy with hepatic biopsies, if normal clotting status and no pathology on three-view chest radiographs, is likely required for definitive diagnosis. Serial sonographic monitoring of the splenic nodule and liver for evidence of progressive changes with hepatosupportive medications would be a more conservative approach.

Chronic pancreatitis may be suspected if clinical signs consistent with chronic pancreatitis or cranial abdomen / subxiphoid discomfort on palpation are present.



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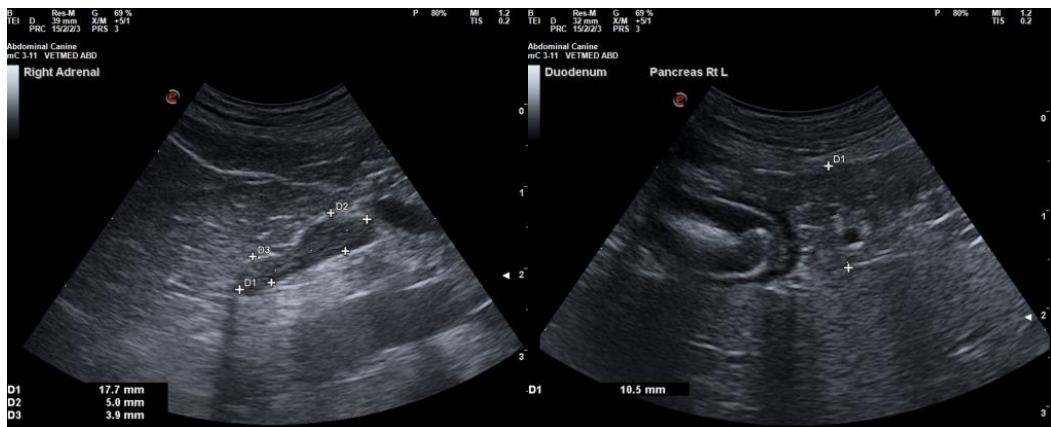
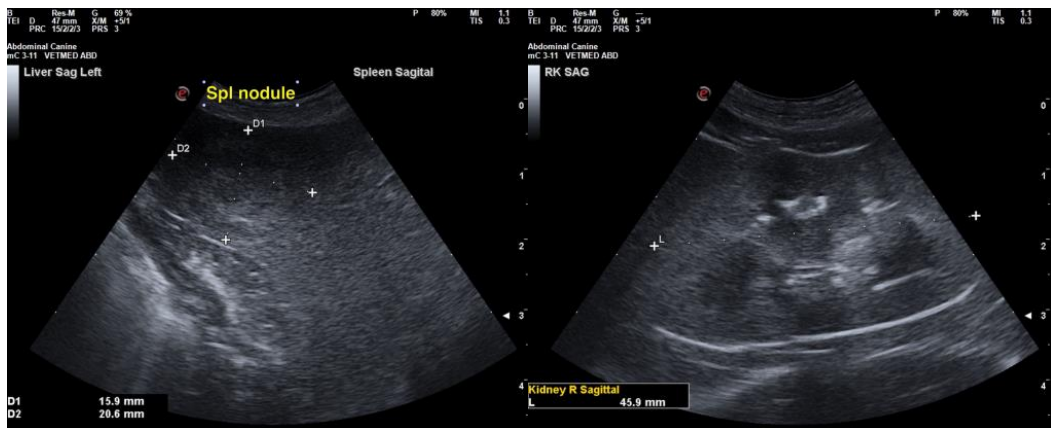
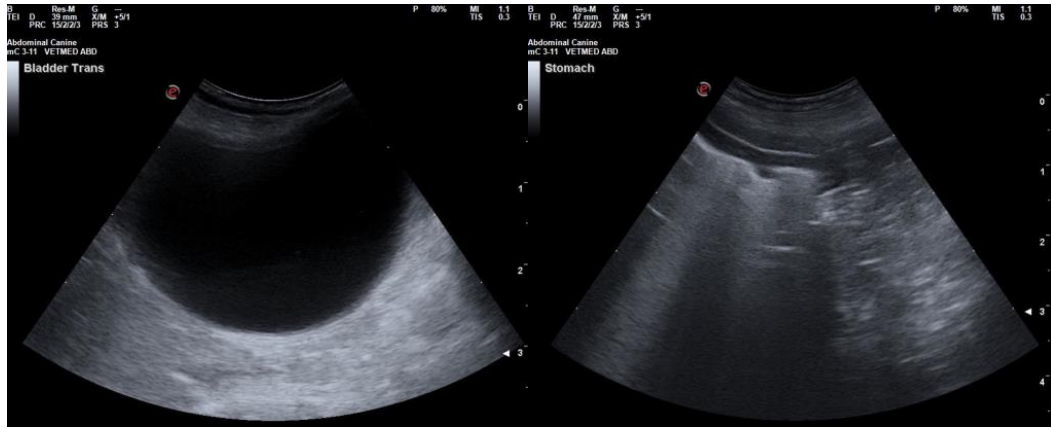
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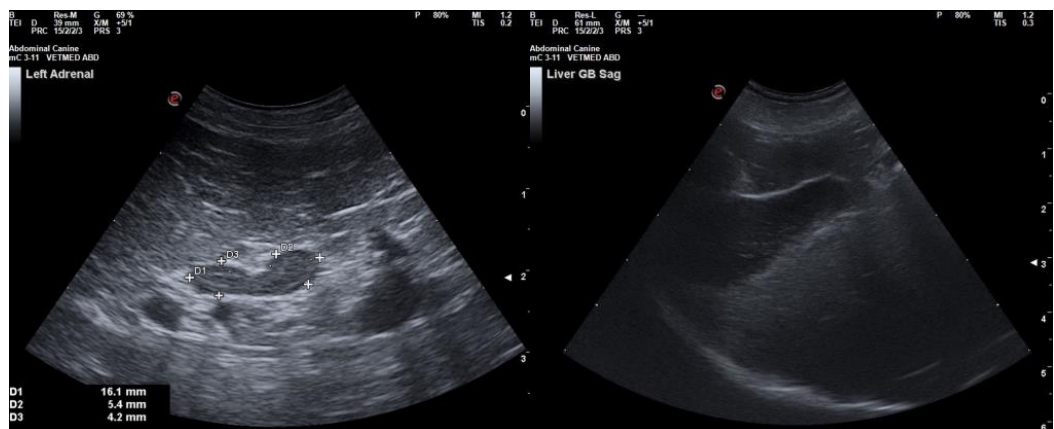
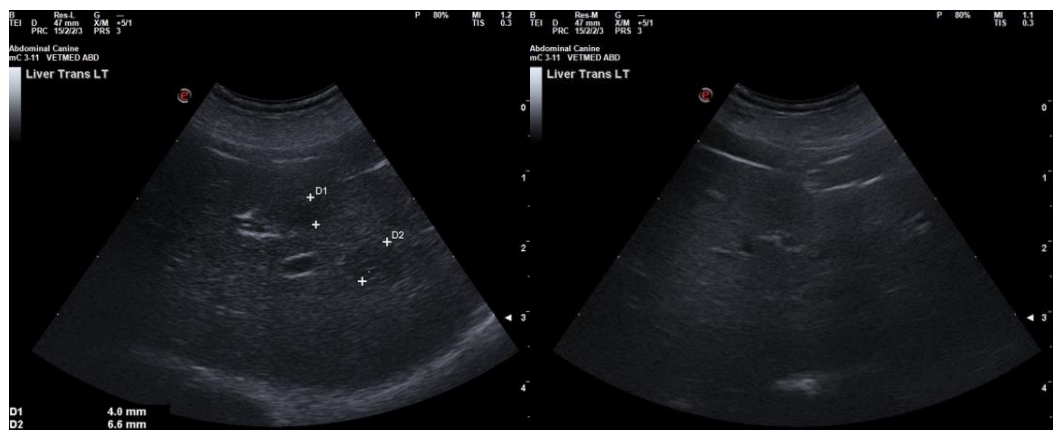
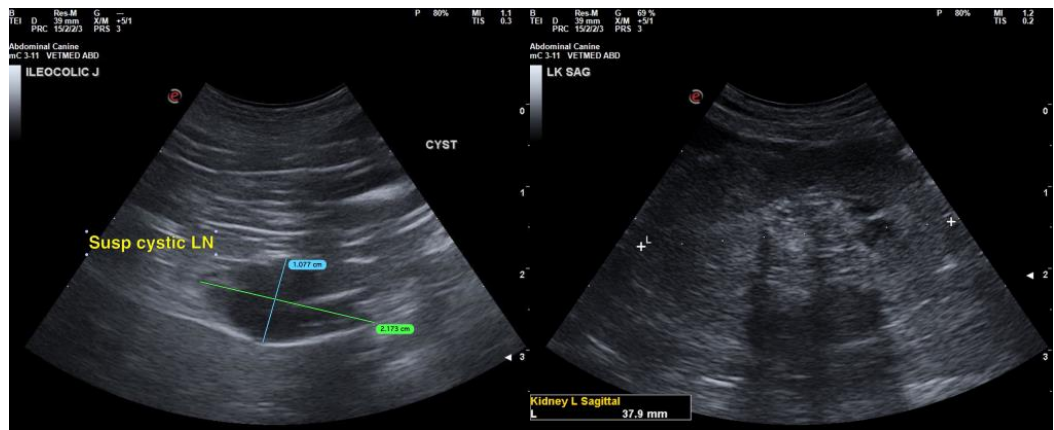
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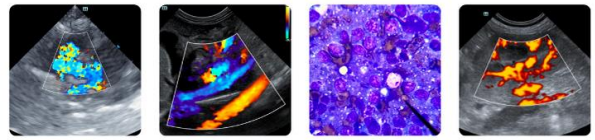
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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