



## PATIENT

Pitufo Pagan

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

9y

## WEIGHT

32.6 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. Diamaris  
Trinidad

## INVOICE

10927

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to a suspected abdominal mass visualized in radiographs. Px originally visited rDVM due to hematuria, bloodwork and radiographs were performed and the mass was visualized in the cranial abdomen. Px was prescribed Doxycycline, Famotidine, and Prednisolone. Owner reports that Px is no longer hematuric after finishing the Doxycycline. No inappetence, vomiting, or diarrhea reported by owner. Owner reports some PU/PD since starting the Prednisolone. A limited echocardiogram was performed and no macrometastasis nor pericardial effusion were observed in this Px.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no mineral, calculi, or masses. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The apical wall measured 0.32 cm wall width.

The area of the residual prostate appeared normal and free of pathology, measuring 0.7 cm in diameter.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 5.5 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 0.43 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 0.45 cm width at the caudal pole.

### *Spleen*

A mass involving the subjective caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured 7.0-8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The remainder of the spleen was sonographically normal exhibiting primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional peri splenic mild nonuniform hyperechoic omentum was present with scant effusion.

### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The



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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 contained mild, nonshadowing ingesta / chyme without signs of obstruction 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 were evident.

## *Free Abdomen*

No obvious visualized significant or swollen mesenteric lymphadenopathy was present. Regional peri splenic mild nonuniform hyperechoic omentum was present with scant effusion.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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## ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Normal liver
- Suspect mild micropolypliod cystitis
- Normal bilateral kidneys
- Mild nonshadowing gastric ingesta / chyme

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia, such as sarcoma or other. Benign pathologies are possible yet considered less likely. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted.

Monitoring of urinalysis +/- screening urine C/S, if recurrent hematuria or inflammatory sediment, is recommended.



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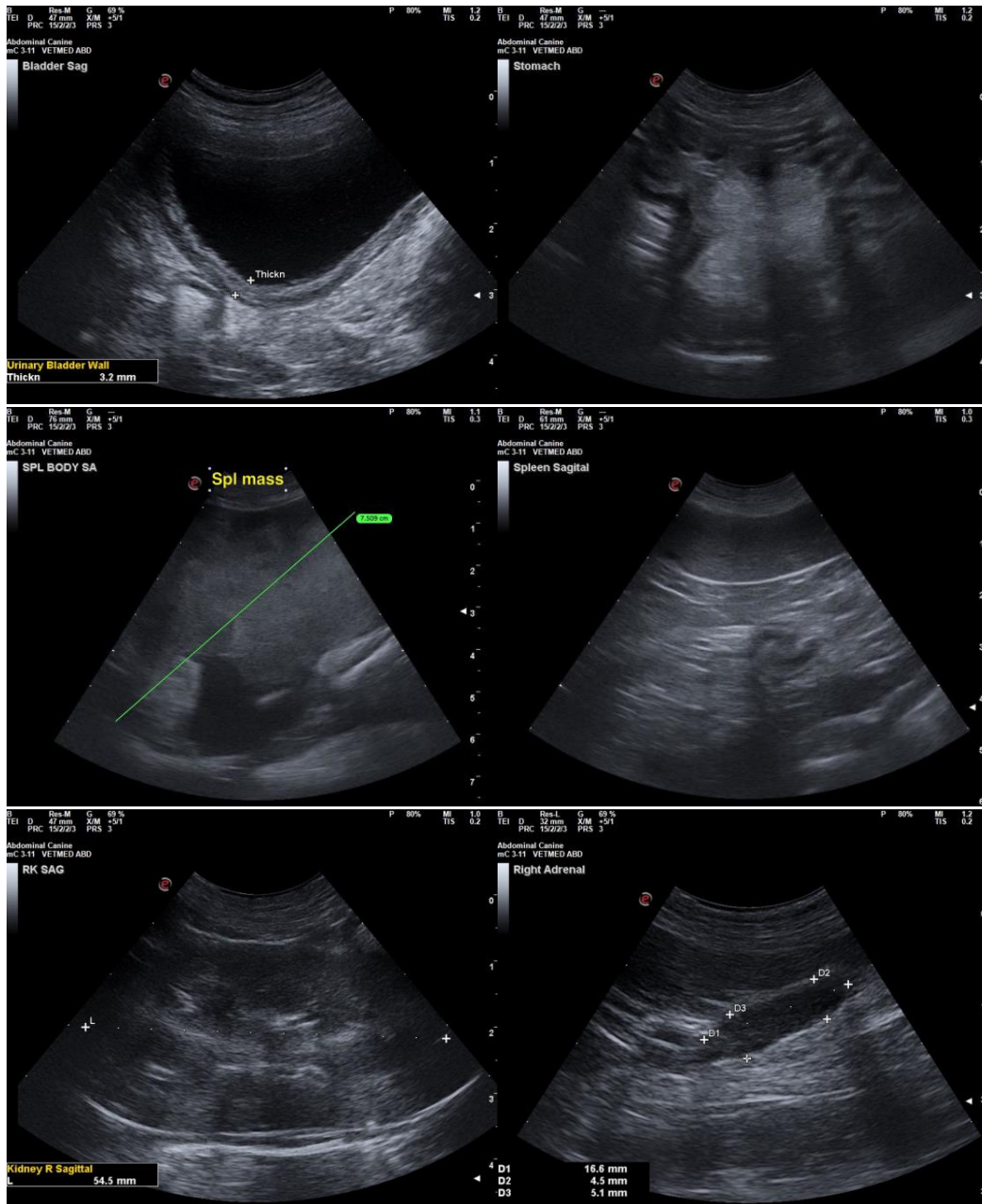
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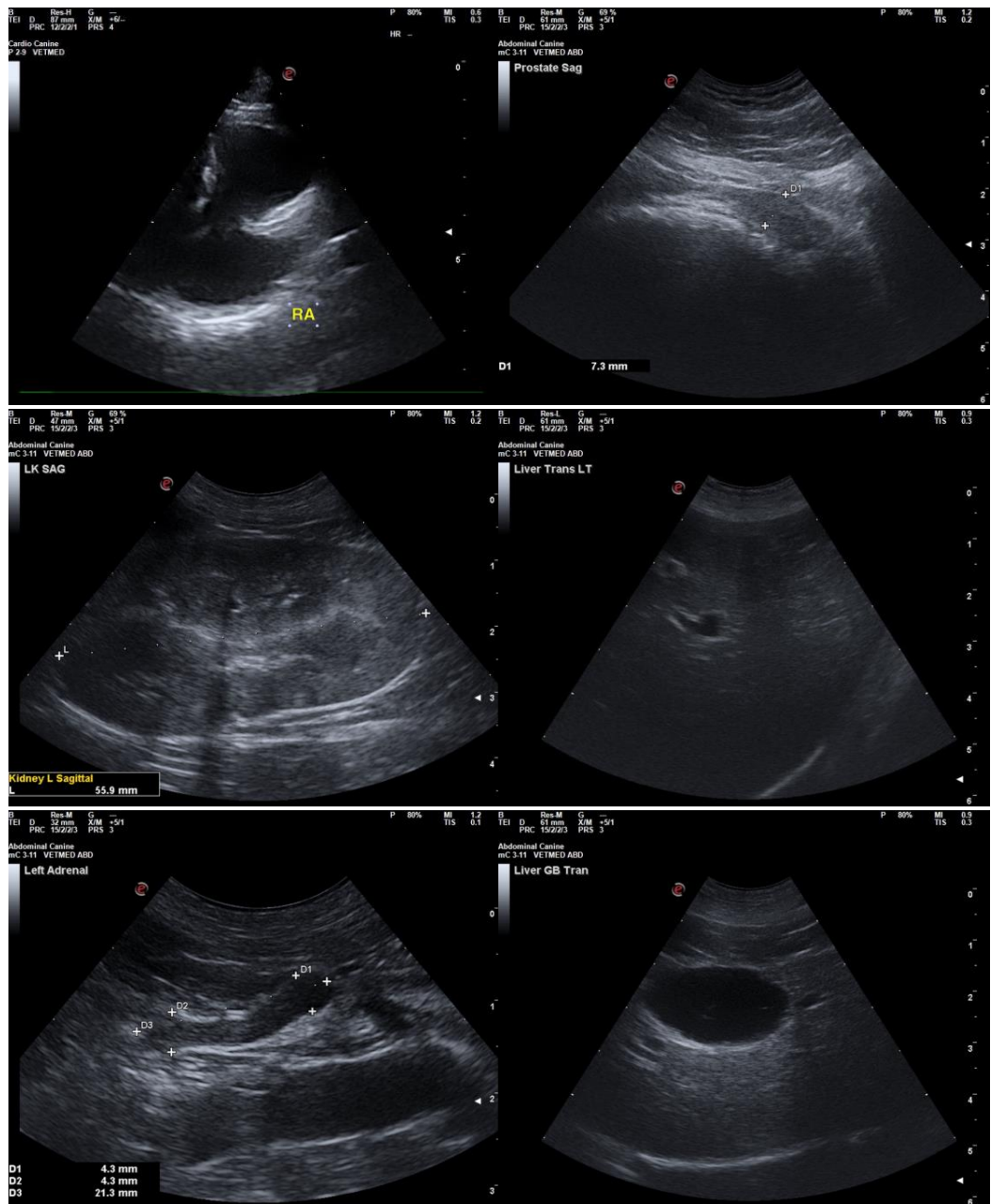
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)