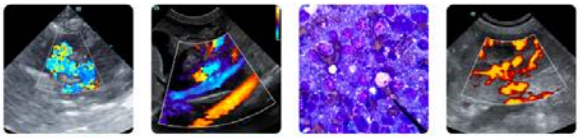

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Duke Hamilton

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

19.6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Hamad

INVOICE

74716

DATE

4/23/26

PRESENTING CLINICAL SIGNS

Mass palpated in caudal abdomen upon PE.
The mass was identified on ultrasounds 5 by 4 cm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is not visualized.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 5.75 cm. Right kidney measures 5.98 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.02 cm in length x 0.71 cm at the caudal pole and 0.73 cm at the cranial pole. Right measures 2.2 cm in length x 0.67 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is not distinctly visualized.

Free Abdomen

In the caudal abdomen, extending from the mid body of the bladder cranially past the apex of the bladder there is a complex, heterogeneous mass with somewhat irregular margins and focal areas of mineralization, measuring at least 4.4 cm x 5.0 cm, though the true size of the mass may be larger, as it does not fully fit in one view for measurement. The mass does not definitively attach to any specific organ.

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

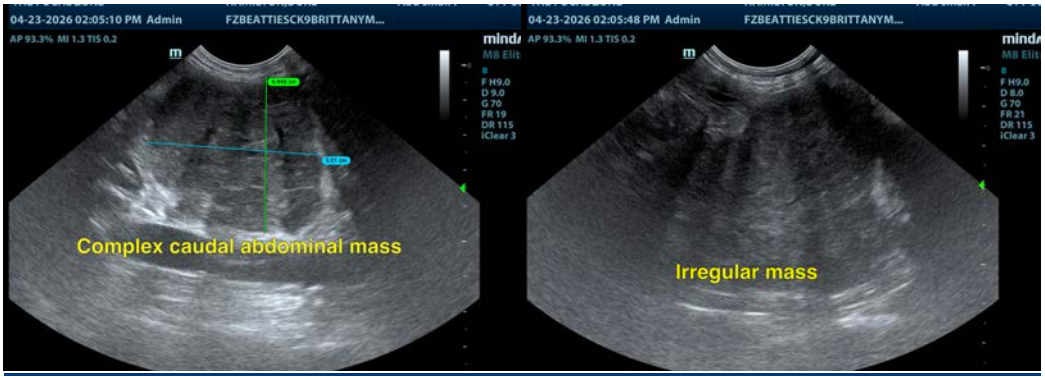
ULTRASONOGRAPHIC FINDINGS

- Complex caudal abdominal mass.
- Coarse liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The organ of origin of the caudal abdominal mass is not definitively determined by ultrasound images. It has the appearance of a carcinoma or sarcoma, though this cannot be determined by ultrasound alone. FNA of the mass is recommended to further defined. Ultimately, abdominal explore with plan for resection may be both curative and diagnostic. Abdominal CT may be of use for surgical planning and to help determine organ of origin. Thoracic radiographs are recommended to screen for metastasis.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.



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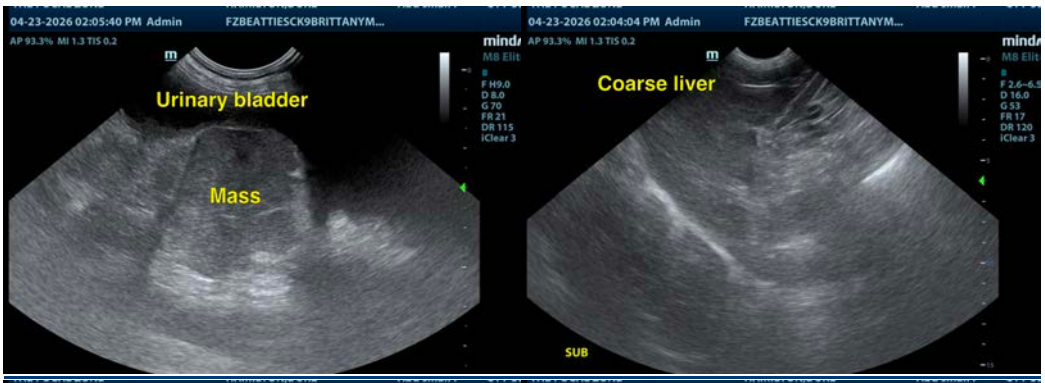

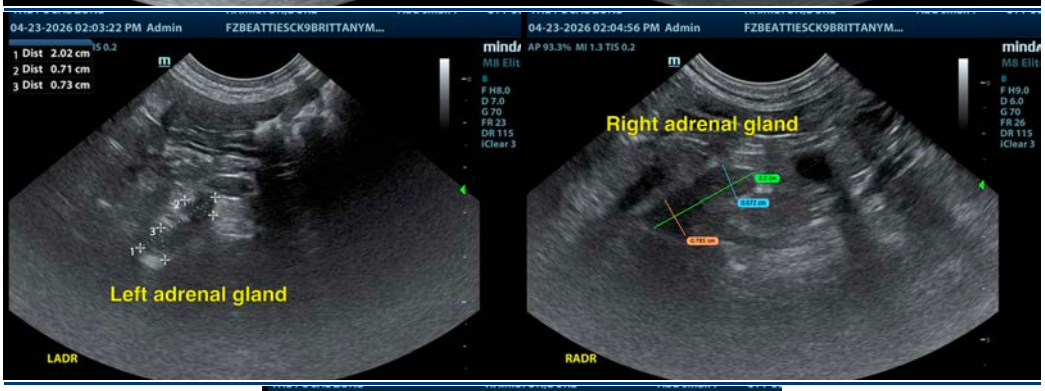

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com