



PATIENT

Mac Keeley

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Polit

INVOICE

69467

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: -Presented to another DVM for constipation/tenesmus for about 1 month -Large mass (sub lumbar/intrapelvic) was found -Patient prescribed lactulose and defecation improving
PE: distal colon is stenotic on rectal palpation Radiology report FINDINGS: There is a large sublumbar and intrapelvic dorsal soft tissue mass which is compressing and narrowing the descending colon through the pelvic canal. Serosal detail is adequate. The liver is mildly enlarged. There is a large amount of formed fecal material throughout the colon. Serosal detail is adequate and margins of the spleen and kidneys are normal. The urinary bladder is mildly filled. The included aspect of the thorax is normal. The pelvis, coxofemoral joints and stifles are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.36 cm. The left kidney measured 3.7 cm.

Adrenal Glands

The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm. The left adrenal gland was not visualized.

Spleen

The **spleen** presented a focal, hypoechoic nodule at the cranial pole that measured 0.6 cm. The remainder of the spleen was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

An undifferentiated 6.5 x 3.7 cm hypoechoic mass was noted and deviated the descending colon.

ULTRASONOGRAPHIC FINDINGS

Pelvic mass, likely of lymph node origin, undifferentiated.

Focal, splenic nodule at the cranial pole.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the pelvic mass and splenic nodule. CT evaluation is recommended for potential surgical planning would be appropriate. Chest radiographs are warranted to assess for metastatic disease. Round cell neoplasia is suspected. Metastatic carcinoma is possible. Palpation +/- imaging of the anal glands would be appropriate as well as the colorectum.



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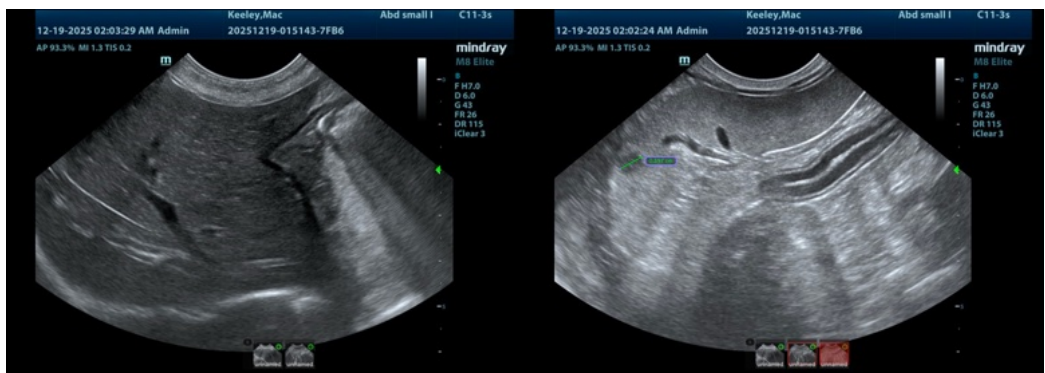
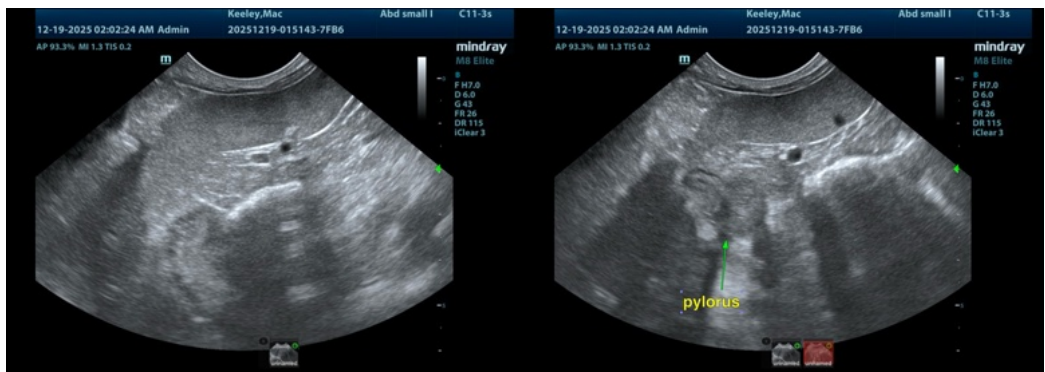
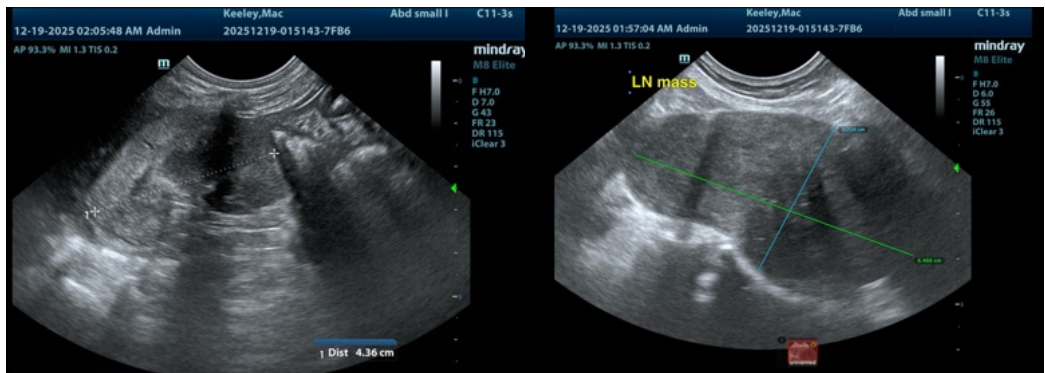
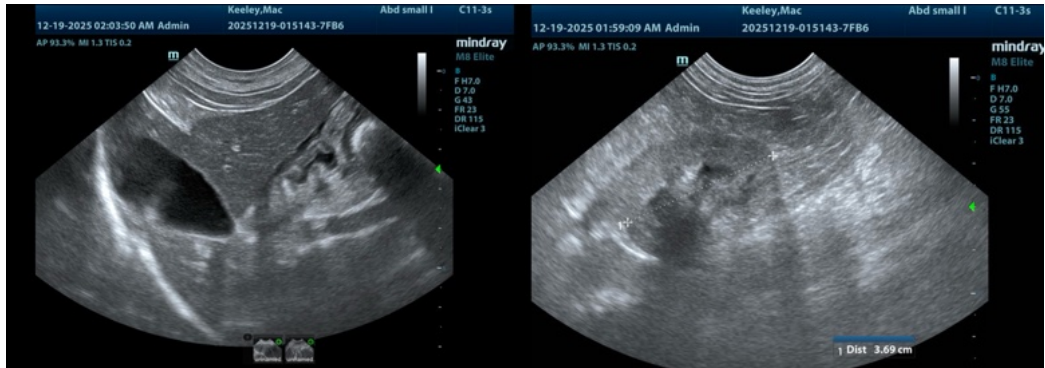
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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