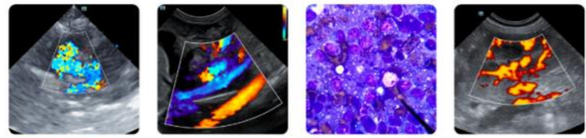


PATIENT
Daisy Weisz

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
13 Years 11 Months

WEIGHT
12 pounds

INTERPRETED BY
Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jessie Evoniuk

HOSPITAL NAME
State Avenue Vet Clinic

REFERRING VET
Dr. Jessie Evoniuk

INVOICE
15490

DATE
04/27/26

PRESENTING CLINICAL SIGNS

Referral presents for decreased energy, polyphagia, polydipsia, and recent abdominal bruising. Decreased energy noted. Polyphagia and polydipsia reported. Normal urination and defecation. No vomiting or diarrhea. Not currently on medications; promethazine administered a couple of times, antiemetic given once, Carafate not administered. Bruising observed on ventral abdomen yesterday. No oral mucosal bruising observed by client. Recent episodes of collapse/lethargy over past weeks

PE: Bruising present on ventral abdomen, large vascular abdominal mass (4 x 6–7 cm) in retroperitoneal space, adjacent to spine and near bladder rDVM Chem 4/23/26: Glu 197, Sodium 143, Chloride 105 CBC 4/23/26: RBC 4.31, Hematocrit 25.9, Hgb 11.1, MCV 60, MCHC 43.1, Retic 184.1, WBC 26.86, Neutrophils 23.98, Lymphocytes 0.84, Monocytes 2, Eosinophils 0.03, Platelets 56, MPV 7, Platelecrit 0.04

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. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The pelvis in this patient revealed an undifferentiated hypoechoic 5.0 cm mass likely deriving from the regional lymph nodes. Multiple other hypoechoic lymph nodes were enlarged and irregular.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.6 cm in length.

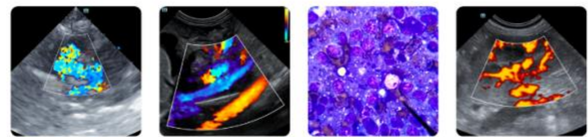
Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.62 cm width at the cranial pole and 0.60 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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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, 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

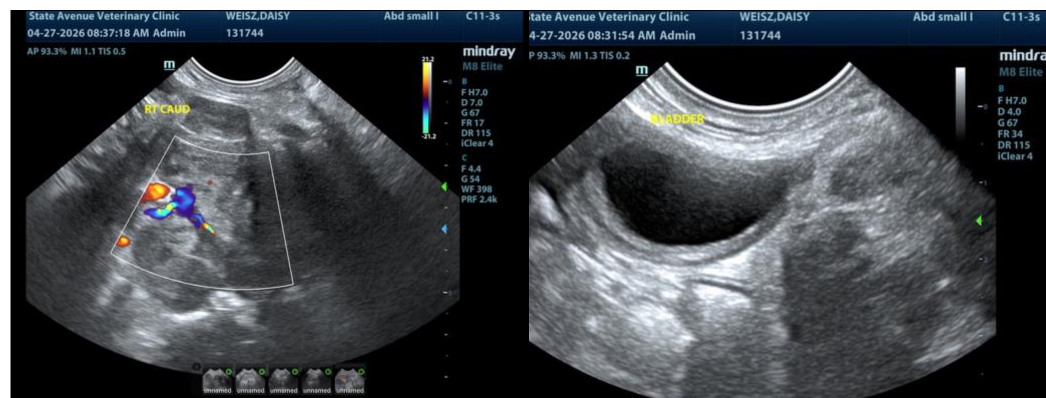
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Sublumbar/pelvic mass- undifferentiated and non-resectable. Appears to envelop the major vasculature in the region.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass with chemo-reduction is recommended. Anal gland palpation is warranted to assess for primary anal gland carcinoma that may provide metastatic disease. Either primary round cell neoplasia or metastatic lesion is suspected. Given the bruising, recommend coagulation panel and at least 70,000 platelets prior to FNA.



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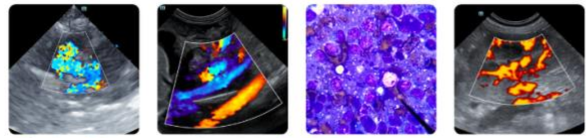

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SonoPath.com info@sonopath.com 1.800.838.4268

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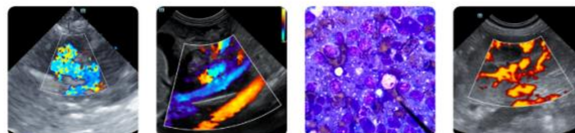

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com