



PATIENT

Remy Rodas

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

59

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

73480

DATE

3/7/26

PRESENTING CLINICAL SIGNS

Pt presented for dental cleaning and AG expression today. 1 cm mass noted left anal gland, with a ~2x4 cm mass noted at about fingertip distance on left side of colon on rectal palpation.

Abnormal PE/Chem/CBC/UA Results: All WNL. Cytology is pending. PT/PTT is WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 7.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 5.2 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

No free abdominal fluid is seen.



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There is an enlarged, hypoechoic medial iliac lymph node that measures 2.5 cm x 0.98 cm. There are two other enlarged medial iliac lymph nodes cranial to the first described. The next most cranial node measure 1.3 cm x 2.1 cm. The third and most cranial node measures 1.0 cm x 3.0 cm. There is mild hyperechoic fat surrounding these nodes.

ULTRASONOGRAPHIC FINDINGS

- Three moderately to markedly enlarged medial iliac lymph nodes.

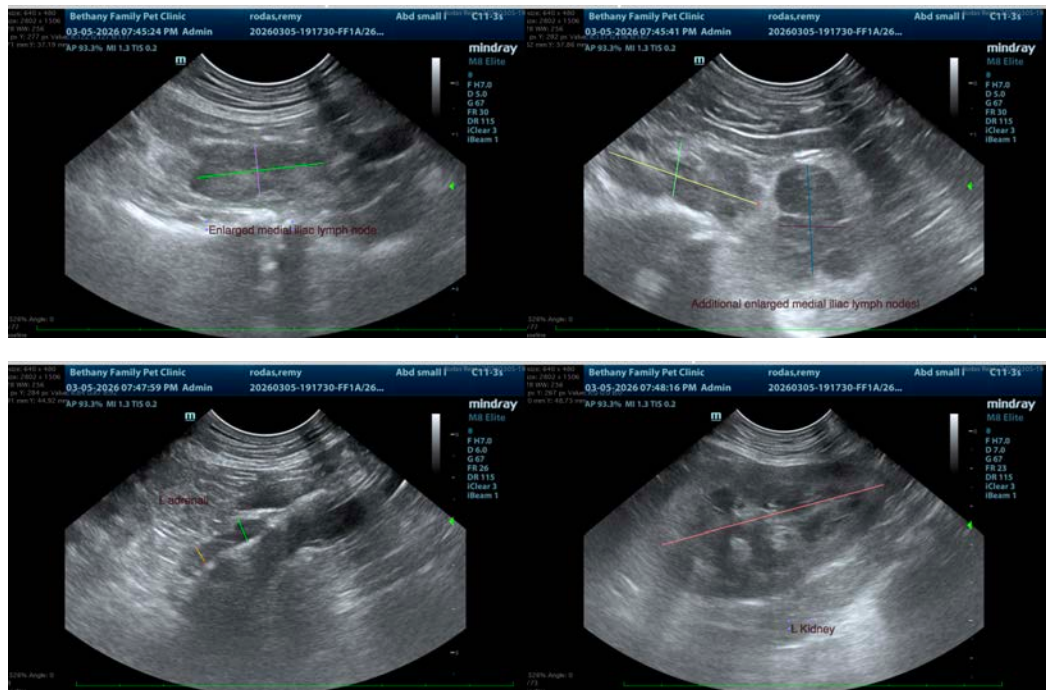
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is reported to have a 1.0 cm mass noted in the left anal sac, I'm suspicious for metastatic anal sac adenocarcinoma. Recommend fine needle aspirate and submission of cytology of the left anal sac mass.

The reported 2.0 cm x 4.0 cm mass noted fingertip distance next to the left side of the colon on rectal palpation is most likely an enlarged sublumbar lymph node.

The suspected enlargement of the sublumbar lymph node and the enlargement of three medial iliac lymph nodes is suggestive of metastatic anal sac adenocarcinoma. If cytology confirms this diagnosis, recommend surgery to remove the left-sided anal sac mass, as well as abdominal surgery extricate the medial iliac lymph nodes, and if possible, any sublumbar lymph nodes that are present.

Consultation with a veterinary oncologist will most likely provide additional options if owners elect not to pursue surgery. No evidence of metastatic disease seen within the liver or anywhere else in the abdomen other than the medial iliac lymph nodes.





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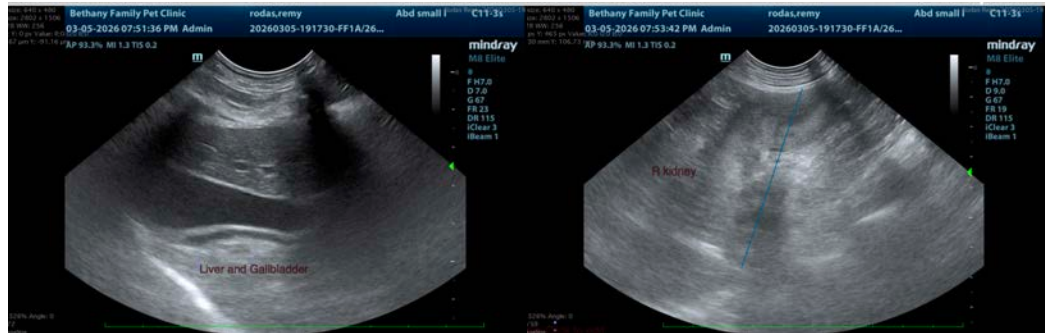
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
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