



PATIENT

Maggie Angell

SPECIES

Canine

BREED

Collie x

SEX

Spayed Female

AGE

14 Years

WEIGHT

22.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr. Meaghan Godwin

INVOICE

75685

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Patient presented on 5/27/2026 for frank hematuria, 8 pound weight loss, and decreased eating.

Abnormal PE/Chem/CBC/UA Results: General: BAR, est. euhydrated, BCS 4/9. Significant muscle and weight loss noted. Cachexia Integument: A large red erythematous mass is present on medial aspect of the right thigh. Digestive: Rectal exam-Firm mass palpated on the left aspect of the rectum (9 o'clock position) extending into colon. Ears: Clean AU Ocular: clear bright corneas OU, no scleral injection or anisocoria Cardiovascular: P: 120 bpm, 2/6 left systolic heart murmur present heard best at the apex Dentition: Severe dental disease with significant halitosis. Behavior: Anxious and fearful during examination. See lab work attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the ventral apical aspect of the urinary bladder there is a 1.5 cm x 0.83 cm heterochoic, irregularly shaped mass lesion. The lesion does have blood flow on doppler exam, confirming a mass lesion and not a benign etiology such as hematoma.

The right kidney is only partially visualized. It appears normal with mild non-obstructive dystrophic mineralization. Length cannot be determined yet it does appear normal in size.

The left kidney presents normal size (5.3 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

Adrenal Glands

The adrenal glands were not imaged.

Spleen

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

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes "moth-eaten". Visible vasculature and biliary tree appear normal without distension or congestion. No obvious evidence of metastatic disease seen within the liver.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. No evidence of pancreatic pathology.

Free Abdomen

In the area of the aortic bifurcation there is a 2.4 cm x 3.4 cm heterochoic cavitated mass present, most likely an enlarged lymph node due to metastatic anal sac adenocarcinoma.

There are several suspected enlarged lymph nodes in the same areas of the aortic bifurcation that appear similar to the one previously described.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass lesion.
- Non-obstructive renal mineralization.
- Nodular liver.
- Gallbladder debris.
- Mass in the area of the aortic bifurcation.
- Several enlarged lymph nodes in the area of the aortic bifurcation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

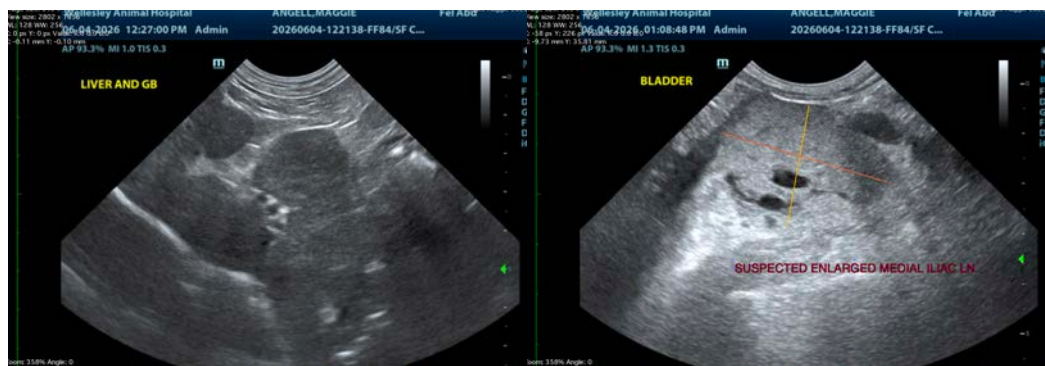
The gallbladder debris appears clinically incidental.

I suspect hepatic cirrhosis as the cause of the liver presentation. Biopsy would be needed to confirm.

The appearance of the urinary bladder lesion is concerning for neoplasia such as transitional cell carcinoma. Recommend BRAF testing to further evaluate for possible TCC.

You could consider performing a fine needle aspirate of the mass in the area of the aortic bifurcation and submitting for cytology. The additional enlarged lymph nodes suggest metastatic anal sac adenocarcinoma.

Prognosis is open pending results of further diagnostics.





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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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