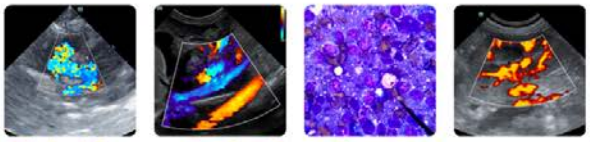


PATIENT

Ajaxx Tully

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

9 Years

WEIGHT

10 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Trindade

INVOICE

73325

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Recently seen for knuckling on LH leg. Physical exam on Saturday revealed a large palpable hard lump in his caudal abdomen. Dog is hyporexic and BM are less. Owner reports urination more frequent (at night wants to go out) but no obvious signs of discomfort urinating. Submitting Abdominal U/S as part of workup

Abnormal PE/Chem/CBC/UA Results: Palpable caudal abdominal mass Rectal exam normal anal glands and can palpate mass extraluminal of rectum BCS 3/9 CBC: HCT 0.26 l/l (0.37-0.62) Retic 0.8% MCV 59.3 fL (61.6-73.5) WBC 14.6x10e9/l (5.1-16.8) Neut 12.58 (2.95-11.64) Lymph 0.8 (1.05-5.1) Plt 376 (148-484) CHEM: Urea 10 mmol/l (2.5-9.6) Abdom rad: Increased space occupying opacity of the dorso-caudal abdomen in region of sublumbar LN a/w ventral displacement of colon & Urinary bladder. Most of the GIT tract appears to be more cranially displaced. Thorax: Prominent & enlarged sternal LN. Discrete radiopacity in the pulmonary parenchyma adjacent to the cardiac apex spanning ~ 3 Intervertebral rib space. Other possible smaller discrete lung opacities noted. FNA of mass collected today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate was not clearly visualized due to interference from the intrapelvic mass lesion.

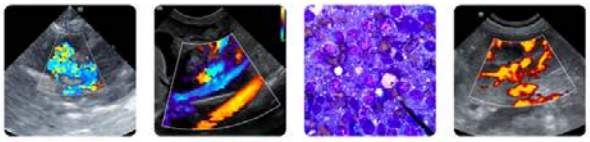
The left kidney is large, measuring 5.15 cm. Visible corticomedullary distinction appears normal but there is severe hydronephrosis with approximately 0.68 cm of cortex remaining. The renal pelvis measures approximately 2.25 cm in diameter. The proximal ureter is severely dilated, measuring at 2.26 cm in diameter, tapering to approximately 0.82 cm at the level of the intrapelvic/caudodorsal abdominal mass lesion.

The right kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.68 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size (1.22 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Full visualization of the descending/distal colon is difficult due to the large caudal abdominal/intrapelvic mass lesion.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No evidence of a diffuse lymphadenopathy (*see below). The omentum is reactive in the caudal abdomen around the mass lesion.

There is a large, hypoechoic, irregular mass effect visualized in the pelvic/caudodorsal abdominal region. This is dorsal and slightly caudal to the urinary bladder measuring approximately 9.83 cm x 5.66 cm. This is suspected to represent effaced sublumbar lymph nodes but an association with other pelvic structures (distal colon, less likely prostate, etc.) cannot be definitively ruled out.

There is a discrete hypoechoic mass effect visualized cranial to the diaphragm measuring 2.74 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

- Large hydronephrotic left kidney with hydroureter – The ureter is obstructed due to the intrapelvic mass lesion.
- Large, irregular, hypoechoic mass effect in the caudodorsal abdomen/intrapelvic region – Findings are most consistent with effaced iliac lymph nodes, although other differentials are possible.
- Mass effect visualized cranial to the diaphragm.

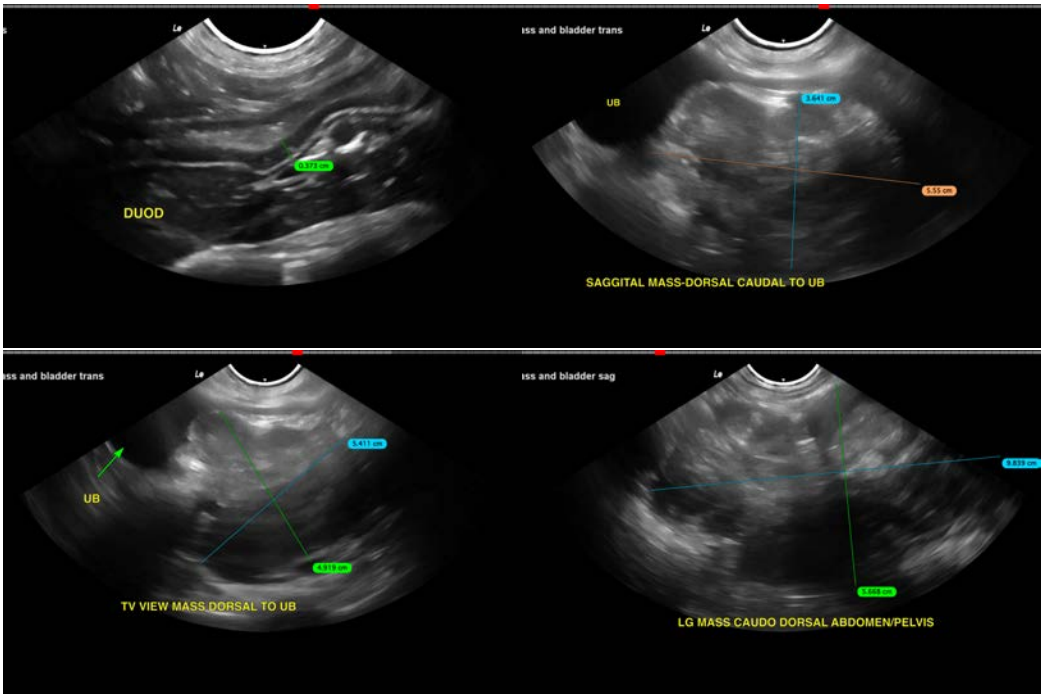
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, hypoechoic mass effect visualized in the intrapelvic region caudodorsal to the urinary bladder. A definitive association between this structure and the prostate, colon, etc. is not visualized but cannot be excluded. This is suspected to involve the iliac lymph nodes.

The left kidney is hydronephrotic with significant hydroureter due to ureteral obstruction by the mass effect.

Consider a fine needle aspirate of the mass lesion (I believe this was done today). Based on these results, options could include surgical intervention (a contrast CT scan would be necessary to further evaluate for this option) or possibly medical intervention (radiation, chemotherapy, etc.).

There is a mass effect visualized cranial to the diaphragm. It is uncertain if this is a primary mass lesion or a metastatic lesion, but a primary mass lesion would be suspected. Recommend 3-view thoracic radiographs (I believe this has already been done) +/- a contrast CT scan if further evaluation is desired.



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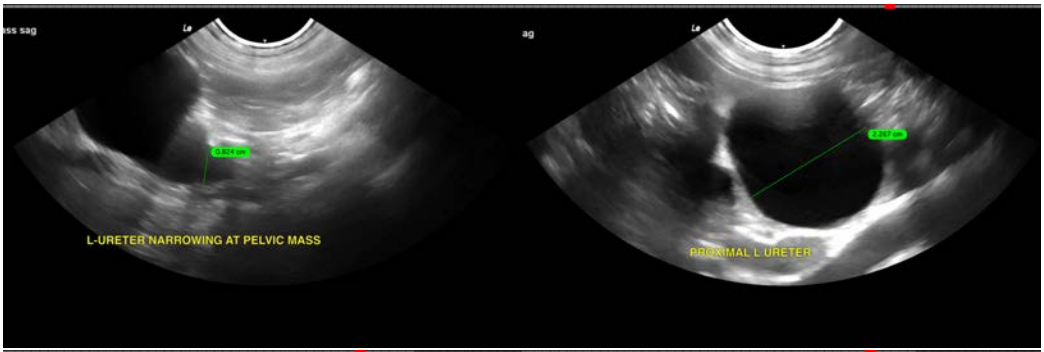

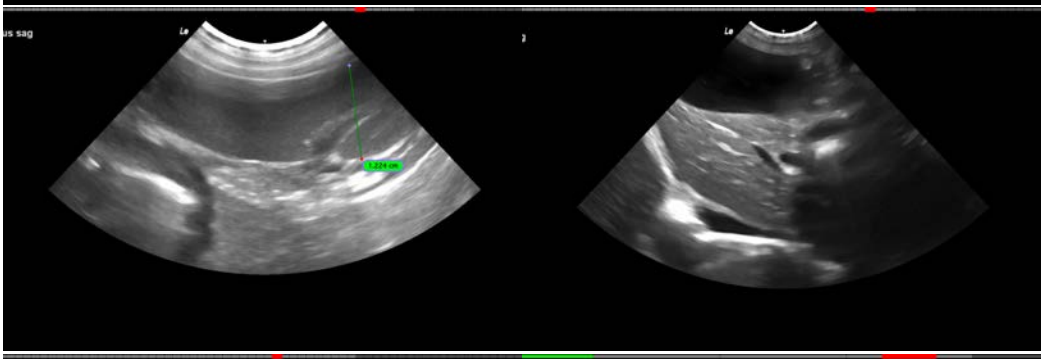

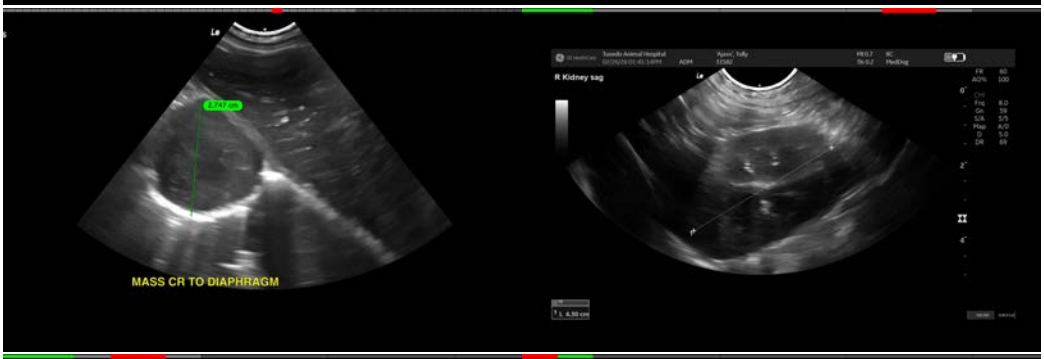

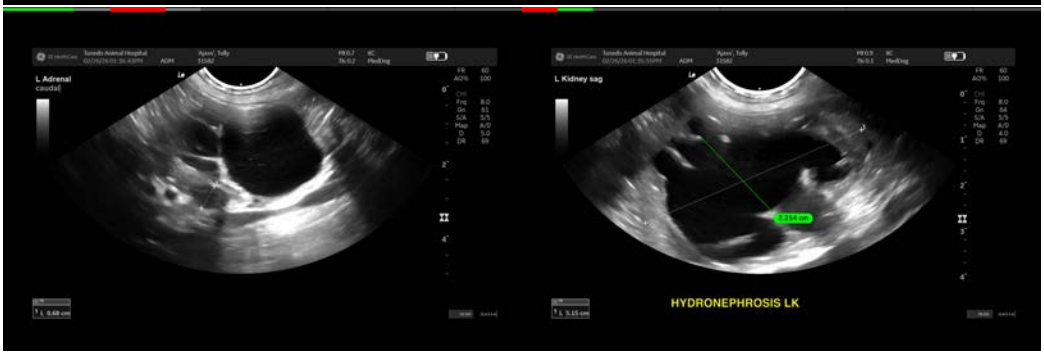

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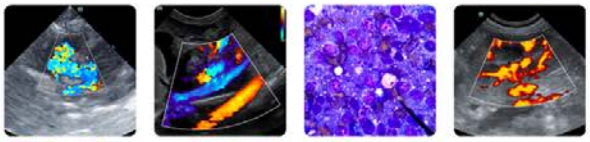

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com