



## PATIENT

Lexi D'Arcy

## SPECIES

Canine

## BREED

Husky X

## SEX

Female Spayed

## AGE

1y 11m

## WEIGHT

22.5 kgs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Bridgeland VC

## REFERRING VET

Dr. Costa

## INVOICE

13104

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

History:

- Lethargy, inappetence, mass in caudal abdomen palpated during exam. Patient came from an animal rescue already spayed and not much is known about her previous history

Abnormal PE/Chem/CBC/UA Results: NA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm in length. The right kidney measured 6.9 cm in length.

### Adrenal Glands

The left adrenal gland was mildly subnormal in size compared to the right which is suspected to be a patient variant exhibiting symmetrical contour and maintained homogeneous parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

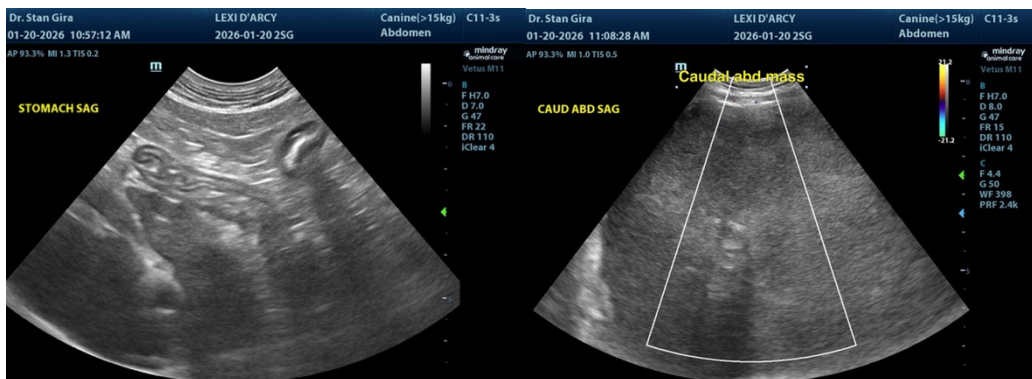
Large, partially fluid filled to regionally mixed echogenic caudal abdomen mass was present cranial to dorsal cranial to the urinary bladder. Likely adherence to the apical to dorsal apical urinary bladder wall. The mass measured at least 10.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. Minor peritoneal effusion noted in the left lateral abdomen between the left kidney and the spleen. Additional areas of peritoneal effusion was not visualized. No obvious visualized significant or swollen mid to cranial mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Large, partially fluid filled to mixed echogenic caudal abdomen mass with suspect apical to dorsal apical urinary bladder effacement

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given location of the mass, severe uterine remnant granuloma, pyometra, abscess or neoplasia vs unspecified necrotic granuloma or other of potential lymphatic or of omental origin, all potentials. The mass did not appear to originate from the urinary bladder, although cranial urinary bladder effacement or possible adherence is a potential. The mass did not appear to invade or affect the caudal abdomen, major vasculature or colon. Further assessment may include, assuming normal clotting status, mass parenchyma FNA cytology and +/- C/S or ultrasound guided centesis into fluid component for fluid analysis cytology or C/S. If surgery is a potential given location, abdominal CT is likely ideal for further clarification and surgical planning. Otherwise, direct exploratory laparotomy with gross inspection of the mass and potential resection may be considered.





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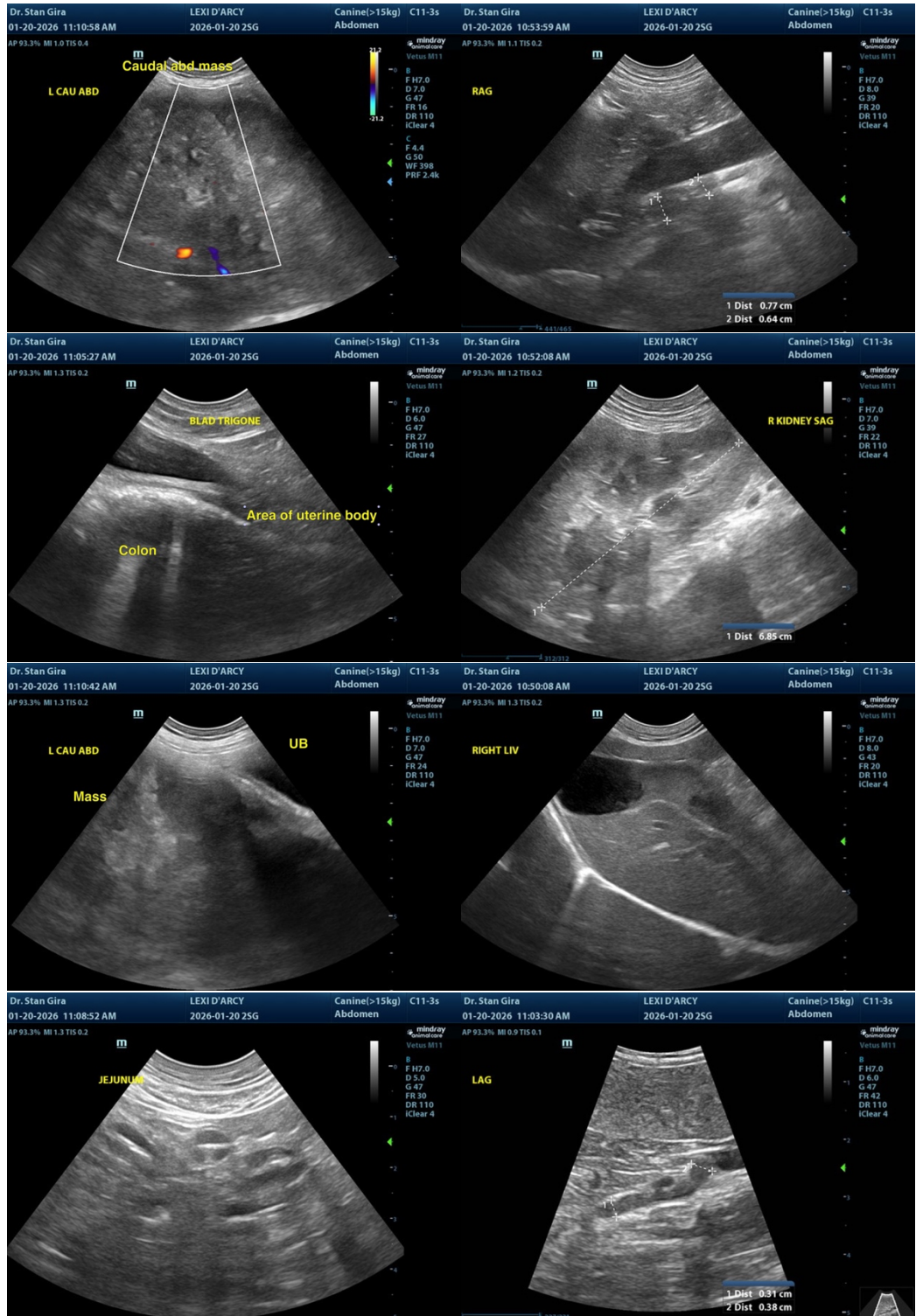
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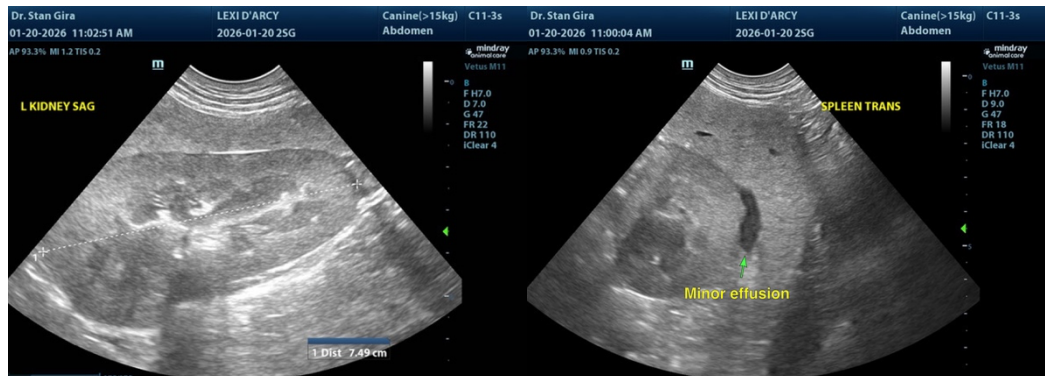
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@sonopath.com](mailto:info@sonopath.com)