



PATIENT

Felix Stiely

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.42 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Dr. Kristen Woltman
DVM

INVOICE

12095

DATE

11/05/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate suspected sublumbar lymph node enlargement on rectal palpation and possible AGASACA - right side. Presented for swelling around the hind-end for about 1 week. Hx Grade 3-4/6 HM. Gabapentin PO / Trazodone PO for AUS.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 57.4%, WBC 18.65 H, Neut 14.96 H, Plts 294, remainder NSF - Chem: Alb 3.7-n, normal LES, normal BUN, Cr, Ca 10.5 - n - iCa: 1.32- n - Rads - no obvious chest mets and heart appears normal size. Sublumbar Inn enlargement (This was also palpable on rectal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was sonographically normal.

A solitary, irregular enlarged nonhomogenous lymph node was present distal to the iliac trifurcation consistent with medial iliac or hypogastric lymph node measuring 3.9 cm x 2.3 cm. Mild surrounding perilymphatic hyperechoic tissue.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.57 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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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

No evidence of mid abdomen mesenteric lymphadenopathy, peritoneal or retroperitoneal effusion. A nonhomogenous right anal gland mass was visualized measuring approximately 5.5 cm in diameter.

Heart

Brief subjective echocardiogram revealed thickened mitral valve leaflets consistent with endocardiosis. Doppler revealed eccentric mitral valve insufficiency. Normal left atrium and left ventricle dimension with adequate LV systolic function. LA/AO ratio heart base measured 1.4. The right atrium and right ventricle were sonographically normal. No evidence of cardiac tumors, pericardial effusion or overt arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogenous irregular medial iliac/hypogastric lymphadenopathy – consistent with metastatic criteria.
- Right anal gland mass.
- Age-related renal changes.
- Compensated mitral valve insufficiency (B1).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the medial iliac or hypogastric lymph node consistent with metastatic criteria, no evidence of additional abdominal or retroperitoneal primary or metastatic neoplasia. Assuming normal clotting status, lymph node FNA cytology could be considered for further clarification and potential for surgical and/or oncology consult. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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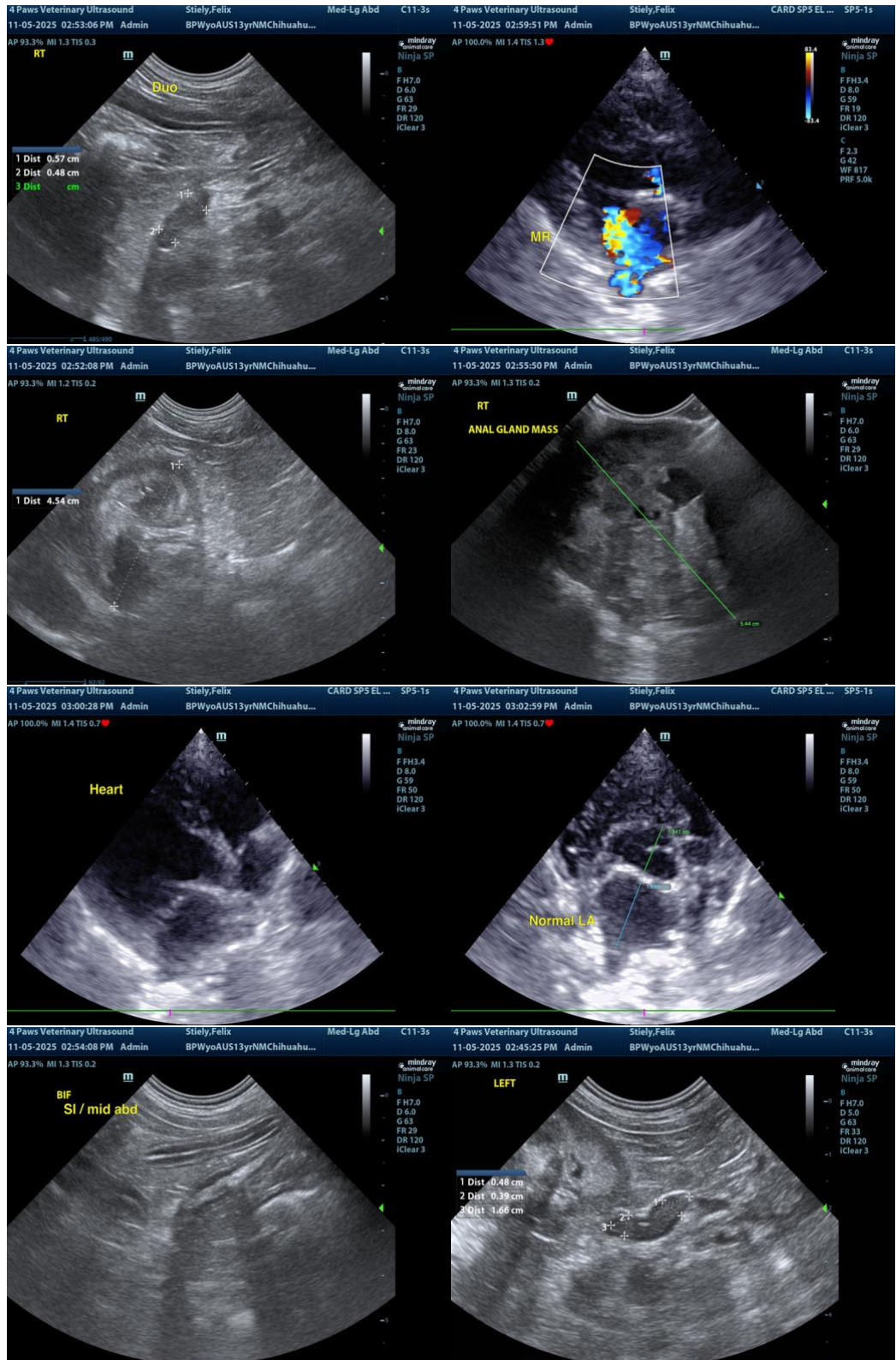
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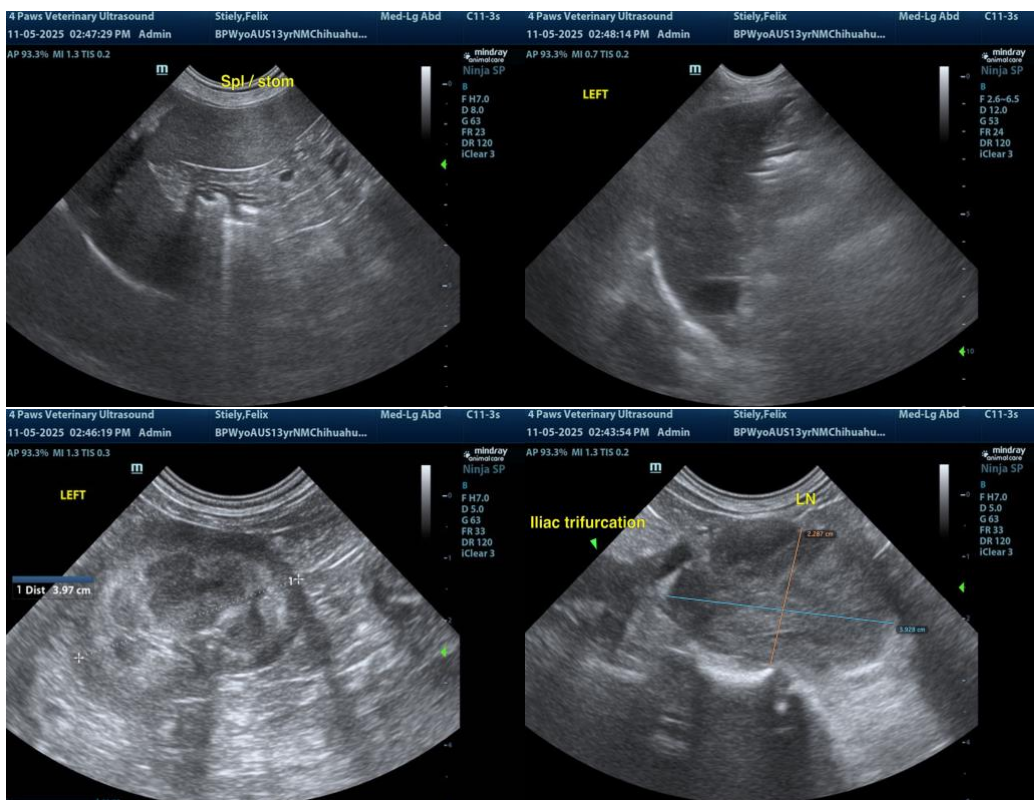
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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