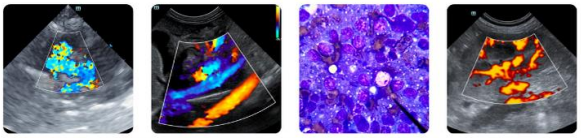

PATIENT

Cooper Ameen

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

14y, 5m

WEIGHT

51 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chan

INVOICE

10306

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Lethargy, abdominal pain. Suspect prostate dz although normal sz on rectal and normal anal sacs. Prev splenectomy in 2021.

Abnormal PE/Chem/CBC/UA Results: WBC 22.25; Neu 19.72; HCT 34.8. Coags wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was overtly normal in sonographic appearance, measuring 0.93 cm diameter.

Normal size and margination were present in the left kidney. 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 7.1 cm in length.

Subjective mild subnormal size (compared to the left) and normal margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 6.1 cm in length. Several to multiple cortical infarcts were noted in the right kidney.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the caudal pole.

Spleen

The spleen was not visualized owing to a previous splenectomy.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic 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 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 without evidence of retained ingesta, fluid, 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 right pancreas exhibited subjective mild prominent size with primarily symmetrical contour and homogeneous mildly hypoechoic parenchyma compared to adjacent hyperechoic omentum. This is nonspecific and may indicate a patient variant, mild pancreatic edema, or inflammation.

Free Abdomen

An unspecified, irregular, nonhomogeneous mass was noted caudal to ventrocaudal to the urinary bladder with associated regional inflammation was noted measuring ~8.0 cm x 5.0 cm. Mild volume echogenic left retroperitoneal effusion and increased left retroperitoneal echogenicity were present. Concurrent minor volume peritoneal effusion was visualized in the left and right lateral abdomen.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous mass caudal / ventrocaudal to urinary bladder, associated regional inflammation
- Echogenic retroperitoneal effusion / retroperitonitis primarily visualized in the left retroperitoneal space
- Non-visualized spleen - previous splenectomy
- Concurrent mild volume peritoneal effusion
- Chronic renal changes with right kidney cortical infarcts
- Sonographically unremarkable urinary bladder and visible residual prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified mass is highly suggestive of neoplastic criteria with potential for concurrent or associated inflammation or necrosis. Subjectively, the mass appeared caudal than suspected location of regional lymph nodes, although lymphatic mass origin is not definitively excluded. The mass did not definitively appear to derive from or involve the residual prostate. Correlation with mass cytology +/- C/S is recommended. There is no obvious sonographic evidence of additional peritoneal masses, lymphadenopathy, or overt metastatic criteria.

Pending mass cytology, assuming no evidence of pathology on three view chest radiographs, and if additional clarification is required, CT would be ideal.

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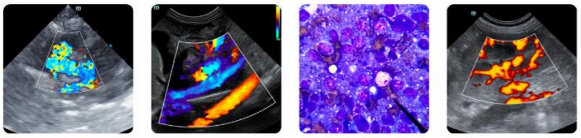

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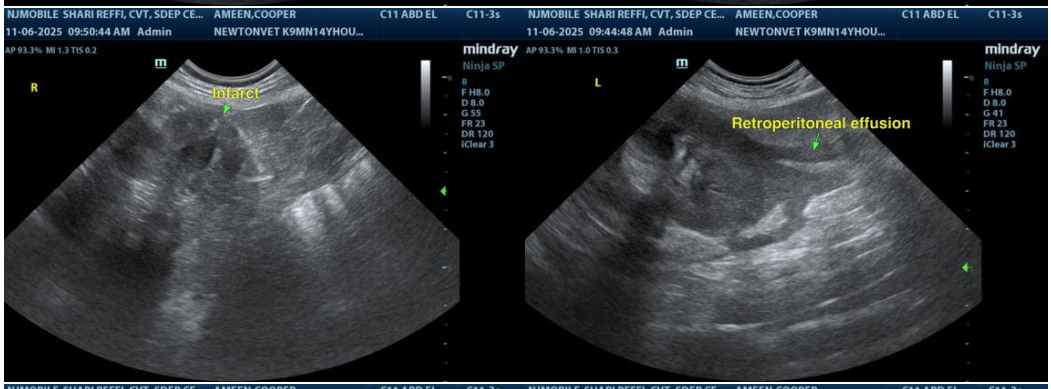

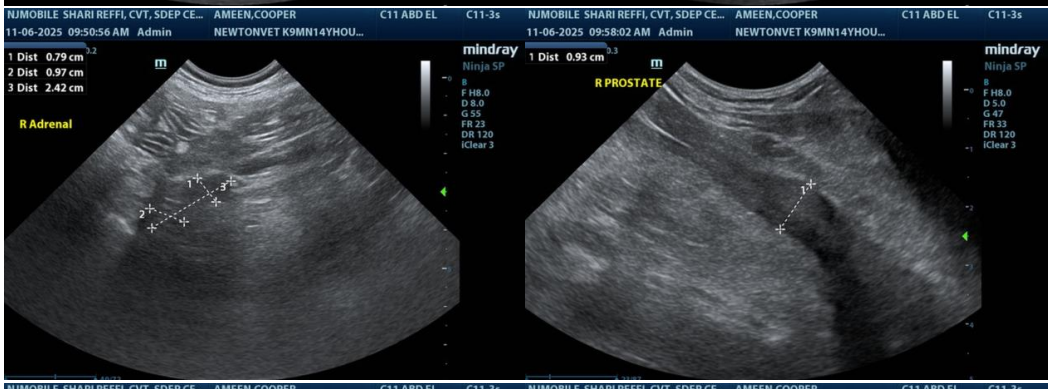

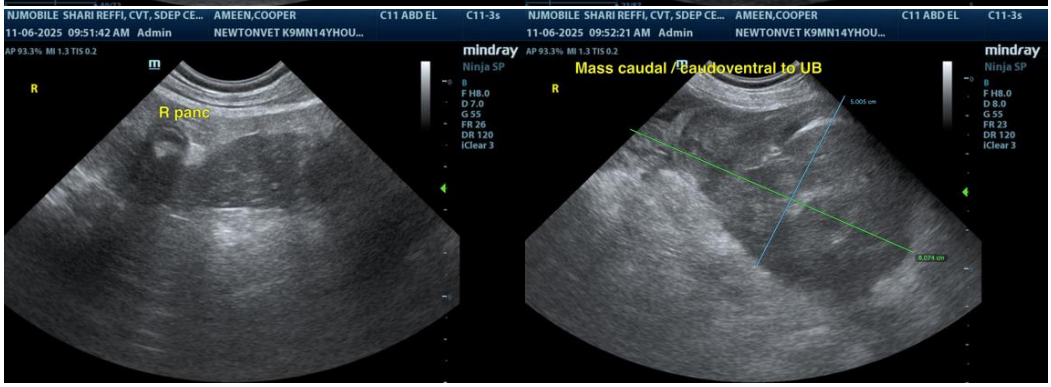

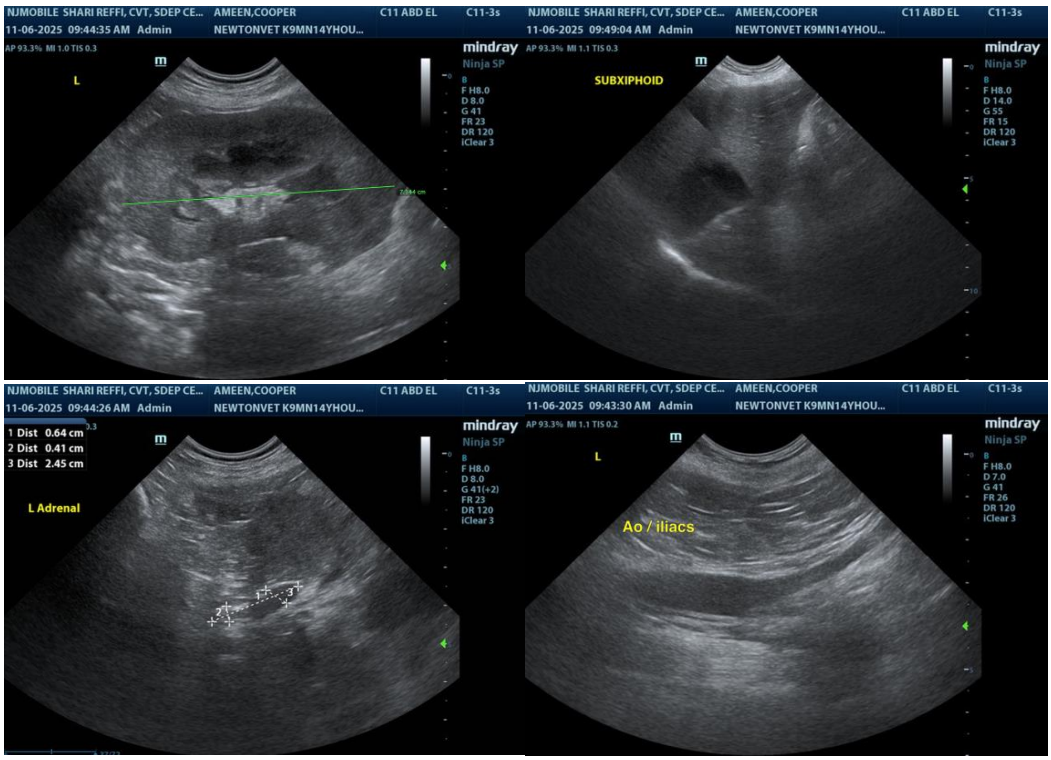

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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