



PATIENT

Roxie Shafer

PRESENTING CLINICAL SIGNS

No BM for at least 4 days, no appetite for two days. Straining to pass a bm. No history of v/d. Bulging mass (sl smaller than baseball) from L side of rectum.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Aspirate of mass revealed dark burgundy thin fluid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Collie

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Potential for mild ventral proximal urethra displacement. 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 overt evidence of inflammatory or neoplastic changes were noted.

SEX

FS

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal mild areas of non-obstructive medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.7 cm in length

AGE

11yr

WEIGHT

57.6lb

A large irregular non-homogeneous mass/lesion exhibiting multifocal parenchymal cyst like component containing anechoic fluid was present in the area of the sublumbar space potentially extending into the pelvic inlet and area of the colorectum. The mass/lesion measured potentially 12 cm in diameter. Subtle evidence of regional mild hyperechoic omentum was present. No overt evidence of peritoneal free fluid was present.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized without overt pathology.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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Dr. Casas Dolz

HOSPITAL NAME

State Avenue Vet

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

DATE

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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.



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The visualized segments of distal colon exhibited intact wall layering with possible mild colonic distention containing formed to shadowing fecal matter.

Pancreas

SPECIES

Canine

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.

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Free Abdomen

No overt mid to cranial abdominal omental lymphadenopathy or masses.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Large irregular to non-homogeneous cystic mass/lesion in the sublumbar space potentially extending into the pelvic inlet
- Non-distended urinary bladder and proximal urethra, potential for minor proximal urethra displacement
- Overtly normal distal descending colon contained formed to shadowing fecal matter
- Bilateral chronic renal changes with mild non-obstructive medullary mineral

AGE

11yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

57.6lb

The sublumbar to potentially pelvic inlet mass/lesion is consistent with neoplastic criteria although sampling is required for further assessment. Considerations may include sarcoma or other neoplasia, marked sublumbar to peri iliac lymphadenopathy which may indicate significant primary or metastatic lymphadenopathy especially if clinical concern for anal sac carcinoma, necrosis or abscess are considered less likely but possible. Assuming normal clotting status, a sublumbar mass/lesion FNA for screening cytology +/- C/S is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Pending additional diagnostics, abdominal CT is likely ideal given this presentation for further clarification.

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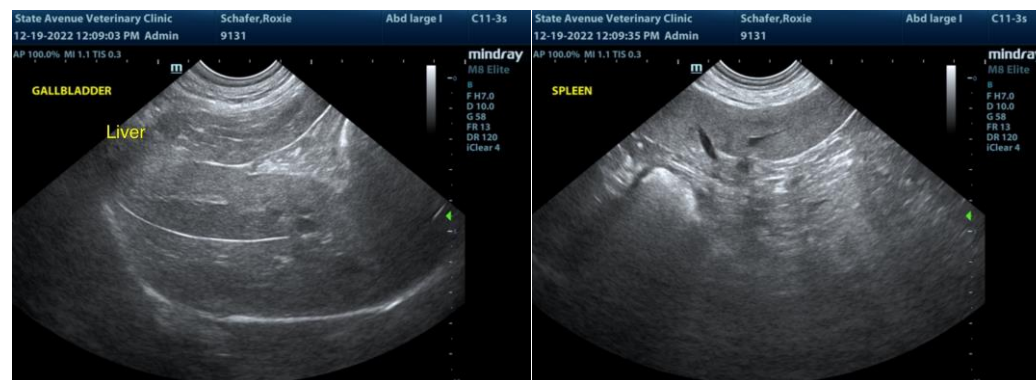
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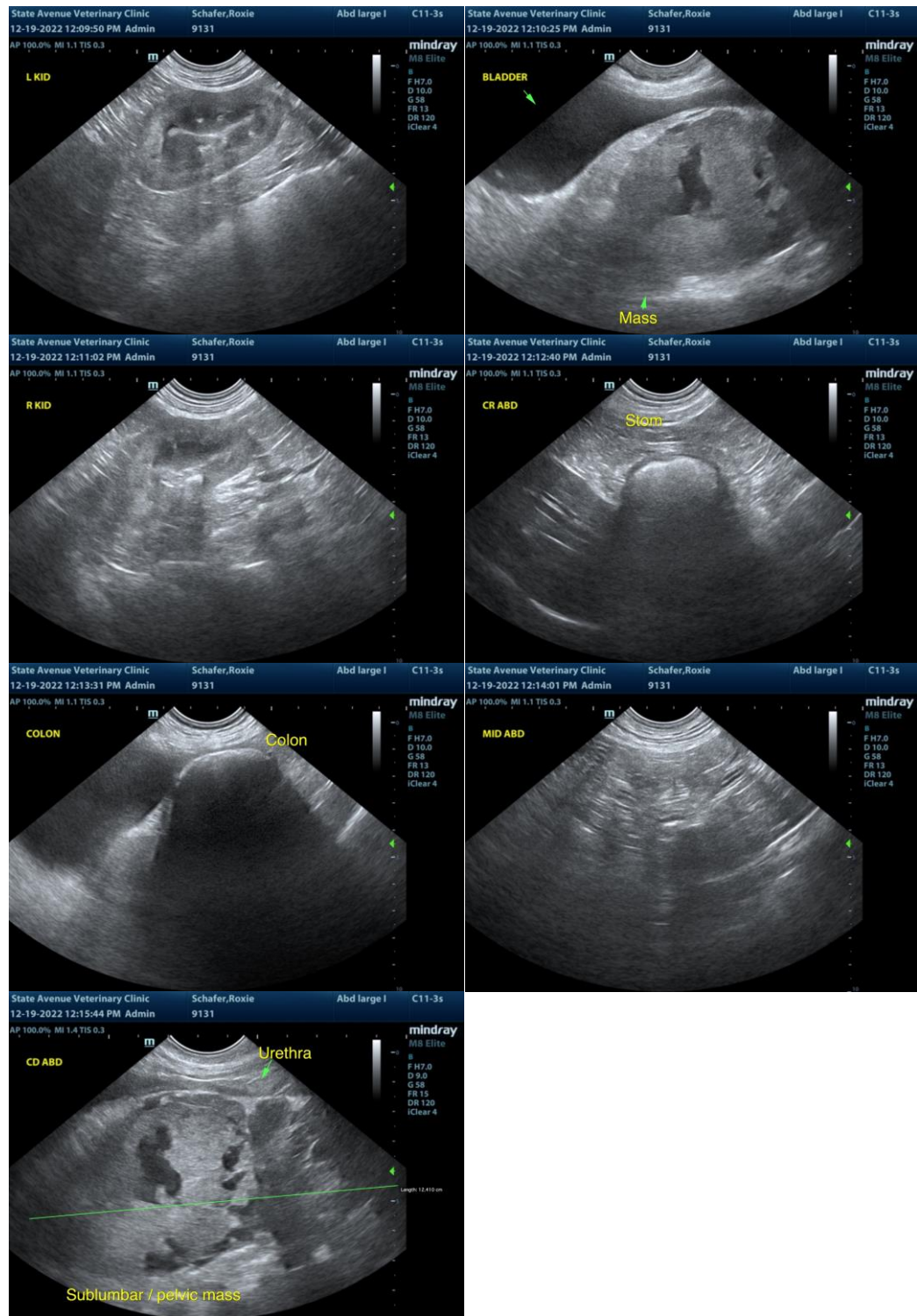
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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