



**PATIENT**

Eva Maples

**SPECIES**

Canine

**BREED**

Cattle Dog Mix

**SEX**

FS

**AGE**

9 years

**WEIGHT**

53 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging  
Michigan

**REFERRING VET**

Family Pet Practice

**INVOICE**

12891

**DATE**

12/28/21

**PRESENTING CLINICAL SIGNS**

Went to ER on 20th for lameness in LR. Diagnosed with mass/swelling over left pelvic area displacing rectum. On the 24th she had colored discharge expressed from rectal/anal gland area. Has been licking frequently. Increased urination today and attempts to urinate with straining and not producing urine. Normal appetite. Stools are formed but soft. Has CT scheduled for Jan 4th for possible biopsy of mass.

Abnormal PE/Chem/CBC/UA Results: BW NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder was distended in size yet subjective normal tone. No evidence of Inflammatory or neoplastic mural criteria was noted. Anechoic urine was present with very minor particulate sediment likely indicative of minor cellular or crystalline debris or potential minor mucus. No evidence of calculi was noted. The visualized proximal urethra to a depth of 2.0 cm was sonographically unremarkable.

An ill-defined and poorly visualized suspected mass was noted dorsal to the urinary bladder trigone and visible proximal urethra within the area of the distal colon and colorectum. The area of the ill-defined yet poorly visualized mass measured approximately 5.0-6.0 cm in diameter. The suspected mass was obscured by pelvic shadowing and somewhat by colon gas.

The area of the aortic trifurcation was free of pathology.

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 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 6.2 cm in length. The right kidney measured 6.4 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 0.74 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole and 0.76 cm width at the cranial 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/ Gallbladder**

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.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, non-shadowing ingesta. This may indicate recent meal ingestion, although some degree of potential gastric hypomotility may be considered if documented NPO. The ingesta was most consistent with food without evidence of gastric 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.

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

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**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 were evident.

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**Free Abdomen**

Small pockets of scant peritoneal free fluid were noted. No evidence of intraabdominal medial iliac or sublumbar lymphadenopathy was noted.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**Primary Findings**

- Ill-defined, poorly visualized yet suspected mass dorsal to the cystourethral junction and proximal urethra
- Distended urinary bladder
- Intermittent small pockets of scant peritoneal free fluid

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**Secondary Findings**

- Gastric Ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

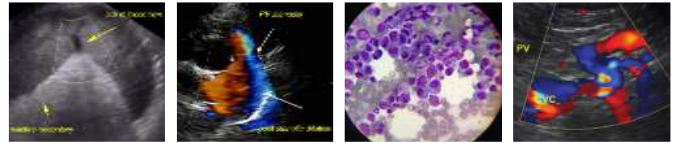
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Scheduled CT assessment of the suspected mass dorsal to the cystourethral and proximal urethra for further clarification and possible biopsy is recommended. No overt evidence of regional metastasis i.e., no overt medial iliac or sub lumbar lymphadenopathy.

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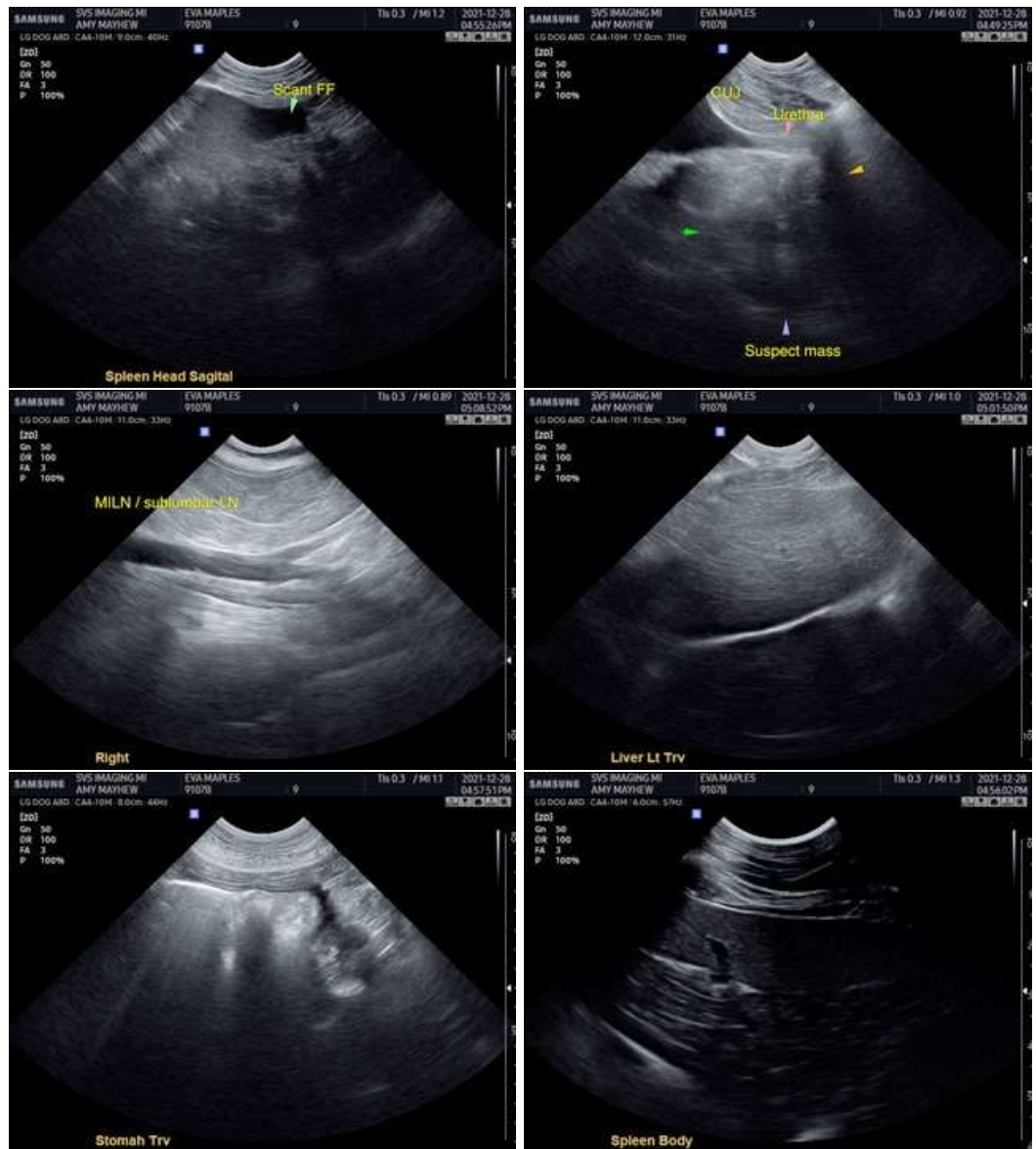
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com