

**PATIENT**

Mason Mumupower

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

23.4 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Denny Nolet

**INVOICE**

13725

**DATE**

2/2/22

**PRESENTING CLINICAL SIGNS**

History: Sedation would wear off quickly and dog was painful and vocalizing- large area of bruising noted lateral right to penis (photo attached) after shaving for the AUS- seems painful when applying pressure- Patient brought in Saturday for lethargy, not eating, vomiting, urinating/defecating infrequently. Took abdominal radiographs, sent out to radiologist and ran in house bloodwork. In house Spec PL was WNL. Gave SQ fluids, Cerenia inj, Convenia inj and oral Buprenex TGH and discharged. Today still lethargic but improved since Saturday. Eating/drinking normally. Urine/BM norma

Labs: WBC 12.1, hematocrit 45.2, Platelet 60, BUN 108, creatinine 2.4, glucose 130, albumin 4.0, potassium 4.6, calcium 11.2

Abnormal PE/Chem/CBC/UA Results: LABS and radiology report attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone and cystourethral junction 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.

The residual prostate was normal in size and overall structure with likely pinpoint mineral present in the prostatic urethra. The post-prostatic urethra was normal in structure and tone to a depth of 2.0 cm.

A moderately sized undifferentiated nonhomogeneous to cavitated mass was present in the area and likely surrounding the iliac trifurcation as well as dorsal to the urinary bladder. The mass measured approximately 5-6 cm in diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of nonobstructive medullary mineral were present in both kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 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 and 0.49 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 0.57 cm width at the caudal pole and 0.46 cm width at the cranial pole.

**Spleen**

The spleen was overall normal in size and contour with primarily finely textured homogeneous parenchyma. A solitary isoechoic to nonhomogeneous discreet cranial intraparenchymal nodule was present, measuring 1.2 cm in diameter. Splenic vascularity was normal.

**Liver**



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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.

## SPECIES

Canine

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder wall otherwise normal.

## BREED

Terrier Mix

### **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.

## SEX

Neutered Male

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.

## AGE

12 Years

### **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.

## WEIGHT

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### **Free Abdomen**

Free fluid as well as relative tissue were noted in the left and right retroperitoneal space extending caudally towards the area of the undifferentiated mass. Potential for undifferentiated cyst-like lesion present in the right retroperitoneal space, measuring approximately 2.8 cm in diameter.

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No omental masses, lymphadenopathy or overt/significant peritoneal free fluid.

### **Other**

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A rapid view of the heart was normal.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Undifferentiated nonhomogeneous to cavitated mass in the area of the iliac trifurcation and dorsal to the urinary bladder- consistent with neoplastic criteria, undifferentiated sarcoma or other.
- Retroperitoneal effusion with potential undifferentiated cyst-like lesion in right retroperitoneal space
- Bilateral chronic renal changes with nonobstructive medullary mineral
- Nonspecific discreet cranial splenic nodule
- Mild gallbladder debris (nonmucocele)

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**Secondary Findings**

- Likely pinpoint nonobstructive prostatic urethral mineral

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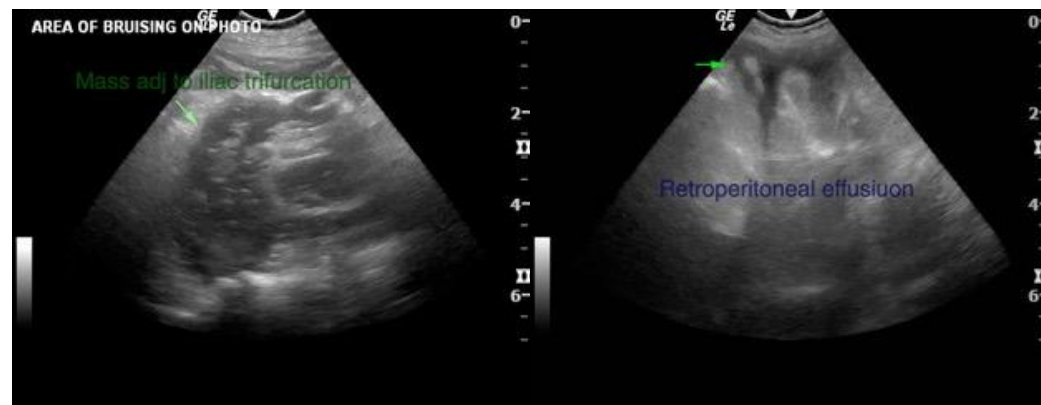
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal coagulation panel and using a 25-gauge needle, ultrasound guided FNA of the undifferentiated mass in the area of the iliac trifurcation and dorsal to the urinary bladder could be considered for potential further clarification and oncology consult. Given its location, adjacent to major vasculature, surgical options in this case are likely precluded, likewise, the possibility of possible retroperitoneal seeding, secondary to the mass, is of concern. Sampling of the mass, however, may be precluded, pending coagulation panel and in light of thrombocytopenia as well as location. CT assessment of the mass for further clarification is likely ideal, if possible.

Continued gastrointestinal supportive care recommended. Very guarded to potentially unfavorable prognosis indicated.





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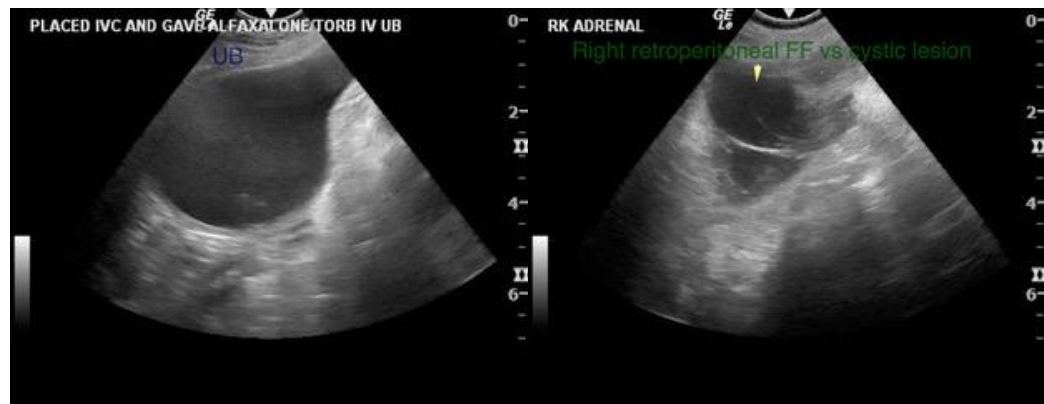
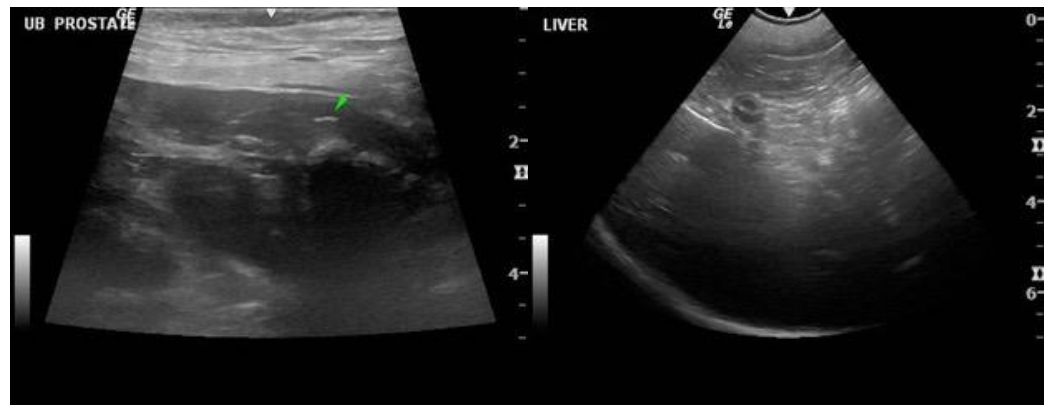
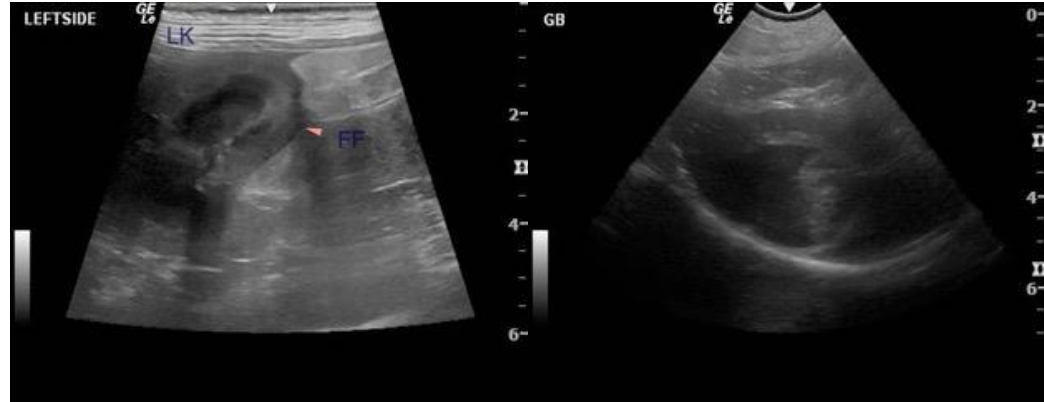
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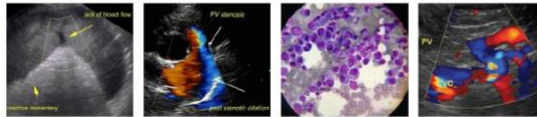
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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