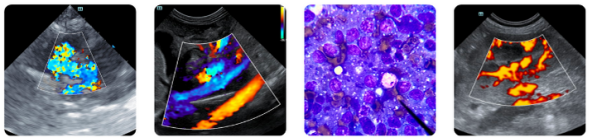


PATIENT

Iris Klutchka

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed.

AGE

14y

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

13237

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History:

- Swelling of R mammary chain

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

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 to moderate 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. The right kidney measured 7.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm. The right adrenal gland measured 0.71 cm.

Spleen

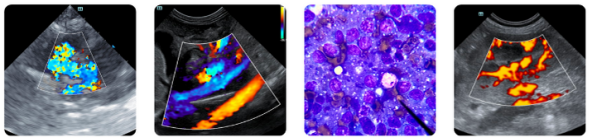
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjective borderline to mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, subtle, hyperechoic intraparenchymal nodules were present with an example measuring 1.1 cm in diameter. The gallbladder was non distended in size with moderate, non-organized, mildly congealed, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact visible wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing hyperechoic ingesta and a strongly shadowing lumen echo measuring ~4.5 cm in diameter.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild, non-shadowing ingesta/chyme without visualized shadowing content or obstructive pattern to the level of the colon.

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

Unspecified, irregular, non-homogeneous caudal abdomen to retro-abdominal mass caudal to the kidneys at the level of the colorectum with suspect mild colorectal impingement. The mass measured ~6.0 cm in diameter. Multiple, variably enlarged, non-homogeneous medial iliac and intermittent mesenteric lymph nodes were present with an example measuring 6.2 cm x 2.7 cm. No obvious peritoneal or retroperitoneal effusion present.

PRIMARY FINDINGS

- Caudal abdomen/retro-abdominal mass
- Variably enlarged non-homogeneous subtle nodular liver
- Strongly shadowing gastric echo with retained non-shadowing ingesta – highly suggestive of gastric foreign body
- Normal small intestine with non-shadowing intestinal ingesta
- Bilateral chronic renal changes

SECONDARY FINDINGS

- Non-organized gallbladder debris – not consistent with mature mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass, present at the level of the caudal abdomen and colorectum may indicate unspecified caudal abdominal mass or caudal abdomen invasion secondary to retro-abdominal mass and consistent with neoplastic or metastatic criteria. Likewise, the medial iliac and intermittent mesenteric lymphadenopathy strongly suggests metastatic criteria. The liver may indicate incidental or benign changes, i.e. hyperplasia, vacuolar or cholestatic hepatopathy, inflammatory disease, benign parenchymal remodeling, although emerging primary or metastatic neoplasia is not excluded. Correlation with lab work recommended given timeframe between ultrasound study and interpretation. Correlation with current clinical history, i.e. evidence of gastrointestinal signs and sonographic reassessment of the stomach recommended. If persistent, strongly shadowing gastric echo, exploratory laparotomy with gastrostomy and potential biopsies would be indicated, assuming no pathology on 3-view chest radiographs. Abdominal CT could also be considered if possible.

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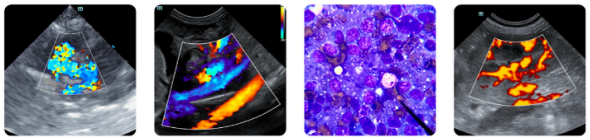

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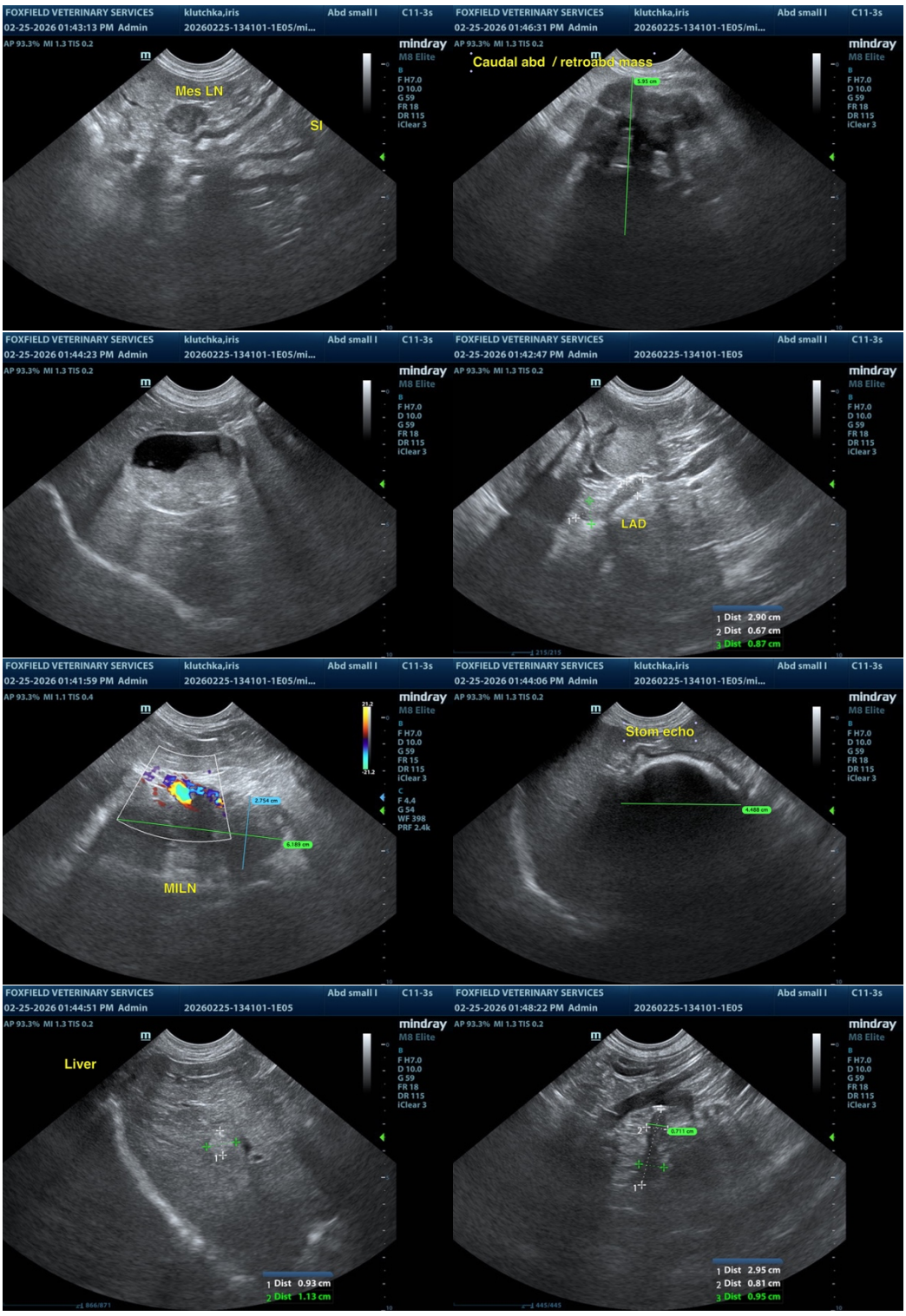

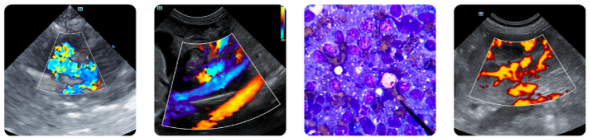

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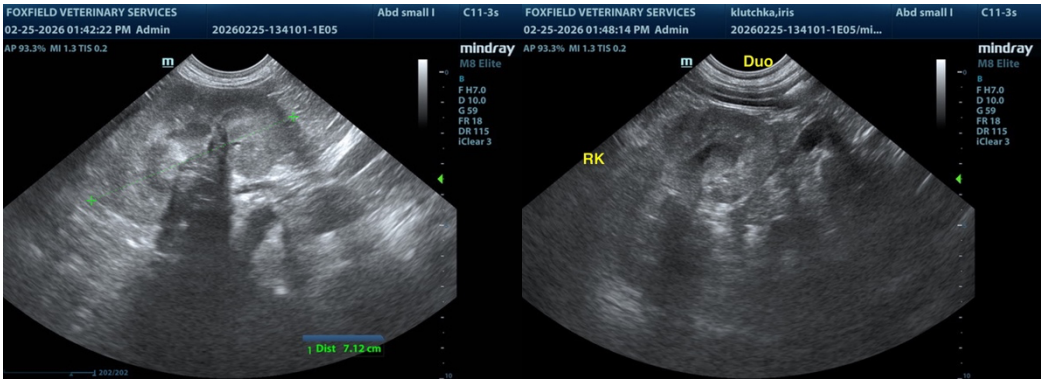

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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