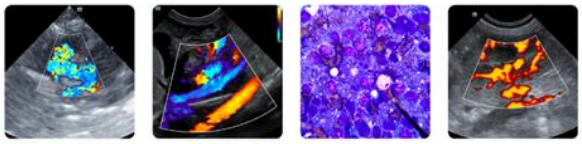


PATIENT

Yara Ruff Start Rescue

SPECIES

Canine

BREED

Chihuahua

SEX

FI

AGE

9yr

WEIGHT

2.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Katie and Dr. Lisa

INVOICE
24095

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

- Intact female dog, is presented for evaluation of bilateral inguinal masses that have recently increased in size, with suspicion for inguinal hernias. The patient is clinically asymptomatic, with no reported urinary or gastrointestinal symptoms.
- The primary concern is the development and progression of inguinal masses. Initially, a single mass on the left inguinal/abdominal region was present, but it has since become bilateral with a second mass appearing over the weekend on the right side, and both have increased in size. A fine-needle aspirate of the initial mass previously identified only fat. Due to the recent changes, the patient's upcoming spay has been expedited to include surgical exploration and resection of the tissue, with the potential addressing of the mammary tissue if the issue is related to this.
- Diagnostic workup has included bloodwork, which showed a mildly elevated ALT and normal bile acids. A POCUS (Point-of-care ultrasound) was performed, and at that time, there was no convincing evidence of mammary gland involvement. More recent x-rays are described as "a little bit more concerning" and "suspicious," suggesting the presence of tissue that could be fat or uterus vs other within the hernia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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 uterus was sonographically normal, exhibiting empty lumen without evidence of lumen fluid or mural pathology. The left /right ovaries were sonographically normal in size, position and shape. The left ovary measured 0.9 cm in diameter; the right ovary measured 1.0 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

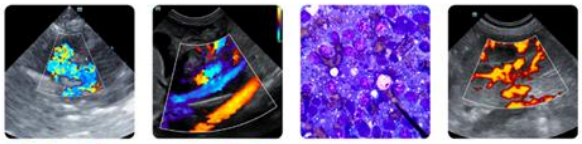
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal 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.



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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. Normal vascular volume. 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 contained moderate progressive distal acoustic shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Non-specific mild hyperechoic duodenojejunal mucosal speckling and segmental mild non-shadowing ingesta were present 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Examination of the left and right inguinal spaces exhibited primarily fat echogenicity without evidence of inflammation, free fluid, visualized intestine or uterine tissue.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal uterus and bilateral ovaries
- Gastric ingesta- likely consistent with food echogenicity
- Non-specific mild intestinal mucosal speckling
- Sonographically unremarkable normal volume liver
- Fat echogenicity in bilateral inguinal space - most suggestive of bilateral inguinal hernias containing fat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visualized entrapped abdominal organs within the area of the left and right inguinal space or inguinal hernias. Overall, no evidence of abdominal visceral pathology as a contraindication for surgery.

Monitoring of liver enzymes going forward indicated for evidence of persistent or progressive ALT which may suggest primary parenchymal disease i.e. inflammation or similar. No evidence of

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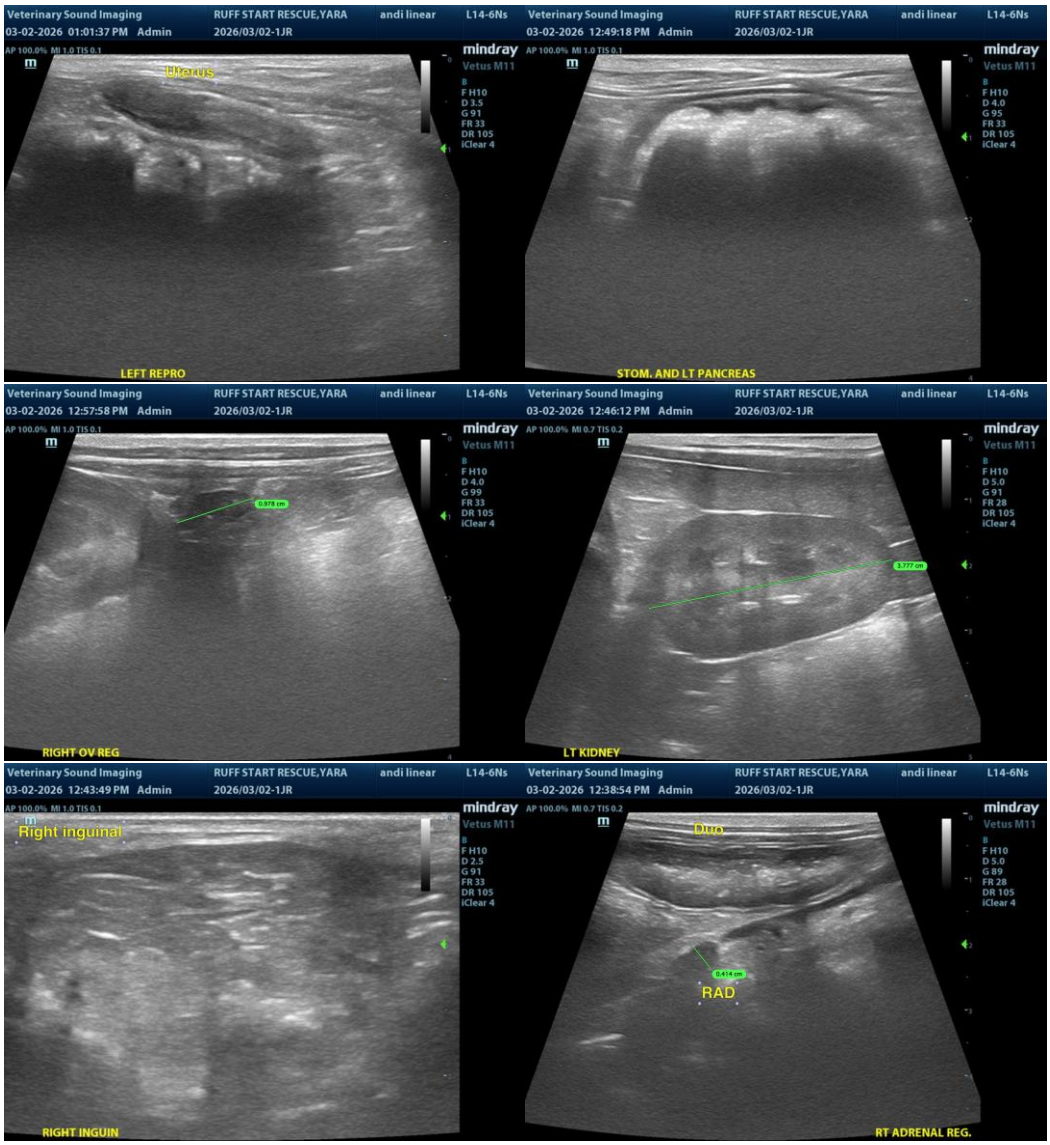
intrahepatic or extrahepatic macroscopic shunt.

The intestinal mucosal speckling is non-specific with possible patient variant yet may be associated with non-specific enteropathy or enteritis. Correlation with patient clinical signs is recommended.



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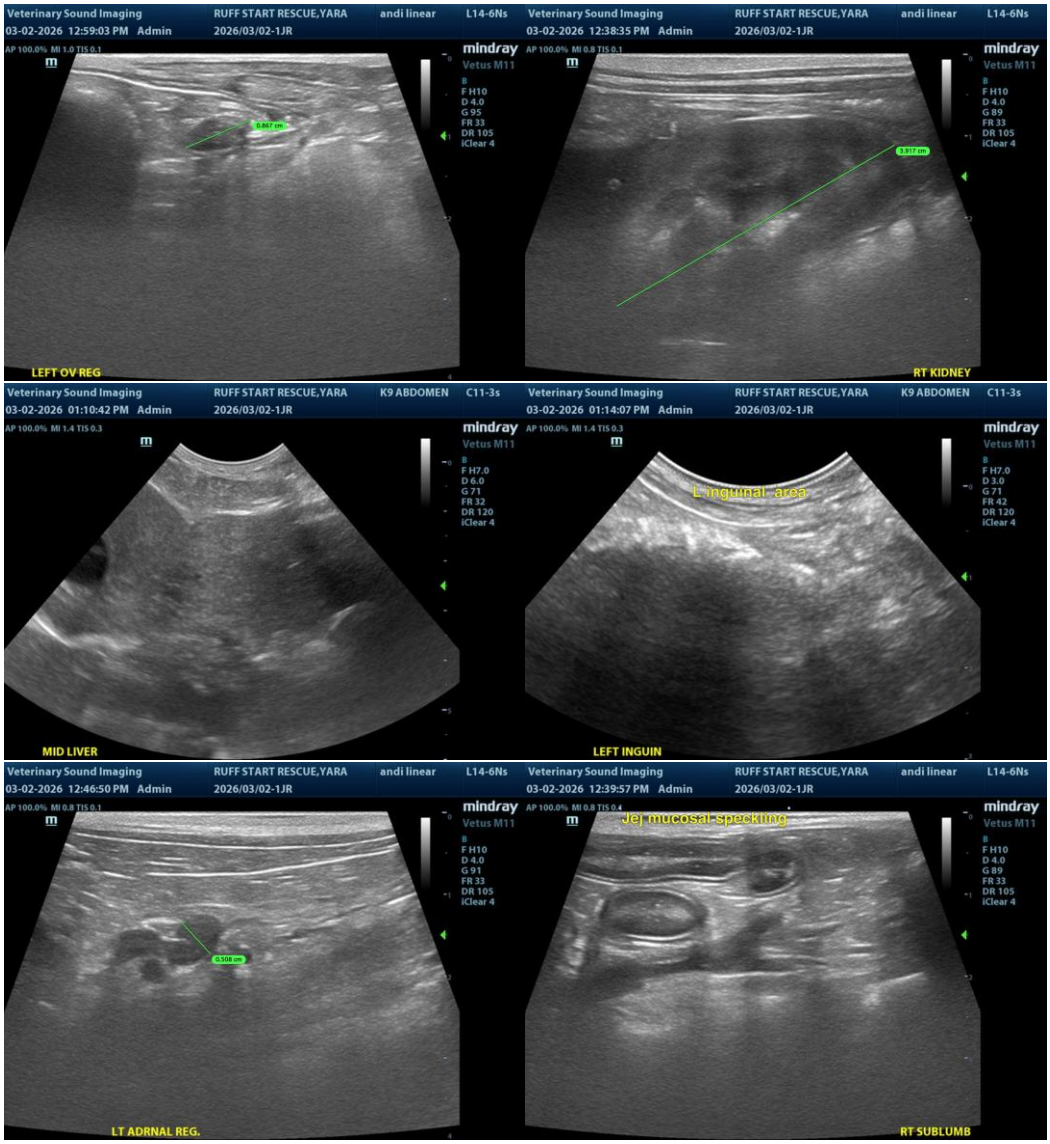

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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