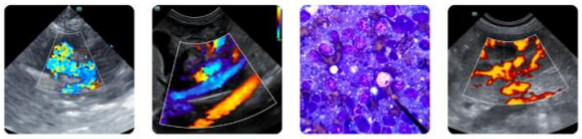

PATIENT

Maggie McCleaf

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Spayed Female

AGE

2017

WEIGHT

51

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Aloha Animal Hospital

REFERRING VET

Dr. Freese

INVOICE

14556

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- History of apocrine gland anal sac adenocarcinoma - sx 1.2026 without clean margins and concern for lymphovascular invasion

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

No evidence if medial iliac or sublumbar significant or swollen lymphadenopathy or masses.

Normal size and margination was 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 5.6 cm in length. The right kidney measured 5.9 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 0.60 cm width at the cranial pole and 0.65 cm width at the caudal pole.

The right adrenal gland was mildly prominent in size with mild intact asymmetrical contour and maintaining a homogenous parenchyma without evidence of parenchymal mineralization. The right adrenal gland measured 0.86 cm width at the cranial pole and 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma with potential areas of mild medial capsule fibrosis. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 normal in appearance without signs of congestion. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing gastric ingesta most consistent with food echogenicity.

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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.

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 evidence of significant or swollen mesenteric lymphadenopathy, omental masses or peritoneal effusion was present. A possible ill-defined nonhomogenous to potentially mineralized lesion in the cranioventral abdomen to possible caudal thorax was present measuring approximately 3.0 cm to 4.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Static mild nonspecific right adrenomegaly.
- Mild static gallbladder debris (non-mucocele).
- Possible ill-defined to potentially mineralized lesion in the cranioventral abdomen versus caudoventral thorax.
- Probable small medial splenic myelolipomas versus medial capsule fibrosis- benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of caudal abdomen or retroperitoneal lymphatic metastatic criteria. The gallbladder debris appears static compared to the previous ultrasound. The possible ill-defined to mineralized lesion in the cranioventral abdomen or caudoventral thorax is of unclear clinical significance.

Correlation with three view chest radiographs is recommended +/- assuming normal clotting status, FNA cytology of the lesion if confirmed on radiographs versus serial sonographic monitoring.

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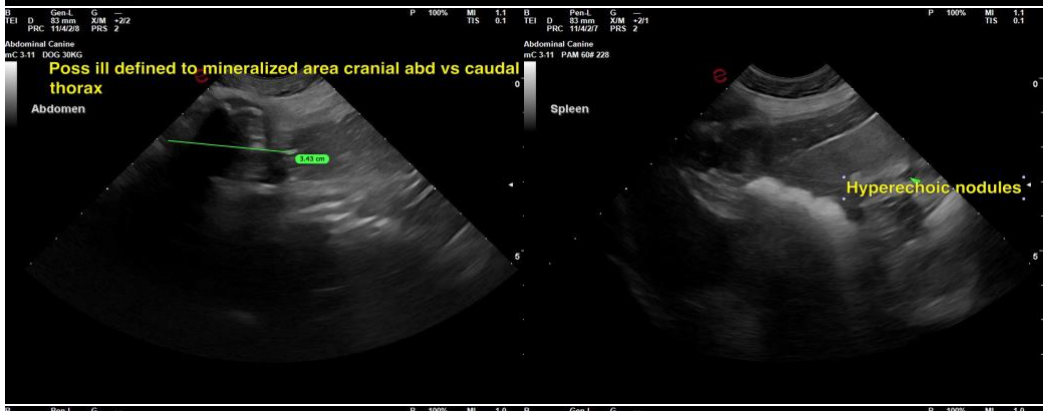

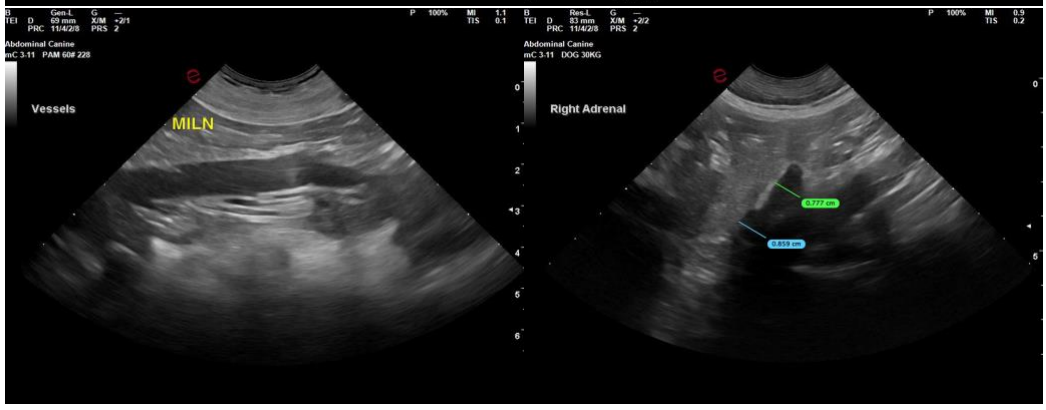

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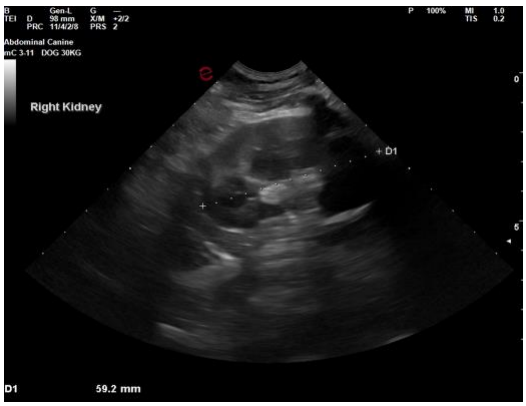

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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