



PATIENT

Ned Wiebe

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9yr

WEIGHT

35.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Healthy Paws Forward
Veterinary Hospital

REFERRING VET

Dr Jan

INVOICE

24277

DATE

03/23/2026

PRESENTING CLINICAL SIGNS

Ned, canine, presented approximately two weeks ago for rectal bleeding and was subsequently diagnosed with R AG Adenocarcinoma via fine needle aspirate of a large anal mass.

Staging diagnostics were initiated, which included chest x-rays. An abdominal scan is planned for the current visit to further assess the condition, and a blood panel may be performed depending on the scan's findings. Two small blood hematomas were also observed at the anus, suspected as a possible source of the bleeding. A few days after the initial visit, one of these hematomas burst, creating a large wound that is now reportedly closing. The possibility of surgically removing the mass is being considered and is contingent on the diagnostic findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.9 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of medial iliac or sublumbar significant / swollen lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – 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 – cm width at the caudal pole and – 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. Subtle areas of heterogeneous splenic parenchyma consistent with differentiation between red / white pulp. No evidence of primary or metastatic neoplastic criteria. 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and minor non-organized debris. 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 was empty with no signs of ileus, obstruction or foreign material.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically normal abdomen
- Mild non-organized gallbladder debris (non-mucocele)
- Subtle heterogeneous spleen- benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, including no evidence of abdominal or retroperitoneal primary or metastatic neoplastic criteria. Sonographic monitoring based on oncology consult is recommended.



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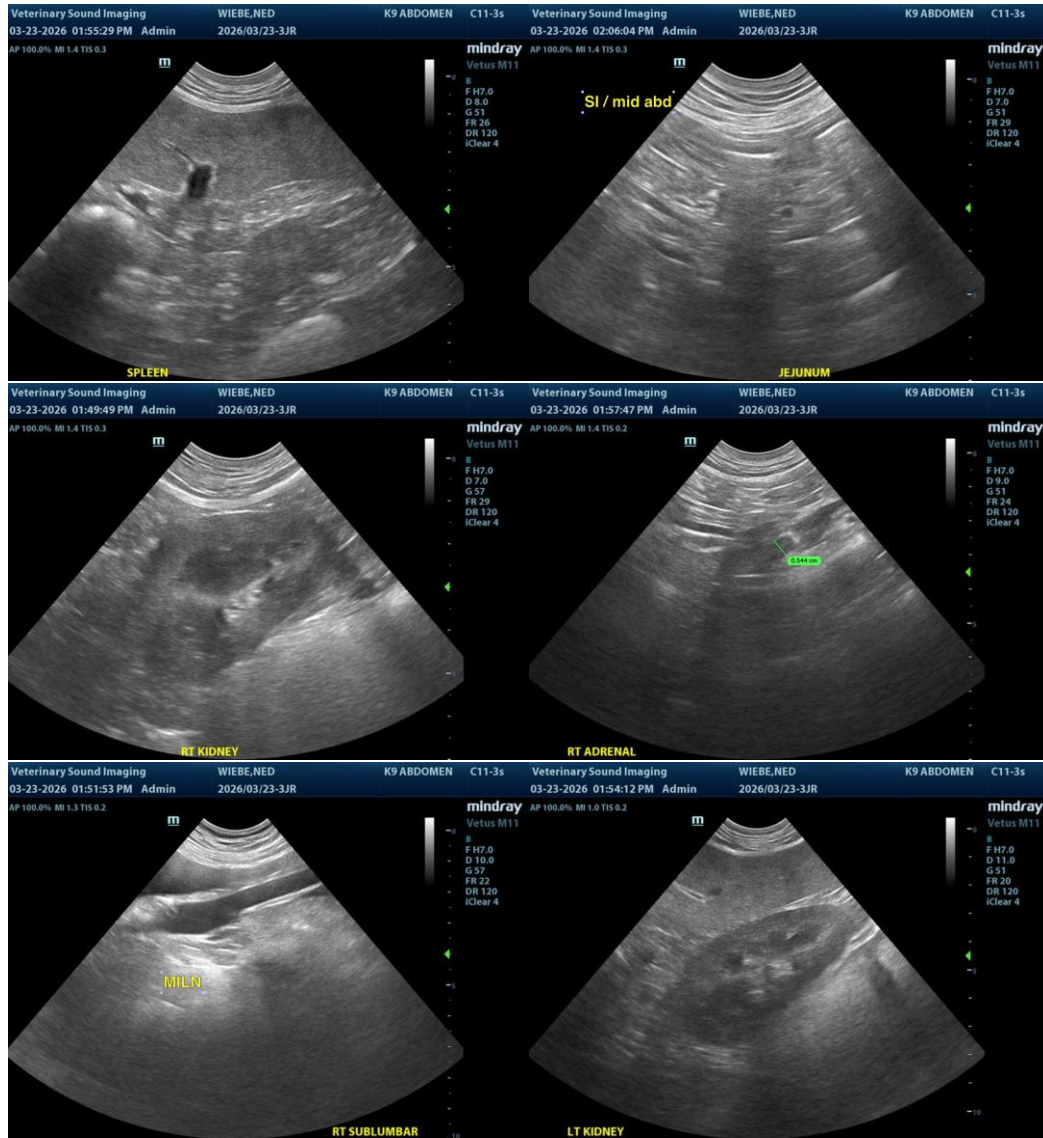
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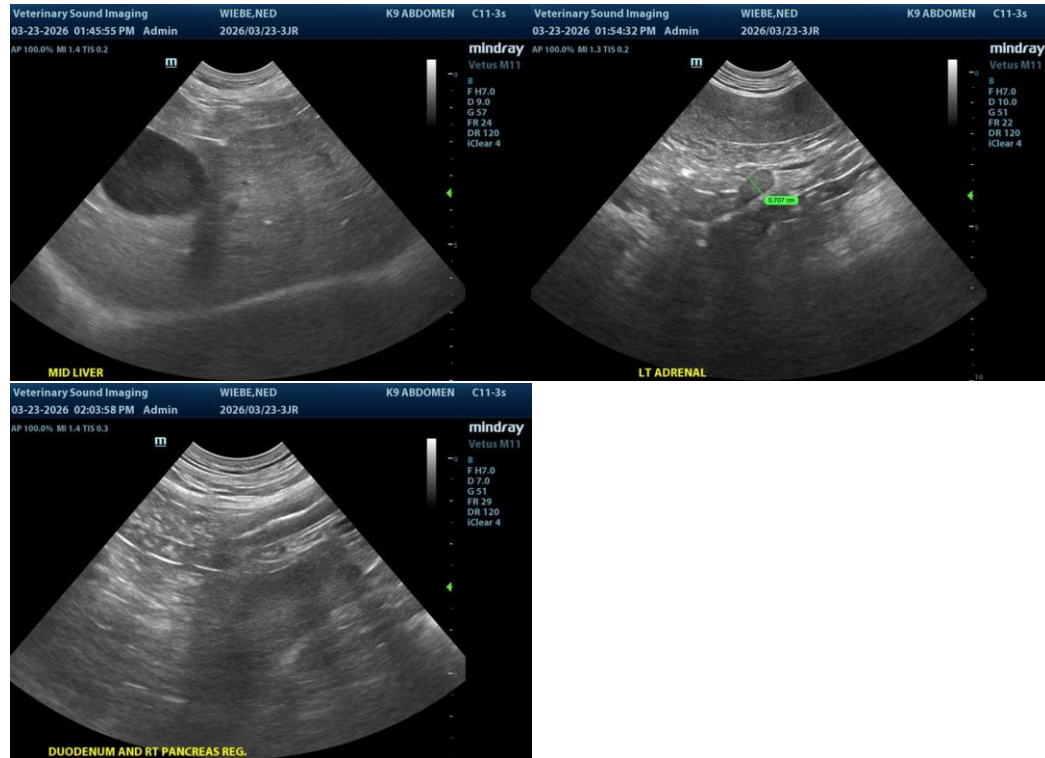
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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