



PATIENT

Ruby Heynen

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS, RTR

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Ashlyn Brulotte

INVOICE

14560

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Recent vomiting
- still eating
- Chronic loose stools
- weight loss
- unremarkable bloodwork
- POCUS demonstrated mid abd mass - mobile.

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 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 0.51 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 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited possible mild caudal medial folding with nonindicative underlying splenic pathology.

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 gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid.

The small intestine presented primarily intact normal wall with maintained wall layer ratio and empty small intestine lumen. A solitary visualized mid-abdomen irregular hypoechoic to nonhomogenous



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mass appearing to be associated with the mid-abdomen small intestine was present without evidence of concurrent obstruction measuring approximately 4.1 by 3.1 cm. Surrounding to regional mild hyperechoic omentum and peri-intestinal effusion. The ileocolic junction was intact and free of overt pathology.

The visualized colon was sonographically normal with intact wall layering with semi-formed fecal matter.

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

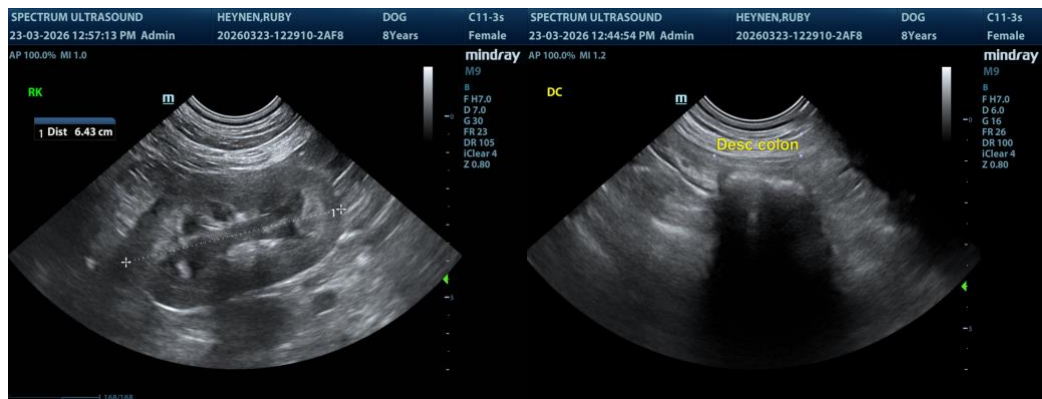
No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive mid-abdomen intestinal mass with surrounding hyperechoic omentum and scant effusion, potential regional peritonitis.
- Overall empty gastrointestinal tract with mild retained pyloric fluid.
- Semi formed fecal matter in visible colon.
- Normal mildly folded spleen.
- Mild gallbladder debris (non-mucocele).
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is most consistent with neoplastic criteria, i.e. carcinoma, round cell neoplasia or other. Potential for non-obvious to early regional omental seeding or lymphatic metastasis is not definitively excluded. FNA cytology of the mass could be considered for initial clarification, assuming no pathology on three view chest radiographs. Abdominal CT for further assessment and surgical planning versus direct exploratory laparotomy may be considered.





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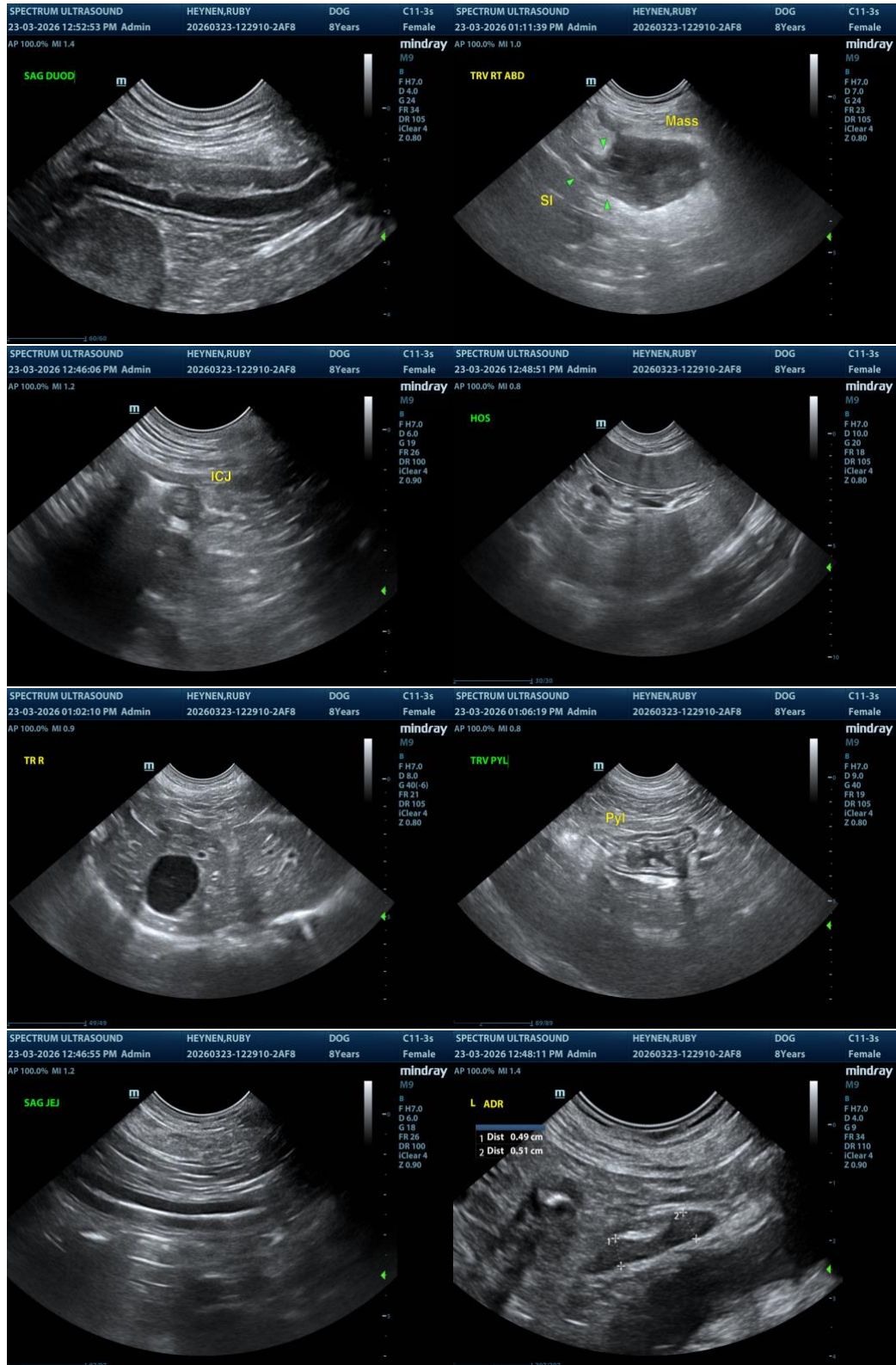
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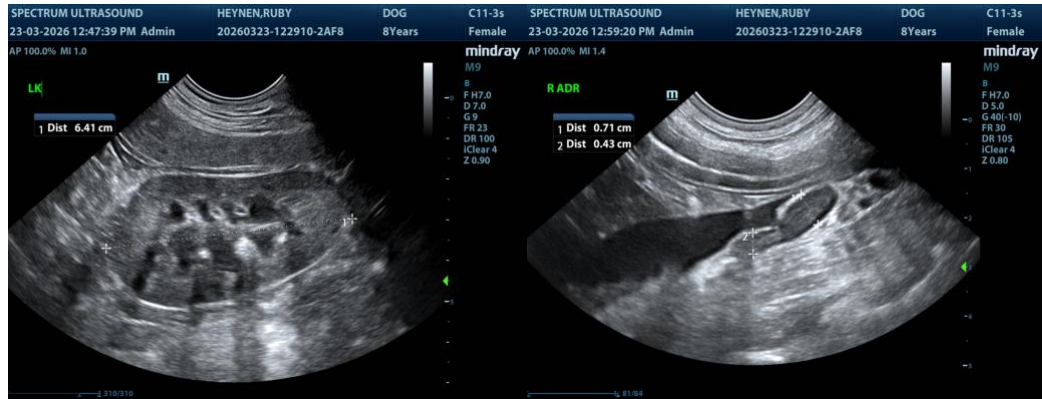
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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