



PATIENT

Ruckus Brennan

SPECIES

Canine

BREED

Jack Russell

SEX

Female Spayed

AGE

10y 8m

WEIGHT

6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland VC

REFERRING VET

Dr. Rachel

INVOICE

13349

DATE

3/31/26

PRESENTING CLINICAL SIGNS

History: Screening for metastasis from a lipid-rich neoplasm located in the perianal region, with concern for regional spread to the left popliteal lymph node. The primary issue is a mass in the perianal region, characterized as a lipid-rich neoplasm. The differential diagnoses for this mass include sebaceous carcinoma, clear cell adenocarcinoma, liposarcoma, or balloon cell melanoma. There is evidence of potential spread, as the left popliteal lymph node is noted to be enlarged. Blood work was reported as unremarkable. The current evaluation is to screen for further metastatic disease before proceeding with surgery. Metastasis Check: Options discussed were chest x-rays and an abdominal ultrasound at our clinic, or referral for a full-body CT scan which offers more detail.

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 3.8 cm in length. The right kidney measured 4.0 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 0.48 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 0.59 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. 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 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 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 was empty with no signs of ileus, obstruction or foreign material.



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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

Focal to intermittent, mildly prominent to enlarged mesenteric and medial iliac nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum with evidence of regional inflammation and maintaining a normal width: length ratio (<0.5). Example of mesenteric lymph node measured 1.6 cm x 0.64 cm. Example of medial iliac lymph node measured 1.2 cm x 0.50 cm. No evidence of peritoneal effusion or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Intermittent mesenteric and medial iliac lymphadenopathy – did not overtly meet definitive lymphatic metastatic criteria at this stage yet early metastasis, incidental hyperplasia or mild lymphadenitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current size and depth of the lymph nodes likely preclude FNA cytology as this stage. Serial sonographic monitoring is recommended for further assessment. Recheck sonogram recommended in 4 weeks or based on oncology recommendations.





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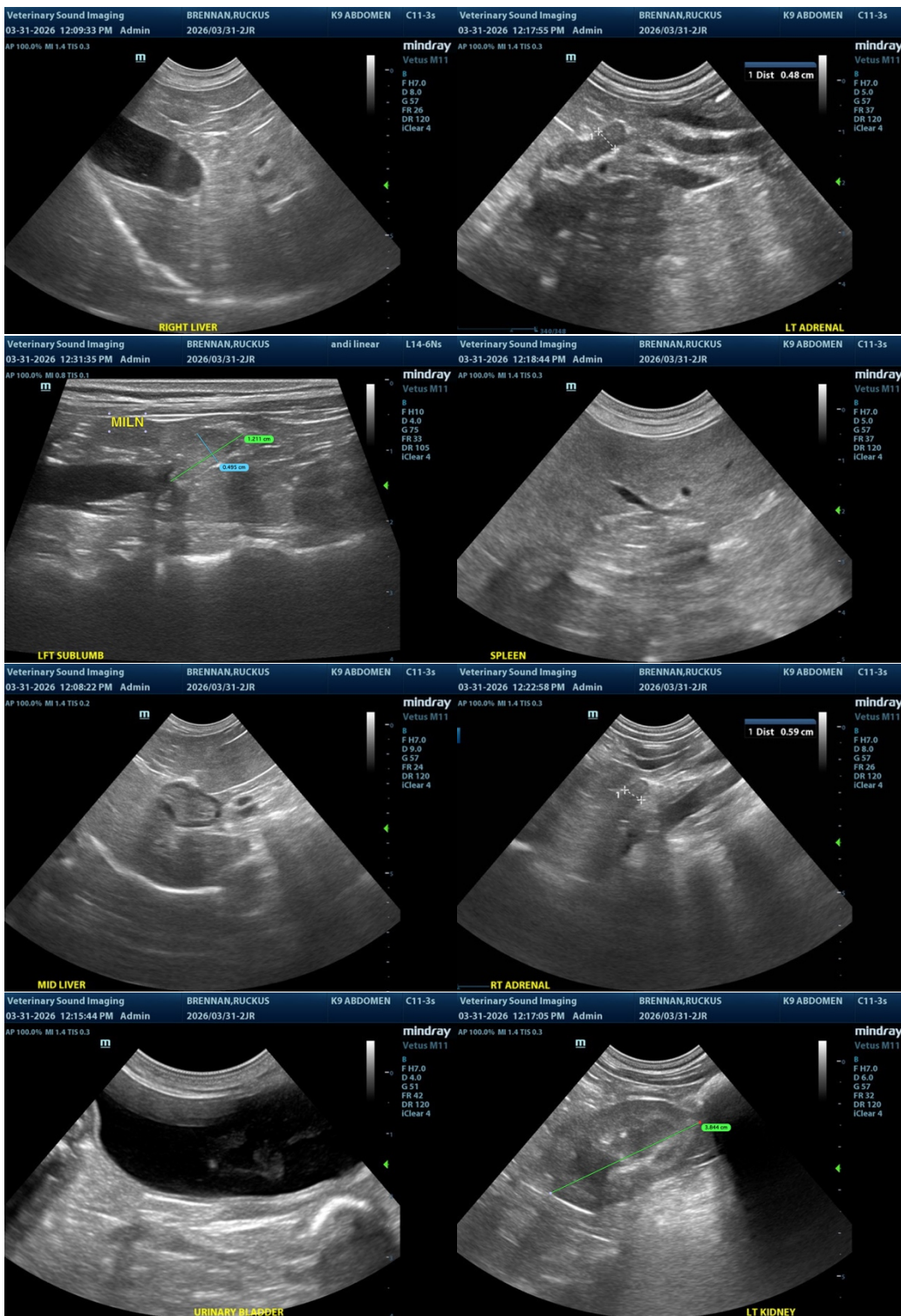
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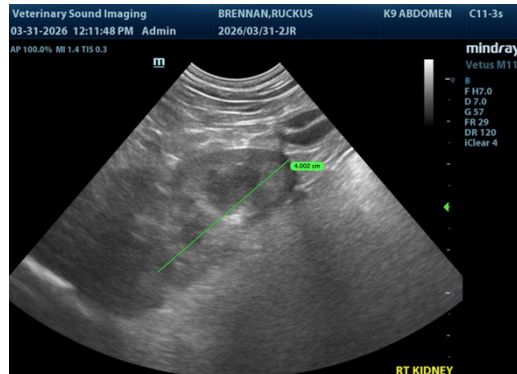
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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