



PATIENT

Muneca Cabrera

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho
LLC

REFERRING VET

Valley Vet

INVOICE

15536

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Mammary mass on abdomen, x-rays performed prior to surgery revealed very large abdominal mass present per rDVM

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. 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.

A solitary medial iliac lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or metastasis and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.2 by 0.5 cm.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 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 0.49 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 0.40 cm width at the caudal pole.

Spleen

The spleen was not definitively visualized likely secondary to splenic displacement.

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 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.

The visualized segments of small intestine exhibit intact wall layering with normal wall layer ratio. The lumen of the small intestine was empty.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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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

A large tubular to fluid-filled structure was present occupying a majority of the abdominal cavity. The fluid within the tubular structure was echogenic indicative of probable cellular component. The tubular fluid filled structure measured up to 6.5 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Large tubular fluid-filled structure occupying a majority of the abdominal cavity. The fluid within the structure exhibited echogenic component.
- Chronic renal changes exhibiting mild medullary mineral.
- Normal empty visualized gastrointestinal tract/colon.
- Normal liver.
- Non-visualized spleen.
- Nondistended urinary bladder.
- Mild medial iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the patient is labeled as spayed, the large tubular fluid filled structure containing echogenic fluid is highly suggestive of pyometric criteria, which could indicate intact female status or diffuse fluid-filled retained uterine tissue. A large tubular fluid-filled unspecified mass is not definitively excluded.

Assuming no pathology on three view chest radiographs, laparotomy with gross inspection of the structure with potential resection, and if uterus is confirmed, gross inspection in the area of the left or right ovarian fossa for intact to retained ovarian tissue is recommended.

Sonographic monitoring of the medial iliac lymph node for evidence of progressive enlargement or metastatic criteria is indicated.





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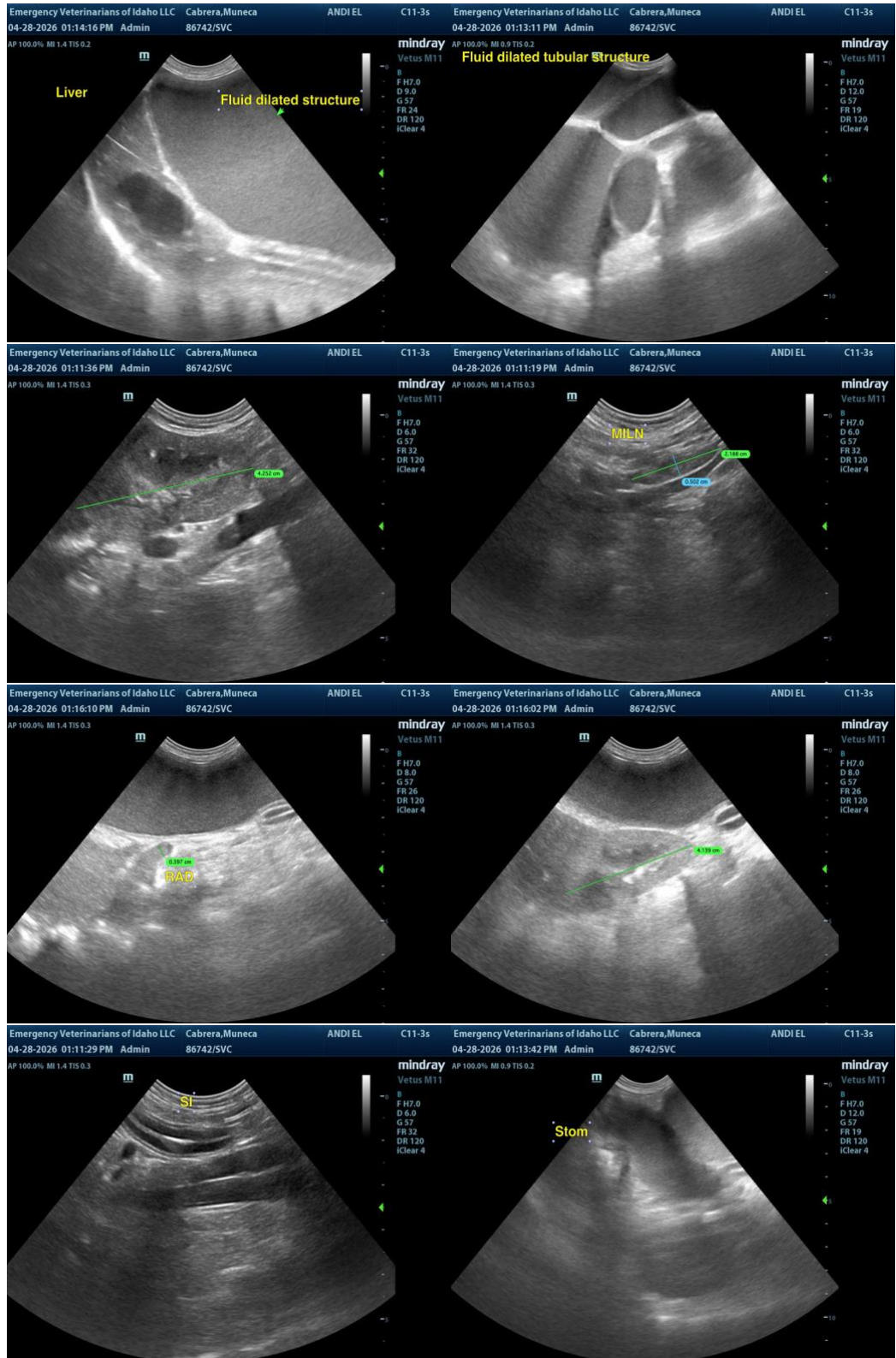
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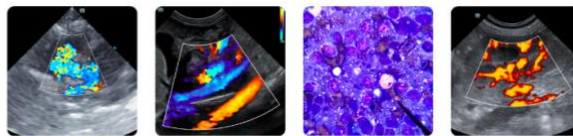
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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