



PATIENT

Alice Dunbar

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Calvise

INVOICE

14951

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Recently found perianal mass at OVC referral hospital, monitoring for now but owner wished to get it scanned. Has a feeding tube in place. Has been on Gabapentin, Maropitant, Ondansetron and Metoclopramide

Abnormal PE/Chem/CBC/UA Results: Ca 2.18, Phos 2.4, TP 52, Na:K 27, GGT 11, Amylase 1048, RBC 4.7, Hb 107, Platelets 574

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.

The area of the aortic trifurcation was free of pathology.

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. Mild medullary mineral and a left kidney indistinct mild nonhomogenous to hypoechoic lateral nodule were present with the nodule measuring approximately 1.0 cm in diameter. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 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 0.35 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 0.50 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 & Gallbladder

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



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Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of obstruction to pyloric outflow.

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 overt lymphadenopathy or peritoneal effusion was present.

Transdiaphragmatic view of the caudal thorax revealed a nonhomogenous caudal thoracic mass effacing the diaphragm and regional liver measuring approximately 5.0 cm in diameter. No obvious visualized concurrent pleural effusion.

Brief sonographic assessment of the area of the left/right anal sacs revealed no obvious pathology in the area of the left anal sac. Possible indistinct nodule in the area of the right anal sac measuring less than 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting medullary mineral and indistinct lateral left kidney nodule.
- Mild hepatomegaly.
- Nonorganized gallbladder debris (non-mucocele).
- Caudal thoracic mass.
- Hypomotile gastritis pattern, sonographically unremarkable empty small intestine.
- Normal area of the pancreas.
- Possible indistinct nodule in the area of the right anal sac.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal thoracic mass did not overtly appear to involve or derive from the cranial liver, which is thought less likely. No evidence of mechanical gastrointestinal obstruction given hypomotile gastritis pattern and reported gastrointestinal support. Mild pancreatitis may present sonographically normal and may be suspected if cranial abdomen or subxiphoid discomfort on palpation.

Correlation with the spec cPL could be considered. Thoracic radiographs are recommended to correlate with caudal thoracic mass if not recently done. Thoracoabdominal CT would be ideal for further clarification. Monitoring of calcium levels is recommended.



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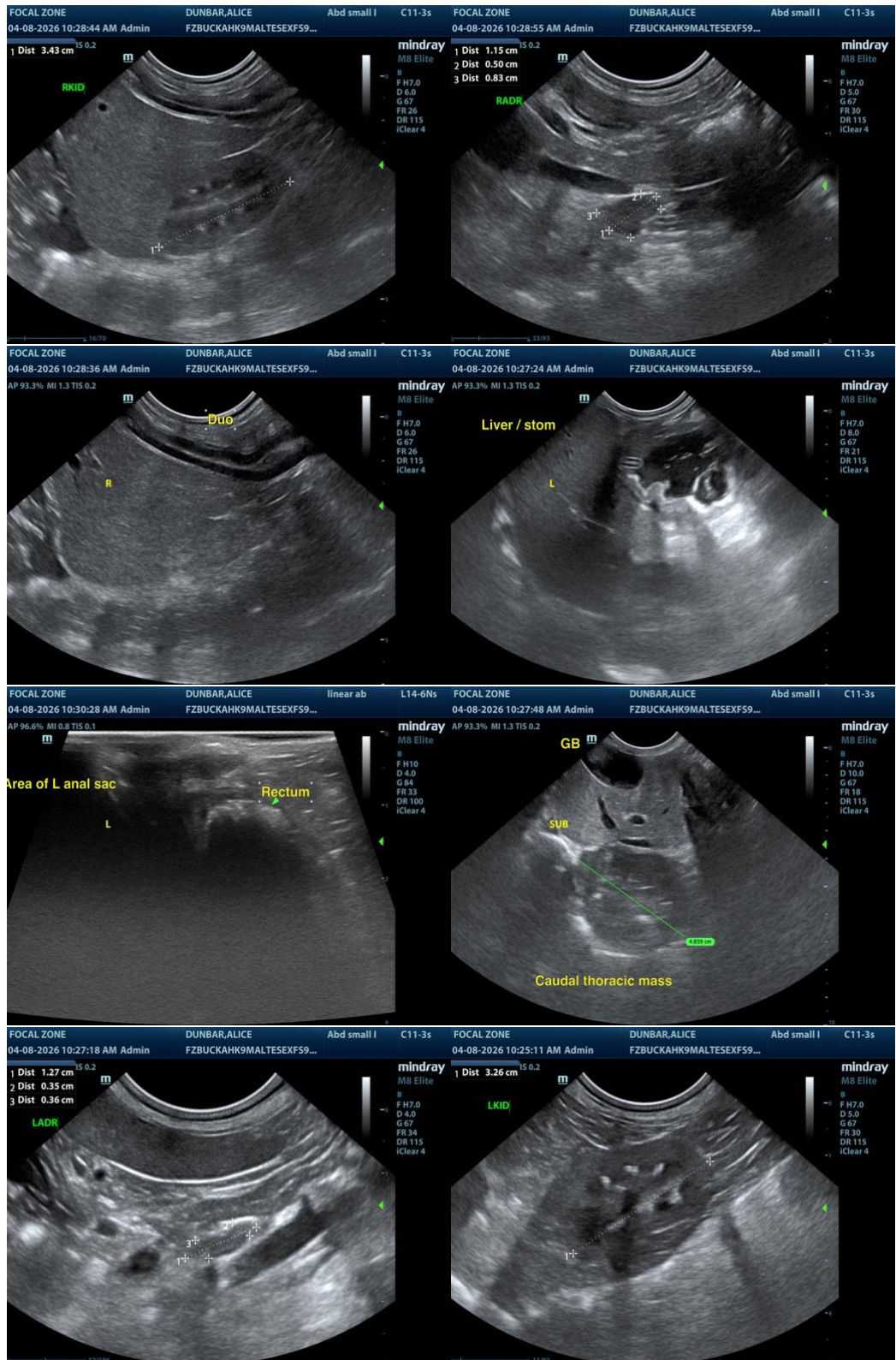
Dr. Calvise

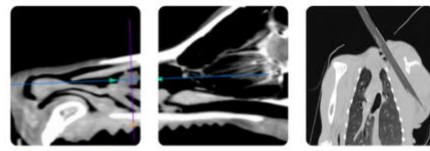
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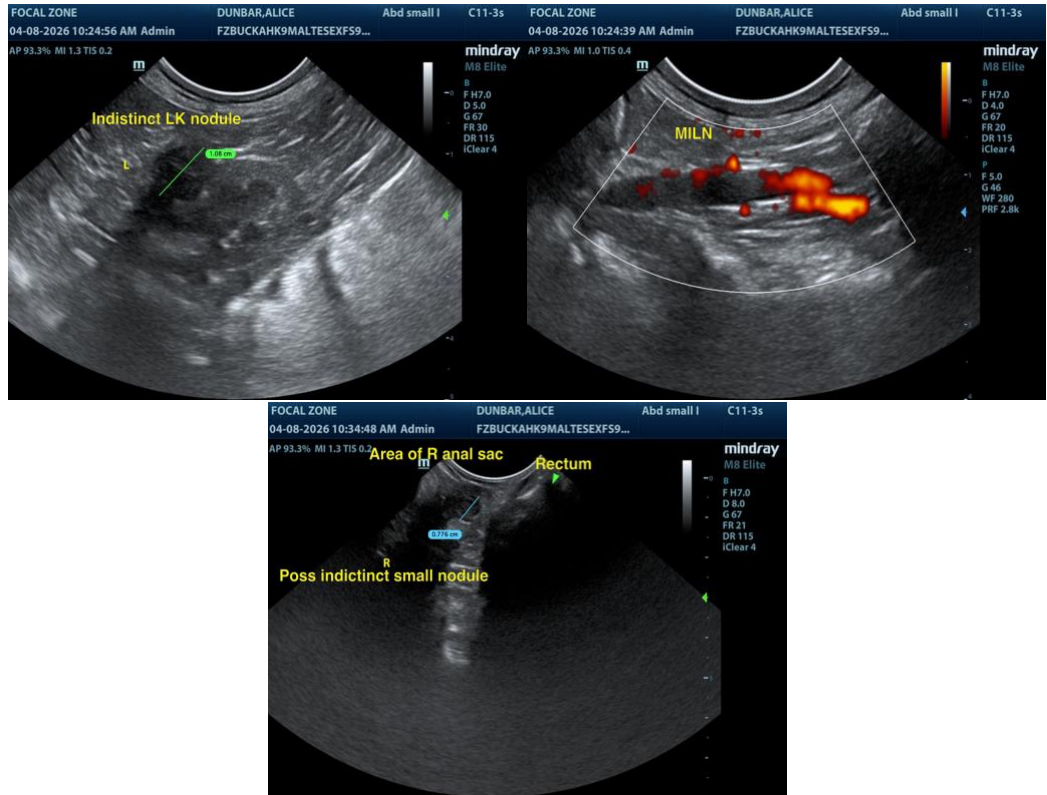
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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