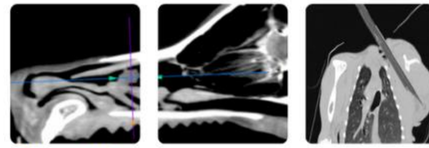

PATIENT

Mabel Peoples

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

10 Years

WEIGHT

7.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Brochu

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PRESENTING CLINICAL SIGNS

As per owner spayed in China prior to adoption but does not have any paperwork proving so - has been with owner for 7 years. Seen 4/8/2026 - swollen vulva with discharge. Treated with antibiotics but no improvement. Seen again 5/7/2026 for urine collection and anal gland infusion. Vulva still enlarged
When RVTs first tried to get UA sample via cysto, could not palpate a bladder or get urine sample. Tried at initial arrival and again closer to lunch. RVTs performed lateral abdominal radiograph to check bladder size. Following review of radiograph, palpated abdomen and could appreciate structure seen on radiograph. Attempted to express in case mass was in fact bladder, able to produce small amount of urine but no further. Tried for a cysto sample a bit more mid abdomen once structure. Current Medications: None, was prev on Cephalexin and Metacam

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 4/8/2026 Neut 10.69 (3-9.74) Mono 0.95 (0.14-0.74) TP 82 (55-75) Alb 25 (27-39) Glob 57 (24-40) Alb glob ratio 0.4 (0.7-1.5) Radiographic Findings Large radiopaque structure mid to caudal abdomen. Unable to visualize a urinary bladder separate from the mass. Could not appreciate the kidneys due to the amount of digesta present. Feces and food present in GI tract. Spleen possibly displaced very cranial in abdomen. Primary Question to Be Answered in This Exam intra-abdominal mass - rule out ovarian mass, ovarian cyst, renal neoplasia, lymphoma, splenic mass, etc

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.

The areas of the left and right ovaries directly caudal to the respective left and right kidney were overtly normal. The typical area of the uterine remnant dorsal to the level of the caudal urinary bladder, cystourethral junction and visible proximate urethra was sonographically normal.

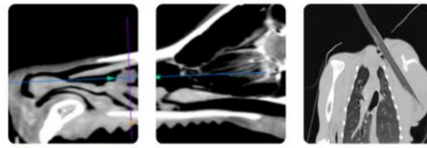
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland subjectively measured 0.5 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



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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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor 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 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 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

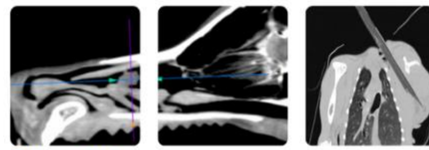
Focal, mildly prominent to enlarged medial iliac node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.4 cm x 0.94 cm.   No evidence of peritoneal effusion.

A moderately sized mixed echogenic mid to caudal abdomen mass was present cranial to the urinary bladder without evidence of urinary bladder impingement measuring approximately 7.0 cm to 8.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Unspecified mid to caudal abdomen mass cranial to the urinary bladder.
- Sonographically normal urinary bladder and visible proximal urethra.
- Age-related intact renal changes with normal bilateral adrenal glands.
- Sonographically normal spleen.
- Normal liver with mild gallbladder debris (non-mucocele).
- Normal gastrointestinal tract/colon.
- Mild medial iliac lymphadenopathy- suggestive of benign criteria i.e. mild hyperplasia or incidental lymphadenitis. Metastatic criteria is thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The unspecified mass was not definitively associated with a specific organ. This may indicate omental lymphatic or potential ovario-uterine origin with considerations including granuloma, consolidated abscess, neoplasia or other.

Assuming normal clotting status, FNA cytology of the mass could be considered for initial clarification. Assuming no pathology on three view chest radiographs, direct exploratory laparotomy with gross inspection of the mass, potential for resection or biopsy is warranted. Anti-Mullerian hormone assay +/- vaginal cytology if evidence of estrus or vaginal discharge could be considered.

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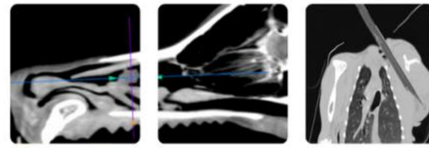

Teleradiology
Educational Teleconsultation Services™

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SUB

Dist 4.25 cm
LKID

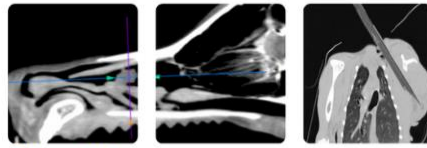
Urethra
Area of uterine remnant

Area of LO
L OV REGION

Mass
MID

MILN

RAD
R



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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