



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Chewy Gonzalez  
**SPECIES** Canine  
**BREED** Chihuahua  
**SEX** MN  
**AGE** 8 yr  
**WEIGHT** 9.6 lb

**History:** Rechecking: not doing well  
**History:** P is a 8yr 4m old NM chihuahua previously presented for pain along the armpit. P did laser therapy, radiographs, BW and went home with Rimadyl. O now reports P is not himself. P has had a decreased appetite. O pointed out "bulb/nodule-like growths" on both side of inguinal folds adjacent the penis. P is lethargic - less willing to play, run, and jump on furniture. Previous exam noted painful upon palpation of T10-L1 bilaterally. P was a cryptorchid neuter (~2017), nodules adjacent to penis discussed in Miscellaneous notes from 05/07.

**Abnormal PE/Chem/CBC/UA Results:** Exam Notes: BAR, large firm slightly moveable left left inguinal mass (5.5cm long x 1.25cm cranially but flares out to > 3cm wide caudally) right inguinal area has a firm BB sized mass cranially and a 1.5cm x 0.5cm firm mass caudal to it Rectal exam - Pea sized mass to left of distal colon. **Diagnostics & Testing:** Ab Rads soft tissue opacity left groin Quick scan US of left inguinal mass, and abdomen - consult pending, initially looked like involving prostate but looks to be separate from the prostate, also sublumbar LN enlarged FNA/cytology of left inguinal mass - pending

**LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

The study contained 17 videos for review.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

The residual prostate was indistinctly visualized yet without overt pathology measuring 0.74 cm in diameter.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

Potential for mild nonuniform peri iliac omentum possible.

Sonographic assessment of the inguinal area revealed an area of ill-defined nonhomogeneous to mixed echogenicity without a definitively visualized mass lesion. The possibility of indistinctly visualized inguinal lymphadenopathy is possible yet not definitive. No overt evidence of associated inguinal free fluid. The segments of distal descending colon and colorectum appear to be overtly normal.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder
- Overtly normal residual prostate-no obvious pathology
- Ill-defined nonhomogeneous to mixed echogenicity inguinal area

**INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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**DATE** 05/13/2022

No overt pathology associated with the urinary bladder or residual prostate or obvious proximal urethra. No definitive masses noted in the area of the iliac trifurcation or sublumbar space. The ill-defined mixed echogenicity in the inguinal area is nonspecific with considerations including cellulitis/inflammation vs ill defined mass or neoplasia. Correlation with pending FNA cytology of the

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**IMAGING PERFORMED BY**  
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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Feldt



**PATIENT**

Chewy Gonzalez

left inguinal mass lesion is recommended. Submission of further ultrasound images of this area as well as complete abdominal ultrasound to assess for additional intra-abdominal pathology could be considered.

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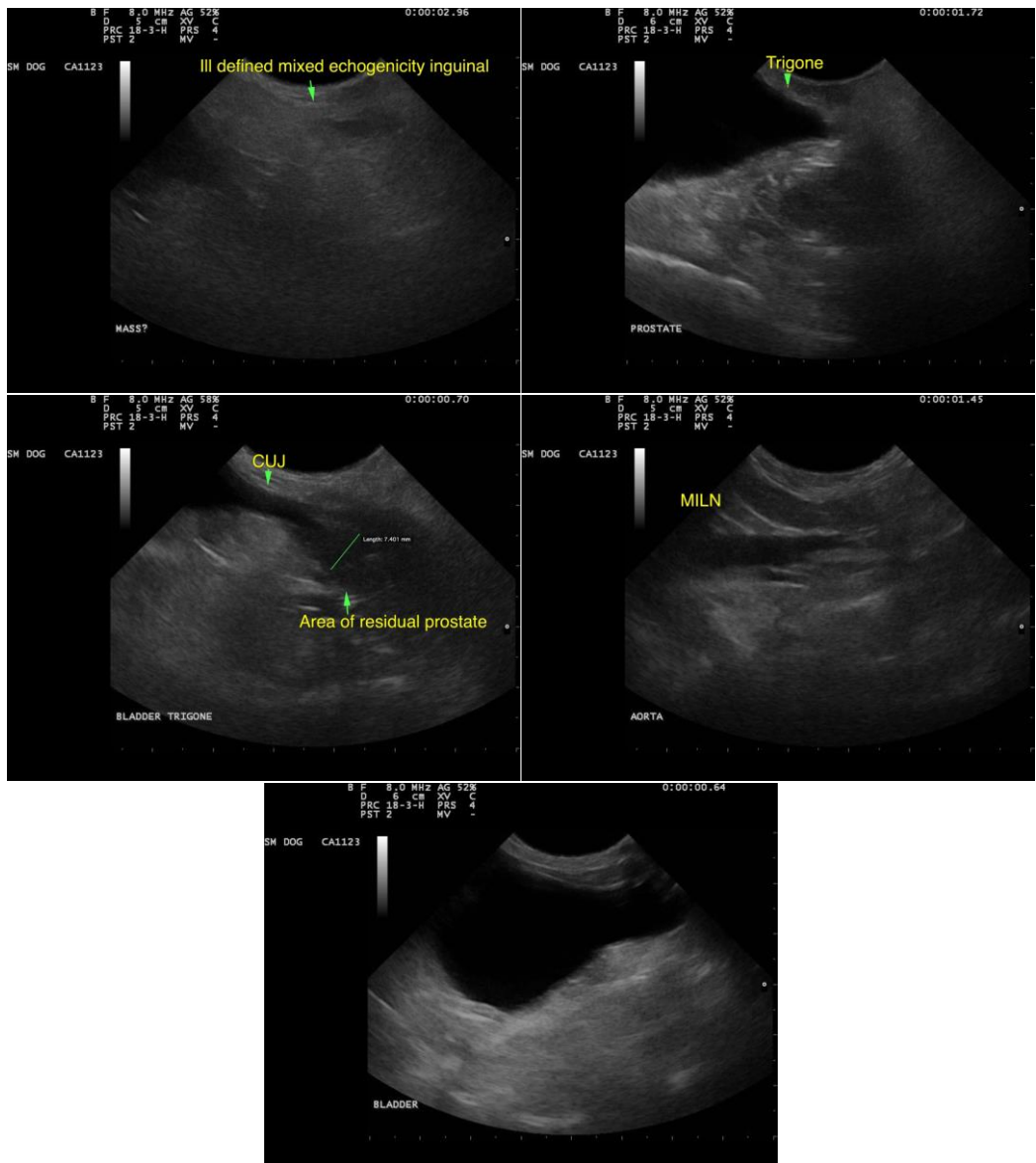
Dr. Feldt

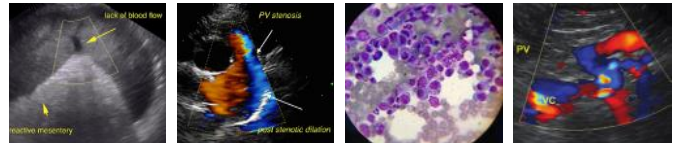
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Chihuahua

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

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