



PATIENT PRESENTING CLINICAL SIGNS

Dublin OConner History: Painful abdomen, decreased appetite. - Mass-effect in caudal abdomen - No obvious foreign objects/ distention

SPECIES Abnormal PE/Chem/CBC/UA Results: Current Medications Tramadol HCl 50mg, 1T TID. Rimadyl 100mg, 1/2T BID.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever **Urinary System**

SEX The urethra was normal in size and tone with potential ventral displacement secondary to a large nonhomogeneous to mixed echogenic mass noted dorsal to the urinary bladder and visible proximal urethra potentially extending into the area of the pelvic inlet and cranial to the approximate level of the iliac trifurcation. Potential concurrent displacement of the distal colon to colorectum was present. The mass measured approximately 8-9 cm in diameter. Regional hyperechoic mesentery and small pockets of scant free fluid were present.

AGE 80yr Normal size and margination were 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 6.6 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT 54.2 lb

INTERPRETED BY The area of the aortic trifurcation was free of pathology.

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.6 cm length.

Sara Hansen **Spleen**

HOSPITAL NAME Alpine Animal Hospital

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.

REFERRING VET **Liver**

Dr. Hixson The liver presented 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

11004

DATE

06/28/2022 **Gastrointestinal**



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Golden Retriever

SEX

FS

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INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

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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

No evidence of mid to cranial abdominal lymphadenopathy or additional masses.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass caudal abdomen dorsal to the urinary bladder
- Associated regional hyperechoic reactive to inflamed mesentery and scant caudal abdominal free fluid
- Sonographically unremarkable GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a caudal abdominal mass dorsal to the urinary bladder potentially extending into the area of the pelvic inlet. Neoplastic criteria is favored with less likely potential for benign etiologies. Origin of the mass was not definitive with considerations including uterine remnant neoplasia or other undifferentiated neoplasia. Rectal palpation and three view chest radiographs if not done are suggested. Assuming normal clotting status and using a 25g needle, an ultrasound guided FNA of the mass could be considered for cytology and potential oncology consult. Given this presentation and assuming no evidence of anal sac or thoracic pathology, abdominal CT is likely ideal for further assessment and potential surgical planning.



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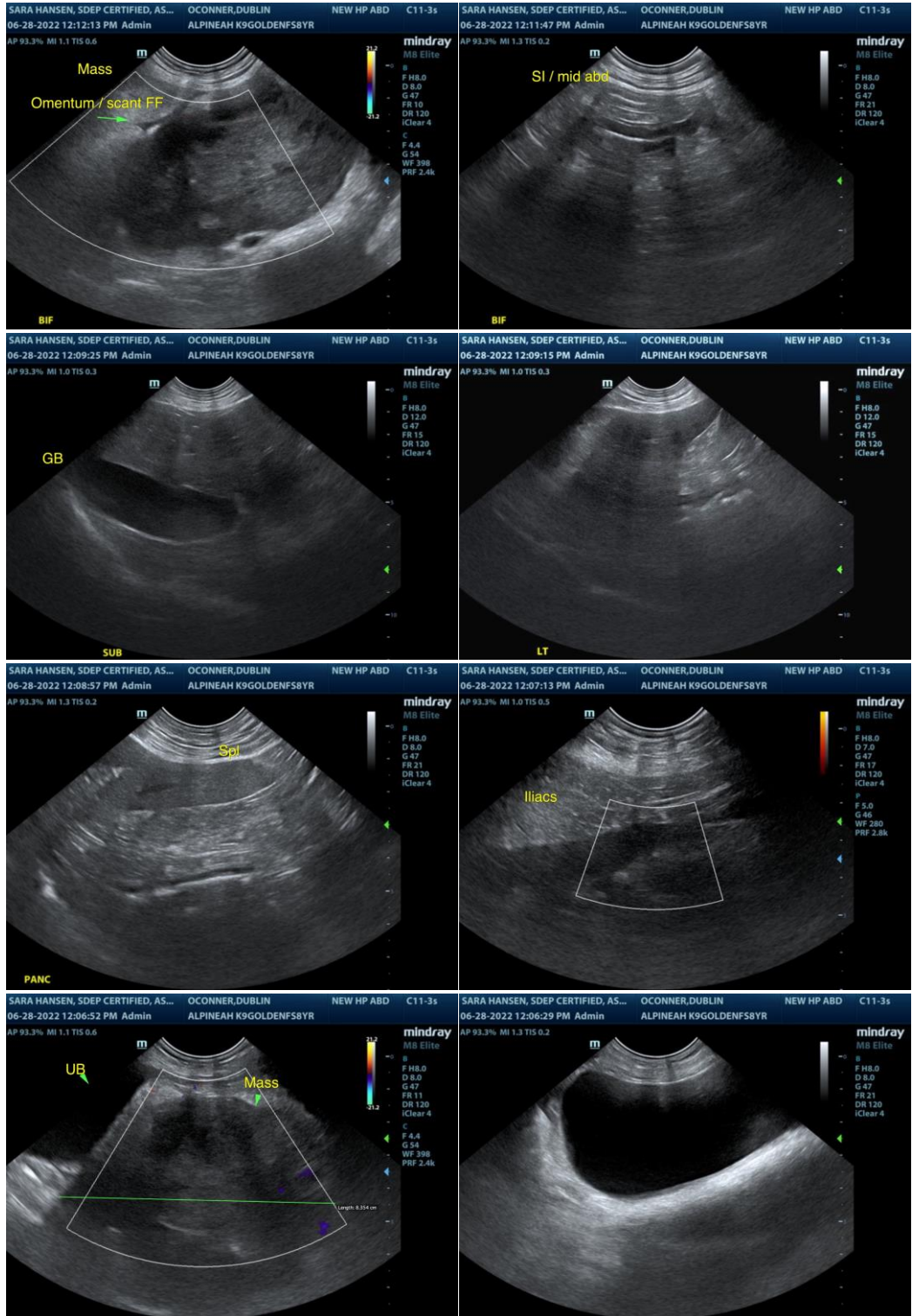
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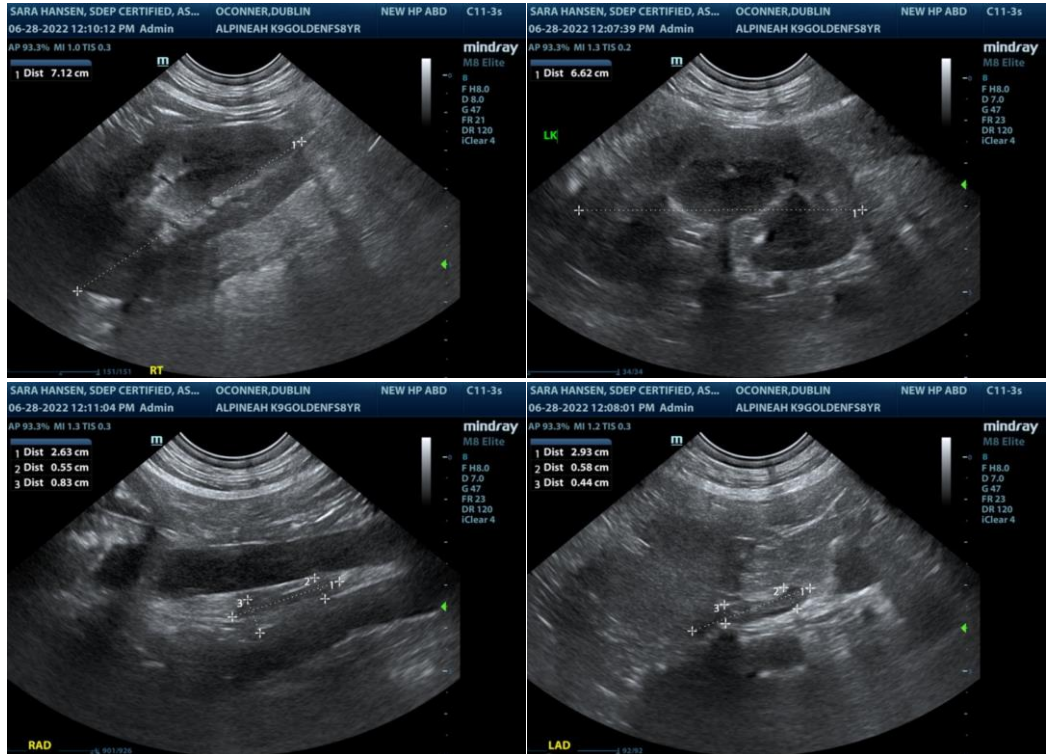
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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