



## PATIENT

Easton Tetreault

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Spayed female

## AGE

12 years

## WEIGHT

24 kg

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Dr. Haley  
Harasimowicz

## HOSPITAL NAME

Peak Veterinary  
Referral Center

## REFERRING VET

Dr. Harasimowicz

## INVOICE

78402

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

History: Initially seen at rdvm last week for 2-day history of straining to defecate, restlessness, and panting. Urinating normally.

Abdominal mass noted on radiographs.

CT scan done at Plattsburg 6/3 showed heterogenous and contrast enhancing mass in the pelvic canal.

Bloodwork done-nsf

Currently on miralax and has been working well for normal stool production.

Abnormal PE/Chem/CBC/UA Results: 5/29/26: CBC/chem WNL 6/3/26-CT findings: There is a very large, heterogeneous soft tissue and fluid attenuating caudal abdominal and pelvic mass spanning the entire craniocaudal length of the pelvis, causing severe colorectal deviation and compression and ventral urethral deviation with a likely component of urethral compression. The specific tissue of origin is not definitively apparent; while a uterine origin is possible, it is more likely that this represents a non-uterine pelvic sarcoma (myxomatous sarcoma, such as a myxosarcoma, is possible given the fluid attenuating component) particularly as the lack of discrete association with the vaginal vault/vulva and the craniodorsal extension ventral to L6-L7 (dorsal to the aortic trifurcation) are atypical for a uterine mass

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.6 cm, right measured 6.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.65 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.3 cm in width.



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## Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The stomach measured 0.26 cm, duodenum measured 0.65 cm, small intestine measured up to 0.58 cm, colon measured 0.15 cm. Fecal material was present within the colon.

## Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The right pancreas measured 1.1 cm in width.

## Free Abdomen

Normal mesenteric lymph nodes.

Large, mottled echogenic mass measuring 7.2 x 8.4 cm in size with irregular cystic areas present in sections of the mass. The mass is situated in the caudal abdomen and extended into the pelvic canal, but not associated with the bladder or urethra. FNA was taken of the mass.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mass would be neoplasia with intrapelvic lipoma a possible differential diagnosis.

The position and extent of the mass makes it unlikely to be of uterine origin.

Further assessment and therapy needs to be based on the pending cytology results.



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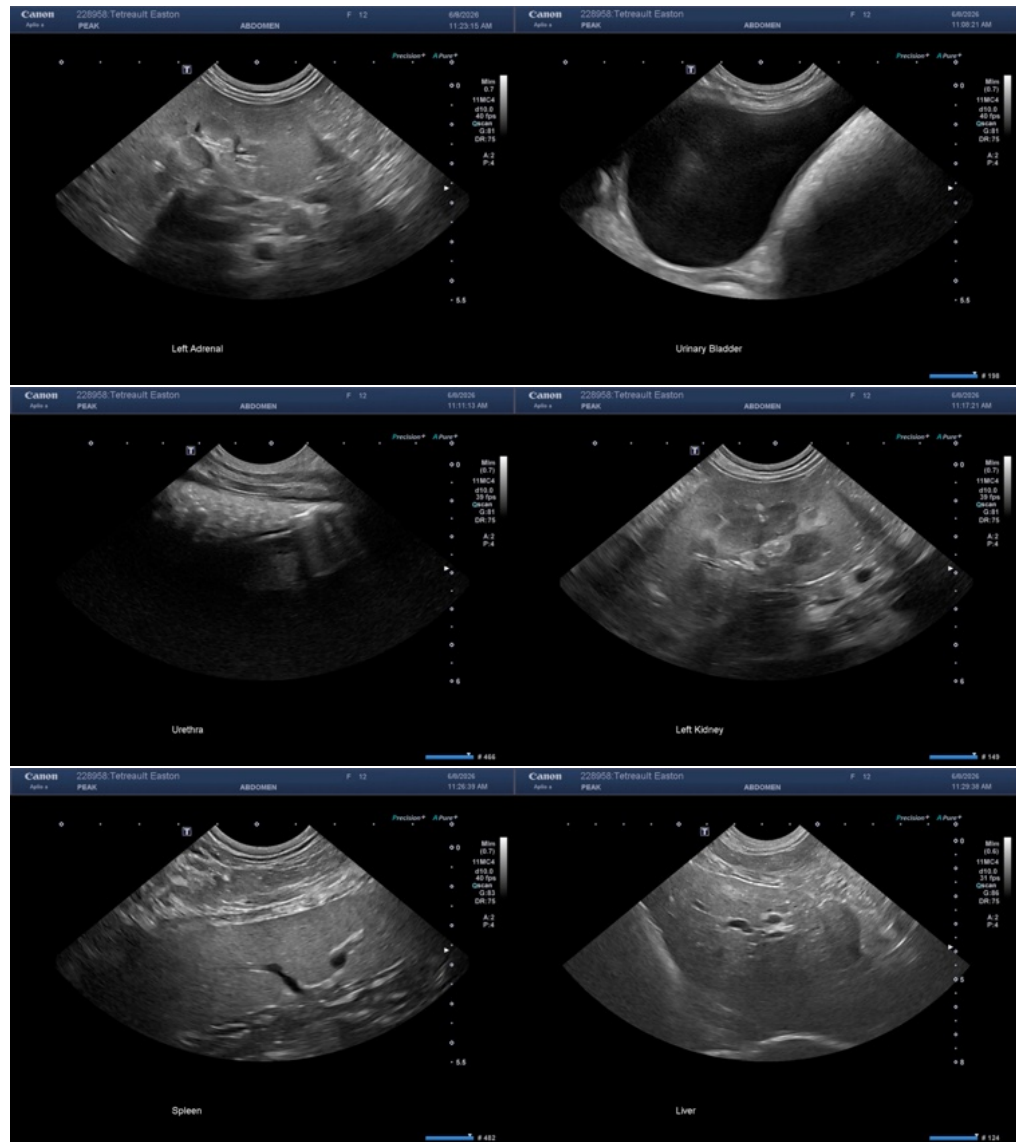
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If surgical resection is being considered, then consultation with a specialist surgeon would be recommended.





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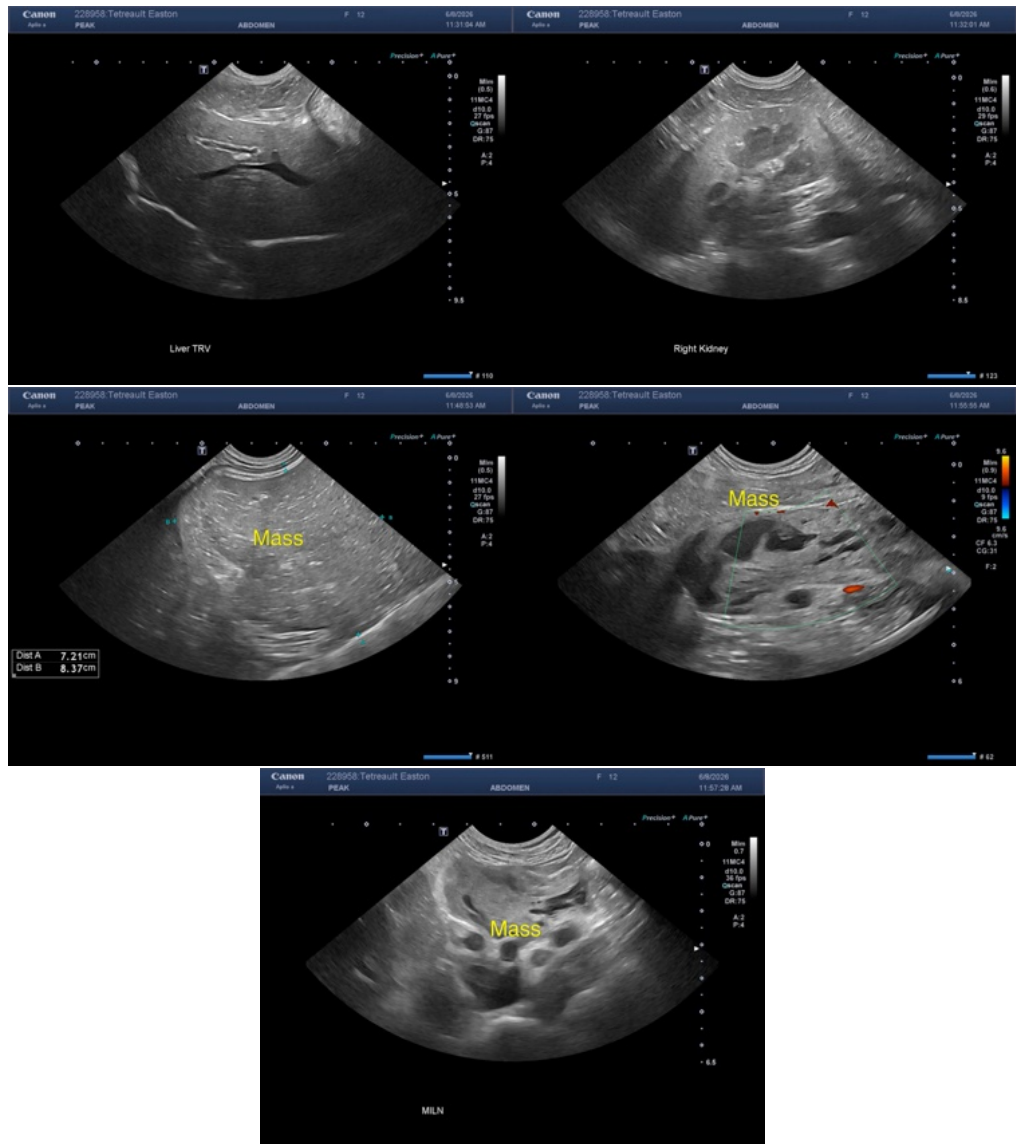
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

[info@sonopath.com](mailto:info@sonopath.com)