


DATE PRESENTING CLINICAL SIGNS

4/24/26

Patient History: Patient presented on 04/20/2026 for coughing, drooling and weight loss. On PE he is a 3/9 BCS and has lost 10lbs since 03/05/2026. He has a 1-inch cutaneous mass between 5&7 o'clock ventral to his anus.

PATIENT

Gunther Betzko

Rectal is NSF and mass does not impede colon. He has 2/5 calc, the remainder of the PE is unremarkable. Chest and abdominal rads were unremarkable as was bloodwork.

SPECIES

Canine

Current Medications: None currently.
 Labwork Results: Labwork attached.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV.
 Stat Report: Not requested.

BREED

Hound Mix

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

4/29/14

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.5 cm. The left kidney measured 6.95 cm.

WEIGHT

62 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
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 IVUSS

Adrenal Glands

Both **adrenal glands** measured the upper limits of normal in size. Some minor heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.85 cm x 0.85 cm at the cranial pole and 0.78 cm at the caudal pole. The left adrenal gland measured 3.1 cm x 0.86 cm at the caudal pole and 0.86 cm at the cranial pole.

HOSPITAL NAME

Madonna VC

Spleen
REFERRING VET

Dr. Smith

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

INVOICE

36755

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not

clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

In the **rectal region**, a 2.2 cm mass was noted, suspicious for anal gland carcinoma. The mass appears to be deriving from the medial aspect of the left anal gland impinging upon the colorectum and does appear resectable.

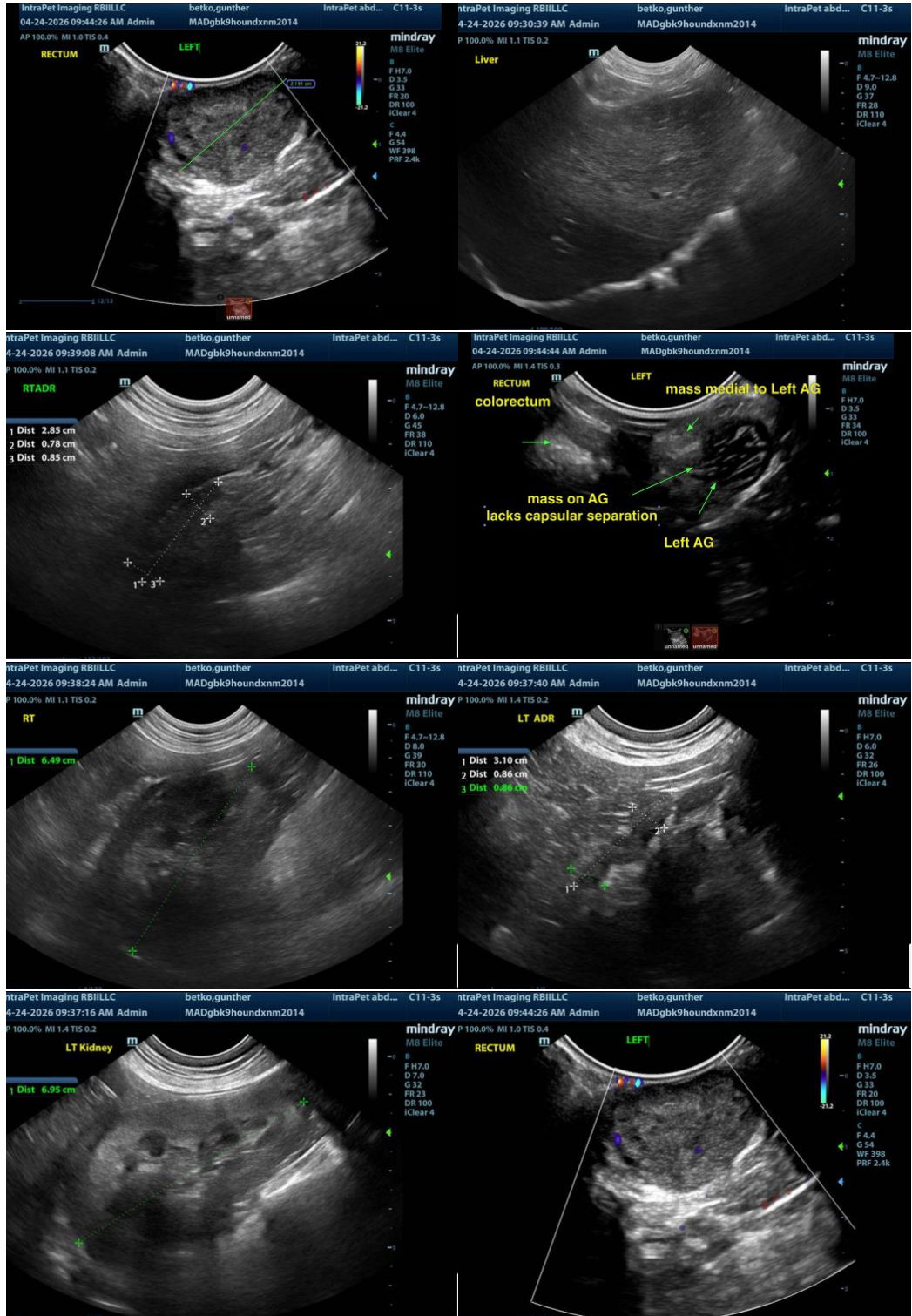
ULTRASONOGRAPHIC FINDINGS

- Suspect left anal gland mass, likely deriving from the medial aspect of the left anal gland- does appear resectable.
- Minor age-related adrenal gland changes, measuring the upper limits of normal in size
- Age-related hepatic changes
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of metastatic disease. The mass does appear encapsulated and surgical, however, it's not likely the cause of the weight loss. Given the position, manual palpation and FNA or surgical removal is recommended.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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.

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