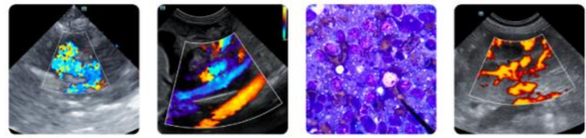

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Gus Chirstopherson

SPECIES

Canine

BREED

Border Collie

SEX

Male

AGE

9 Years 6 Months

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

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INVOICE

16545

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05/28/26

PRESENTING CLINICAL SIGNS

Presents for rapidly enlarging perianal mass. Perianal mass noted ~1 month ago; initially thumbnail-sized, rapid increase in size. Previous perianal mass surgically removed 1 year ago; histopathology: benign tumor, complete excision. Treated with antibiotics for 2-3 weeks; mass doubled in size after 1 week. No pruritus or self-trauma to mass. Nightly warm compresses applied for cleanliness. No pain; normal ambulation, sitting, rolling. Eating, drinking, urinating, defecating normal; occasional vocalization after drinking water. Mass produces foul odor; kenneled at night due to smell. No coughing, sneezing, vomiting, or diarrhea

BCS: 6-7/9, Perianal mass: 7 cm, serrated, malodorous, right dorsal rectal aspect; cranial aspect of mass palpable LYM 0.65, RDWc 22, LIP 2+ Chem wnl, pending chest rad and Pocket path report of the mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **prostate** was mildly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.2 cm.

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 left kidney measured 7.7 cm in length. The right kidney measured 7.7 cm in length.

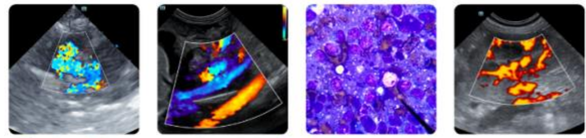
Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.75 cm width.

The **right adrenal gland** was not visualized.

Spleen

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Free Abdomen

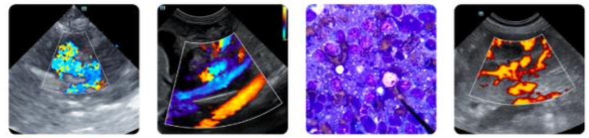
An anal gland mass was present and appears mineralizing measuring 6.7 cm. No evidence of metastatic disease was present.

ULTRASONOGRAPHIC FINDINGS

- Peri-rectal mass consistent with suspect anal gland carcinoma- appears resectable.
- Minor BPH prostate.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is not indicated which anal gland this mass derives from and appears potentially resectable as margins were fairly well defined.



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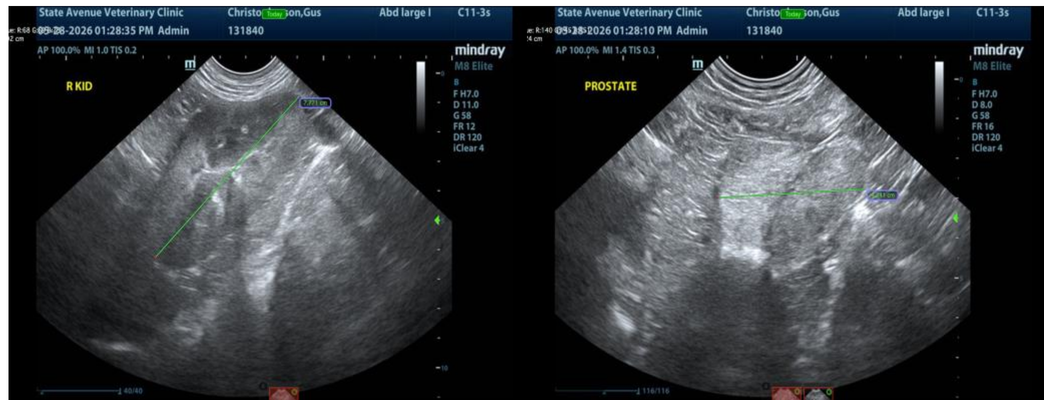

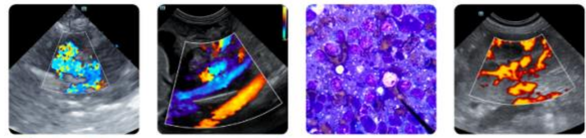

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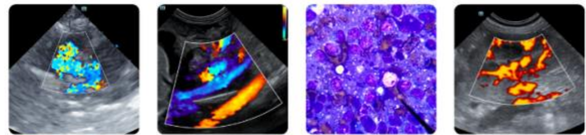
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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