



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zooby Gotti	Patient with history of possible bilateral cryptorchid presents for weight loss, anorexia, and occasional emesis.
<b>SPECIES</b>	Current med: Entyce. Radiographs show a possible caudal abdominal mass.
Canine	Abnormal PE/Chem/CBC/UA Results: High calcium
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Goldendoodle	<b>Urinary System</b>
<b>SEX</b>	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.
M	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.
<b>AGE</b>	
6yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
59lb	The labeled prostate appeared to be subnormal in size compared to expected in an intact cryptorchid male canine measuring 0.65 cm in diameter.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Vazquez	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Well Pet Animal Hospital	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>REFERRING VET</b>	
Dr. Wellington	
<b>INVOICE</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
11858ag	<b>Gastrointestinal</b>
<b>DATE</b>	
10/14/2022	



<b>PATIENT</b>	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.
Zooby Gotti	
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b><i>Pancreas</i></b>
<b>BREED</b>	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.
Goldendoodle	
	<b><i>Free Abdomen</i></b>
<b>SEX</b>	A solitary mildly prominent to enlarged medial iliac lymph node was present directly adjacent to the iliac trifurcation. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).
M	
<b>AGE</b>	A large irregular nonhomogeneous undifferentiated mass was present in the caudal abdomen to pelvic inlet dorsal and caudal to the level of the urinary bladder measuring ~ 10 cm x 6 cm.
6yr	
<b>WEIGHT</b>	Brief sonographic assessment of the bilateral anal sacs revealed anal sac enlargement exhibiting nonhomogeneous parenchyma and concurrent cystic appearing changes. Left anal sac measured 5.7 cm in diameter, the right anal sac measured 5.9 cm in diameter.
59lb	
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Large irregular nonhomogeneous undifferentiated caudal abdominal mass, associated regional medial iliac to sublumbar lymphadenopathy</li> <li>• Bilateral enlarged nonhomogeneous to cystic anal sacs</li> <li>• Mild age-related kidney changes</li> <li>• Overtly normal GI tract</li> <li>• Subjective subnormal prostate size-suggestive of residual prostate, no overt prostatic neoplastic criteria</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Well Pet Animal Hospital	Although sample is required for further assessment, primary concern for anal sac neoplastic process with concurrent or metastatic disease into the caudal abdomen to pelvic inlet suspected to involve the associated caudal abdominal to iliac/sublumbar lymph nodes. Sampling of the bilateral anal sacs as well as ultrasound guided caudal abdominal mass FNA for screening cytology is warranted for further assessment with potential for oncology consult. CT assessment may be required for more definitive assessment.
<b>REFERRING VET</b>	
Dr. Wellington	The possibility of retained testicles and subsequent testicular pathology cannot be excluded yet sonographically the prostatic presentation was not overtly consistent with intact or cryptorchid male canine.
<b>INVOICE</b>	
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Zooby Gotti

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

M

**AGE**

6yr

**WEIGHT**

59lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Well Pet Animal  
Hospital

**REFERRING VET**

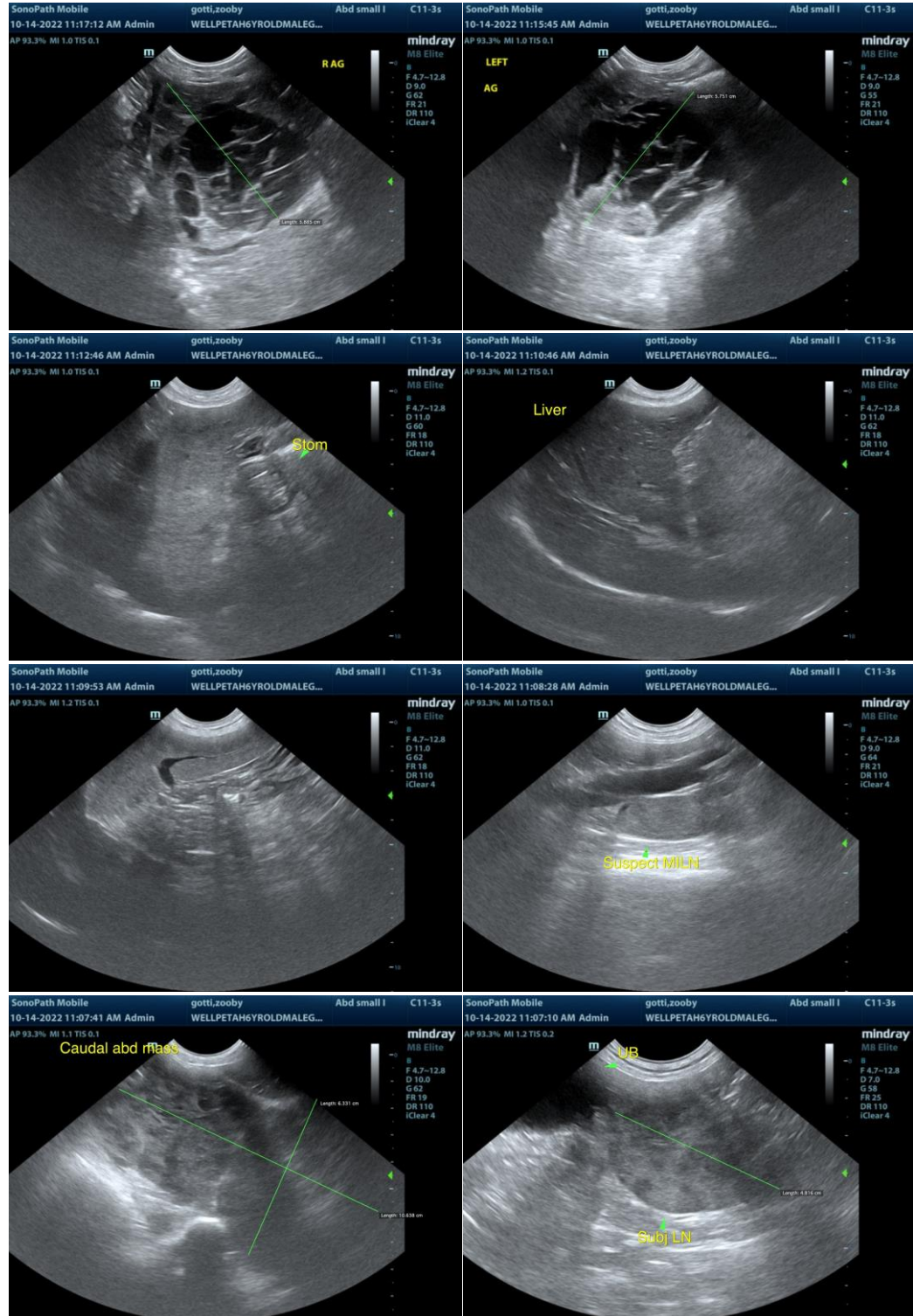
Dr. Wellington

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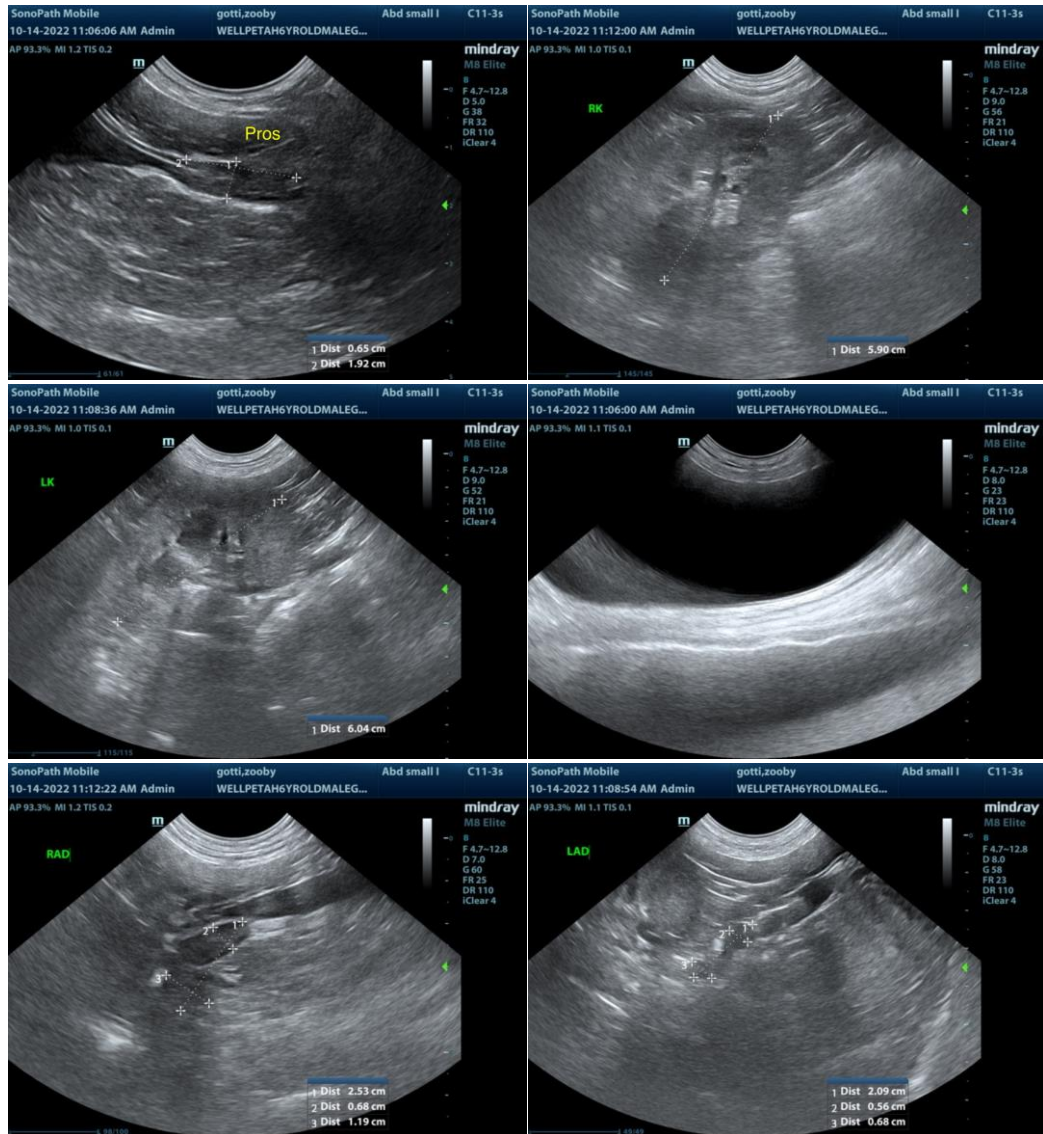
Dr. Wellington

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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