



PATIENT

Pax Torres

SPECIES

Canine

BREED

American Bulldog

SEX

M

AGE

8.5yr

WEIGHT

74

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr SHarkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr SHarkaway

INVOICE

23242

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

History: Lameness

Abnormal PE/Chem/CBC/UA Results: Mid abdominal mass Lameness on left hind limb(ACLR)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Bilateral areas of mild medullary mineral were present. The left kidney measured 6.3 cm in length. The right kidney measured 6.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured ~ 7.2 cm x 3.2 cm. Small to solitary anechoic, thinly walled parenchyma cysts were present. An example measured ~ 3 cm diameter.

Adrenal Glands

The left adrenal gland was borderline prominent at the caudal pole with overall indistinct visualization. The left adrenal gland measured 0.94 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

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.

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Pax Torres

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.

SPECIES

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 mechanical/metabolic ileus, obstruction or foreign material.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Pancreas

American Bulldog

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.

SEX

Free Abdomen

M

No evidence of peritoneal effusion was present.

AGE

Generalized normal omental echogenicity was present.

8.5yr

Unspecified primarily spherical, non-homogenous mass present in the mid to possible caudal abdomen measuring ~ 7 cm x 6.6 cm.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

74

Primary

- Mildly enlarged non-homogenous prostate with variably sized prostatic cysts- benign prostatic hyperplasia vs prostatitis with prostatic cysts. No evidence of neoplastic criteria.
- Sonographically normal spleen / liver
- Normal gastrointestinal tract
- Age-related renal changes exhibiting mild medullary mineral.
- Unspecified mid / caudal abdomen mass.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr SHarkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr SHarkaway

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal mass is confirmed yet a definitive mass origin was not obvious. Considerations may include benign versus neoplastic criteria. Further assessment of the mass may include assuming normal clotting status, FNA cytology and concurrent pancreatic sampling either via FNA cytology or prostatic wash for further clarification could be considered. Pending sampling if elected and assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification.

Otherwise, consideration for direct exploratory laparotomy with gross inspection of the mass, potential resection vs biopsy +/- concurrent neuter could be considered.

INVOICE

23242

DATE

12/16/2025



PATIENT

Pax Torres

SPECIES

Canine

BREED

American Bulldog

SEX

M

AGE

8.5yr

WEIGHT

74

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr SHarkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

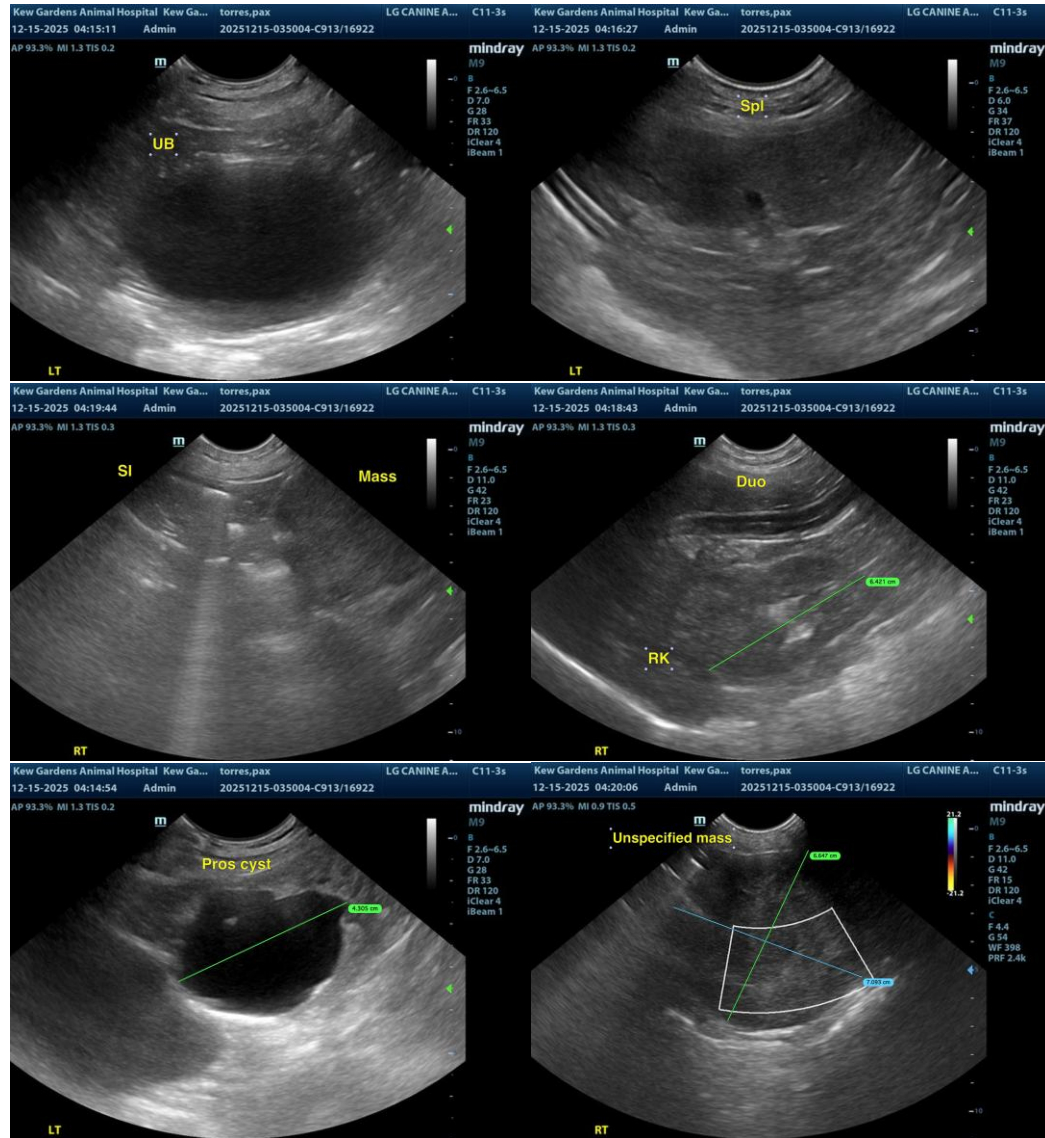
Dr SHarkaway

INVOICE

23242

DATE

12/16/2025





PATIENT

Pax Torres

SPECIES

Canine

BREED

American Bulldog

SEX

M

AGE

8.5yr

WEIGHT

74

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr SHarkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

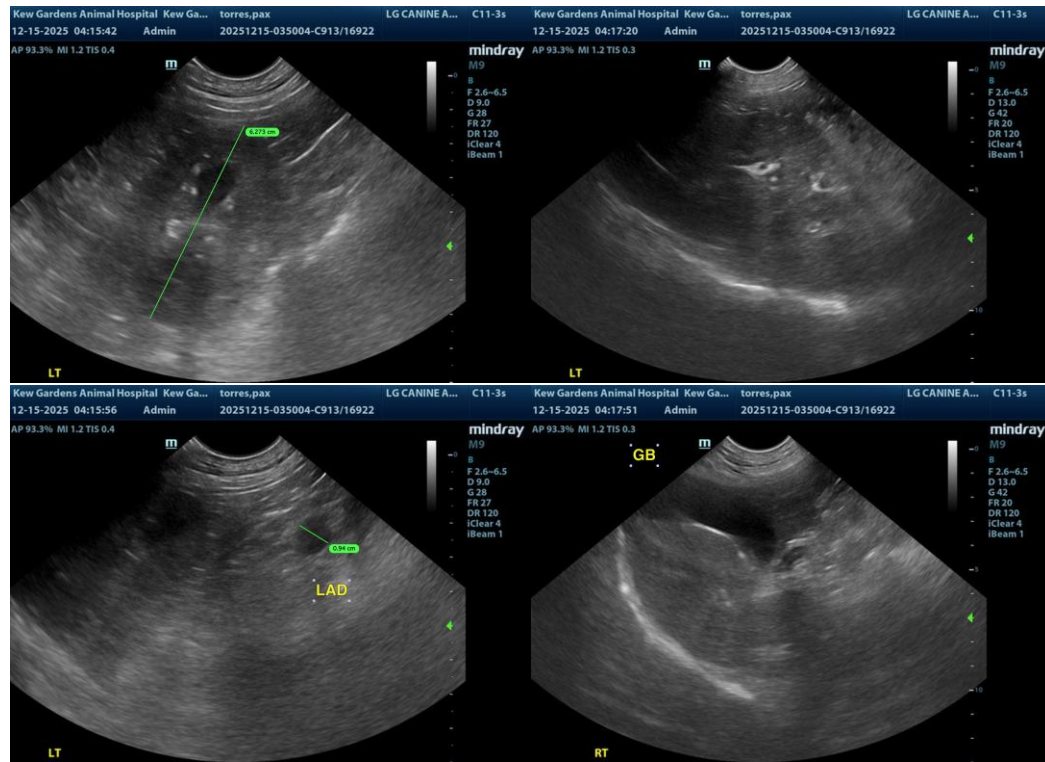
Dr SHarkaway

INVOICE

23242

DATE

12/16/2025



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