



PATIENT

Zuko Interian Ek

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

10 Years 5 Months

WEIGHT

79.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73187

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Recently diagnosed MCT (left thorax) and suspect SCC (dorsal/cranial abdomen left lateral to spine), met check prior to surgery. Seen for wellness 2/3/26. FNA of 2 masses revealed MCT and potential SCC. Ultrasound to assess for metastasis prior to surgery.

Current medications: Simparica Trio

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 6/9, multiple masses (MCT and SCC as described above plus below new masses identified today), mild dental tartar, erythema of hind paws and right hind lateral digit 5 has a patch of hair loss with some areas of bleeding indicative of pododermatitis, right popliteal LN is more prominent compared to other peripheral LNs, small skin tags on the cranial/ventral mandible and right antebrachium, 2 descended and symmetric testicles
Dermal/round/hairless left cranial prepuce: 8.1 x 11.2 mm Scrotum, ventral right testicle area: 7.3 mm round, erythematous round dermal mass Scrotum, left testicle area: 6mm non-erythematous round dermal mass Lab work: Chest rads pending UA pending Cytology of 3 additional masses pending

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 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.

The prostate was enlarged in size (4.3 cm in diameter) 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 heteroechogenic without parenchymal mineralization. Several small prostatic cysts were present.

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. Left kidney measured 7.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.60 cm at the caudal pole. Right measured 0.51 cm at the caudal pole.

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

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



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing to subtle distal progressively shadowing ingesta noted.

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.

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

Pancreas

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.

Free Abdomen

Intermittent mildly to variably prominent, mildly non-homogeneous mesenteric and medial iliac lymph nodes were present. These lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Mesenteric lymph node measured 2.0 cm x 0.76 cm. Medial iliac lymph node measured 3.7 cm x 1.0 cm.

No peritoneal effusion.

The left and right testicles were sonographically normal.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia pattern with small prostatic cysts.
- Mild age related renal changes.
- Intermittent mildly non-homogeneous mesenteric/medial iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of definitive intrabdominal or retroperitoneal primary or metastatic neoplastic criteria. The primarily mild mesenteric and medial iliac lymphadenopathy is not overtly consistent with inflammatory or metastatic criteria at this stage, yet sonographic monitoring with initial recheck in 4 weeks +/- screening FNA cytology is indicated.



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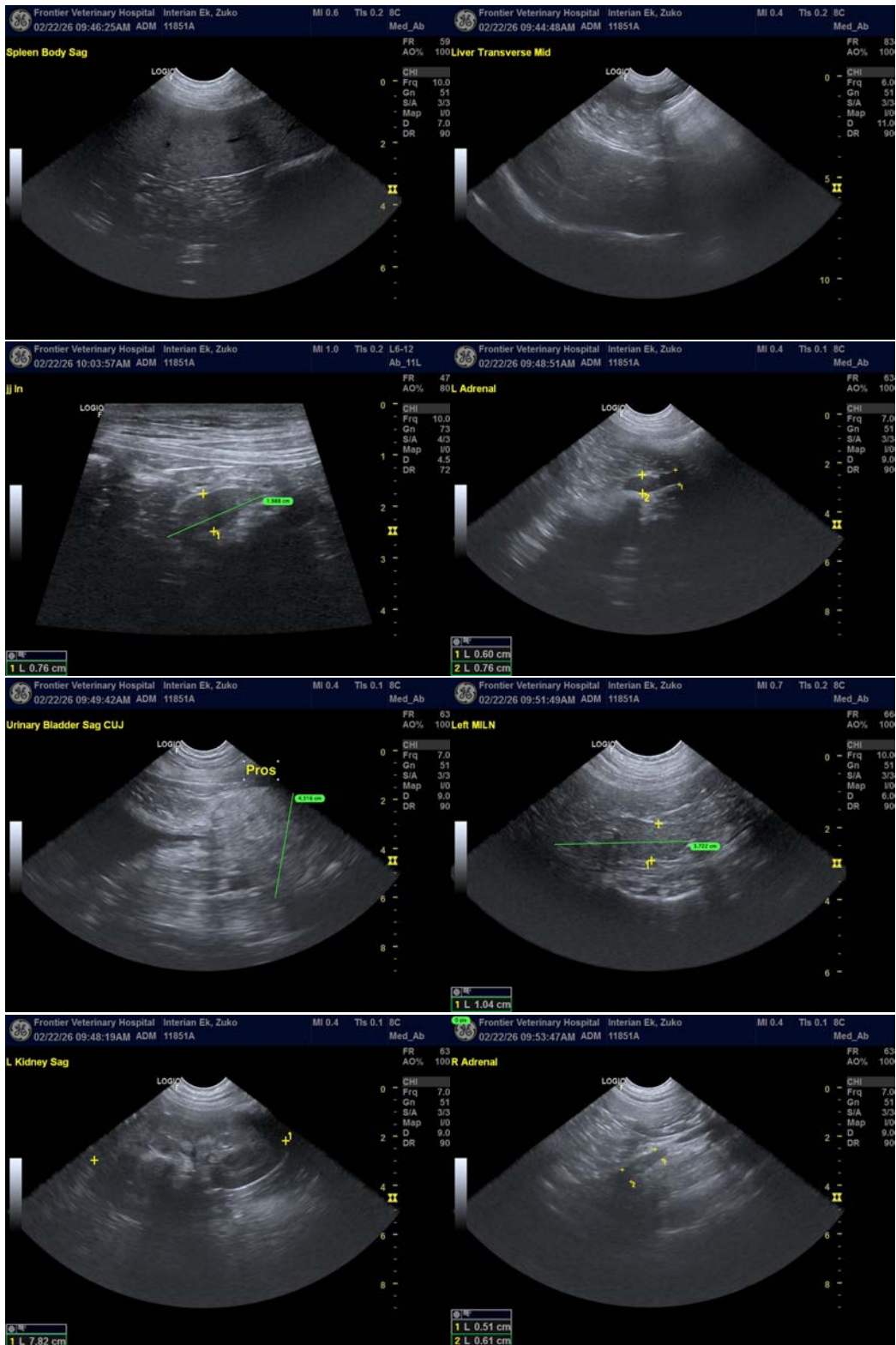
Dr. Lucas Budden

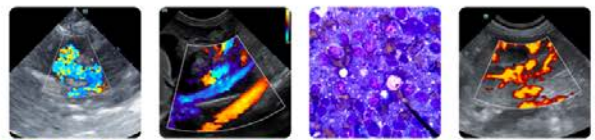
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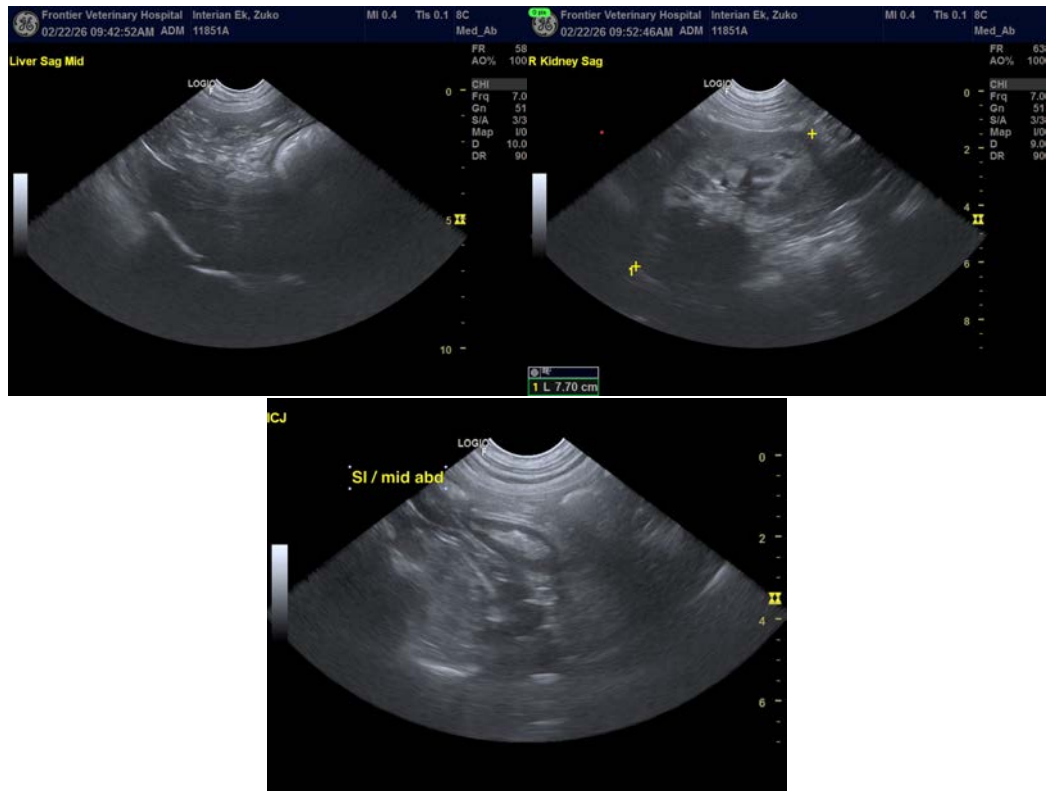
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com