



PATIENT

Prince Bullock

SPECIES

Canine

BREED

Border Collie

SEX

IM

AGE

11 y, 8 mos

WEIGHT

23.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Glenmoore
Veterinary Hospital

INVOICE

10653

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History:

- Recheck AUS following GIST. Initial SI mass at the ICJ noted in July 2025. Tru-cut Bx spindle cell proliferation, sarcoma. Receiving Palladia (started 8/10/25), Metronidazole prn for diarrhea (Chemo). Weight gain noted. Responding well.

Abnormal PE/Chem/CBC/UA Results: AUS 7/9/2025: Irreg nonhomogeneous mass w evidence of intramass gas & intestine lumen. Peripheral swollen nonhomogeneous mesenteric LN & surrounding mild hyperechoic omentum. Hepatic target lesion type intraparenchymal nodules. Intact age-related kidneys / adrenal glands. BPH w/small prostatic cysts, minor potential for prostatitis 7/23/25: Spindle cell proliferation; poss sarcoma small size limits dx confidence. bulk of tissues consists of a spindle cell prolifer. The prolifer is fairly monotypic & is representative of the described mass a sarcoma is possible. Atypical fibroplasia can have similar appearance. A larger wedge bx or excisional bx if possible for characterization Jan 2026: - CBC: Hct 48/6%, WBC 9.4-n, Mono 837 H, Eos 113 L, Plts 412-n - Chem: Alb 2.9-n, Glob 4.6 H, normal LES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 mildly 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 3.9 cm diameter. Intermittent small prostatic cysts were present.

No evidence of pathology in the area of the aortic trifurcation.

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 6.8 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was subnormal in size, measuring 0.31 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, subjectively measuring 0.60 cm width 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.



PATIENT

Prince Bullock

SPECIES

Canine

BREED

Border Collie

SEX

IM

AGE

11 y, 8 mos

WEIGHT

23.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Glenmoore
Veterinary Hospital

INVOICE

10653

DATE

2/25/26

Liver/ Gallbladder

The liver was subjectively borderline enlarged in size with normal contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed gallbladder debris. 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 was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented primarily normal intact wall layering with a maintained wall layer ratio. Previously noted intestinal mass was noted at the level of the ileocolic junction, exhibiting a persistent yet sonographically improved thickened intestinal wall and loss of intestinal mural detail, subjectively measuring ~6.0 cm in diameter with a wall width of 0.9 cm. Mild surrounding peri-intestinal hyperechoic omentum was noted.

The segments of colon not associated with the ileocolic junction exhibited normal intact wall layering with semi-formed fecal matter.

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 were evident.

Free Abdomen

No definitive visualized significant or swollen mesenteric lymphadenopathy was noted. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Persistent yet sonographically improved intestinal mass level of the ileocolic junction, mild persistent surrounding peri-intestinal hyperechoic omentum
- Mild hepatic parenchymal remodeling with subjective borderline hepatomegaly
- Mild congealed gallbladder debris (non mucocele)
- Age-related renal changes
- Static benign prostatic hyperplasia with small prostatic cysts
- Subnormal left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of previously noted hepatic target lesion type nodules or mesenteric lymphadenopathy. The subnormal left adrenal gland is nonspecific and possibly secondary to medical therapy. Screening cortisol level may be considered if clinically indicated.

Continued sonographic monitoring based on oncology recommendations is advised.



PATIENT

Prince Bullock

SPECIES

Canine

BREED

Border Collie

SEX

IM

AGE

11 y, 8 mos

WEIGHT

23.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

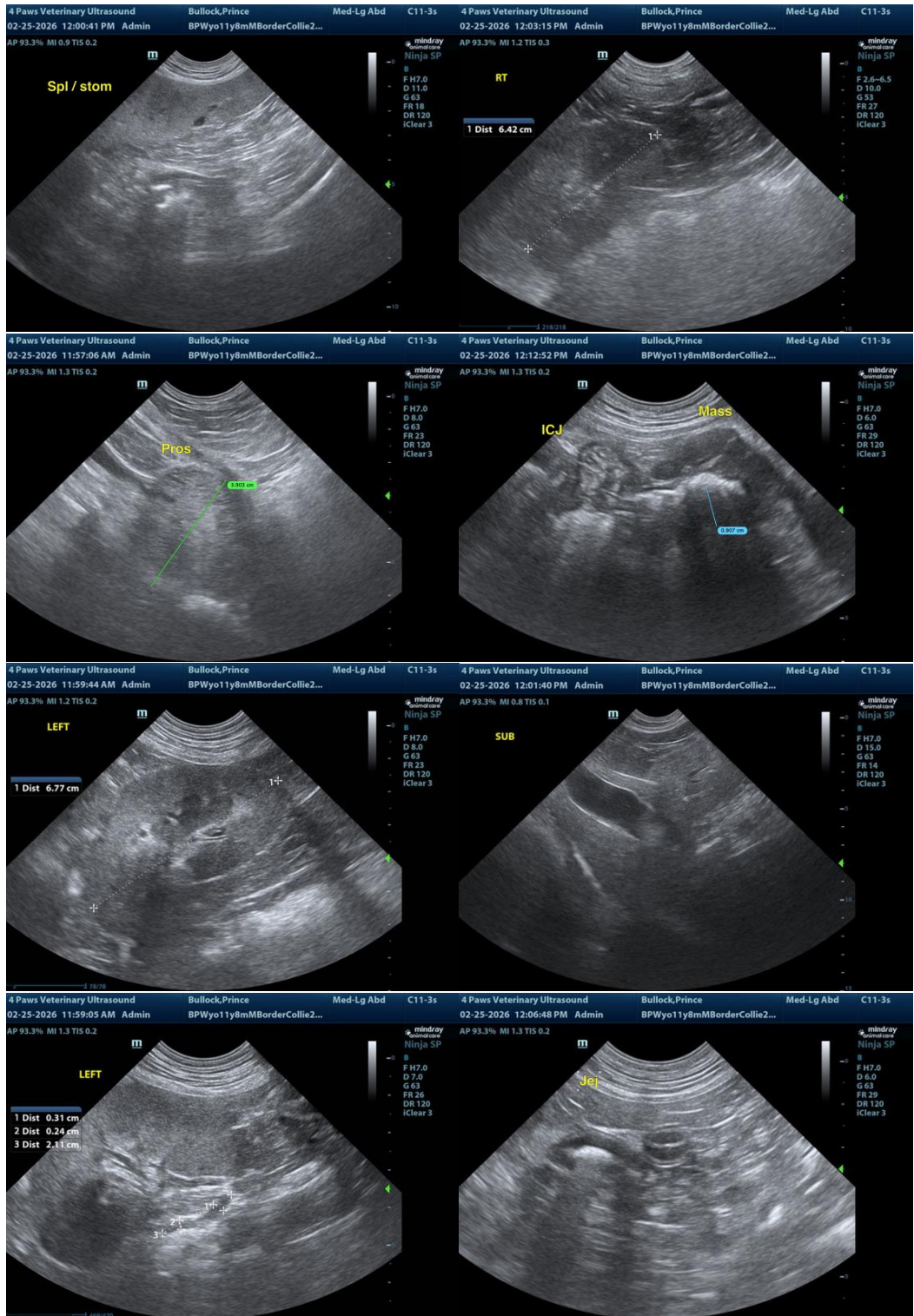
Glenmoore
Veterinary Hospital

INVOICE

10653

DATE

2/25/26





PATIENT

Prince Bullock

SPECIES

Canine

BREED

Border Collie

SEX

IM

AGE

11 y, 8 mos

WEIGHT

23.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

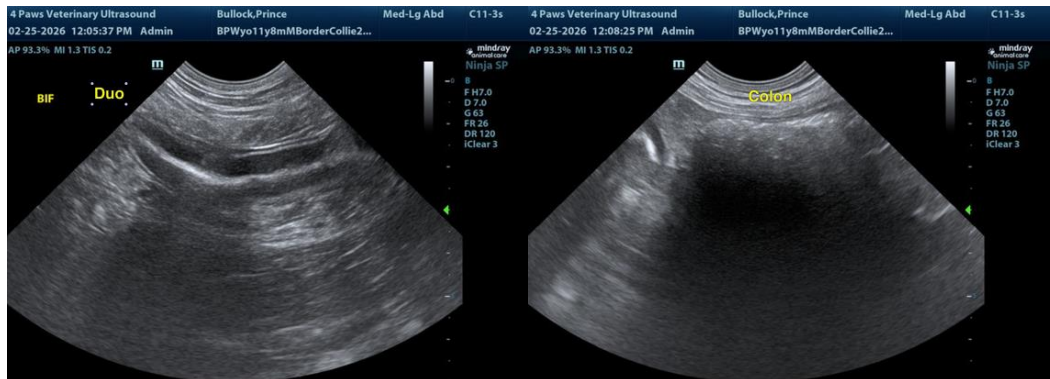
Glenmoore
Veterinary Hospital

INVOICE

10653

DATE

2/25/26



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