



PATIENT PRESENTING CLINICAL SIGNS

Gus Doroshenko Neurologic: Proprioception is normal in the hind limbs.

SPECIES Abdominal: Soft and non-painful on palpation. No organomegaly or mass effects palpated, though deep palpation is limited by patient size.

Canine Musculoskeletal: There is a decreased range of motion and thickening of the knee joints. Mild muscle atrophy of the thigh muscles is noted. Slow in getting up from resting.

BREED Rectal: Digital rectal exam revealed an empty rectum with no palpable obstructions. The right anal gland is normal. The area / tissue surrounding the left anal gland appears thickened.

Bouvier Current Medications Deramaxx 100 mg, Apoquel 16 mg, Levothyroxine, Lactulose, Gabapentin 400 mg. 1 dose of Gabapentin was given 1-2 hours prior to scheduled ultrasound.

SEX Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Ten days prior to the recheck examination, the pet was presented with a history suggestive of constipation, characterized by more frequent and prolonged squatting than usual. Lactulose was prescribed. The owner reports that the medication has been effective, resulting in soft, formed stools. However, when discontinued, Gus becomes constipated again and strains to defecate. Trying to determine the underlying cause, and to rule out the possibility of an anal gland tumor. (Will request the sonographer if they can do a quick scan of his anal glands). BW attached

AGE 11yr

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

42.7kg **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

INTERPRETED BY

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

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 7.3 cm in length. The right kidney measured 7.0 cm in length.

IMAGING PERFORMED BY

Amanda Stewart

The area of the aortic trifurcation was free of pathology.

HOSPITAL NAME

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The residual prostate appeared normal and free of pathology

Adrenal Glands

REFERRING VET

Balaraju

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole.

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Spleen

DATE

04/20/2026



PATIENT

Gus Doroshenko

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.

SPECIES

Canine

Liver/Gallbladder

The liver was subjectively normal in size with primarily symmetrical contour. Normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary mildly expansive non-homogenous cystic mass was present in the ventrocaudal mid to left liver measuring 4.6 cm in diameter. 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.

BREED

Bouvier

SEX

MN

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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.

WEIGHT

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

Pancreas

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(Canine and Feline)

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

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No obvious visualized pathology in the area of the right anal sac. The left anal sac exhibited potential for mildly thickened wall subjectively measuring 0.3 cm in width. No obvious evidence of regional inflammation adjacent to the left anal sac.

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ULTRASONOGRAPHIC FINDINGS

Primary

REFERRING VET

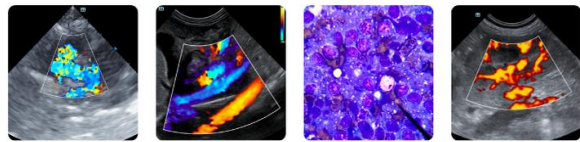
Balaraju

- Sonographically normal visible colon wall
- Small non-homogenous cystic ventrocaudal liver mass-complex cyst adenoma, cystic carcinoma or other
- Non-specific subjective mildly thickened left anal sac- non-specific, no evidence of anal sac tumor at this stage

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Secondary

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- Gastric ingesta -consistent with food echogenicity
- Mild age related renal changes

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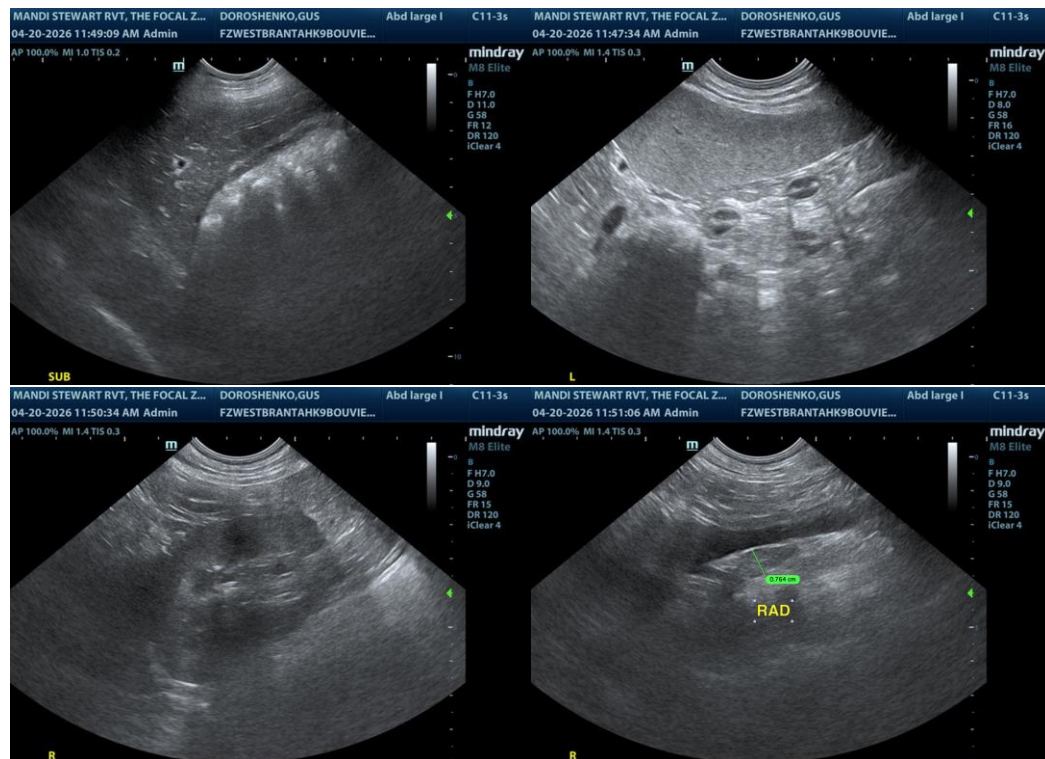
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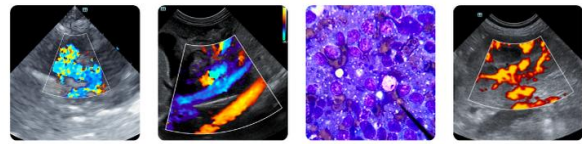
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visible evidence of distal colon /colorectal mural pathology, residual prostate pathology, or medial iliac/sublumbar lymphadenopathy as an obvious contributing factor to the patient's clinical signs. The subjective possible mildly thickened left anal sac is non-specific yet does not appear to be a clinical issue at this stage. Monitoring for evidence of a progressive left anal sac thickening or enlargement going forward is advised. Empirical therapy for non-specific constipation would be reasonable.

Assuming normal clotting status and if accessible, FNA cytology of the cystic liver mass could be considered for further clarification. The mass appears to amendable to surgical resection, given size and location within the liver. Serial sonographic monitoring of the liver mass as well as the colon if progressive clinical signs of constipation and for evidence of liver mass progression would be more conservative.





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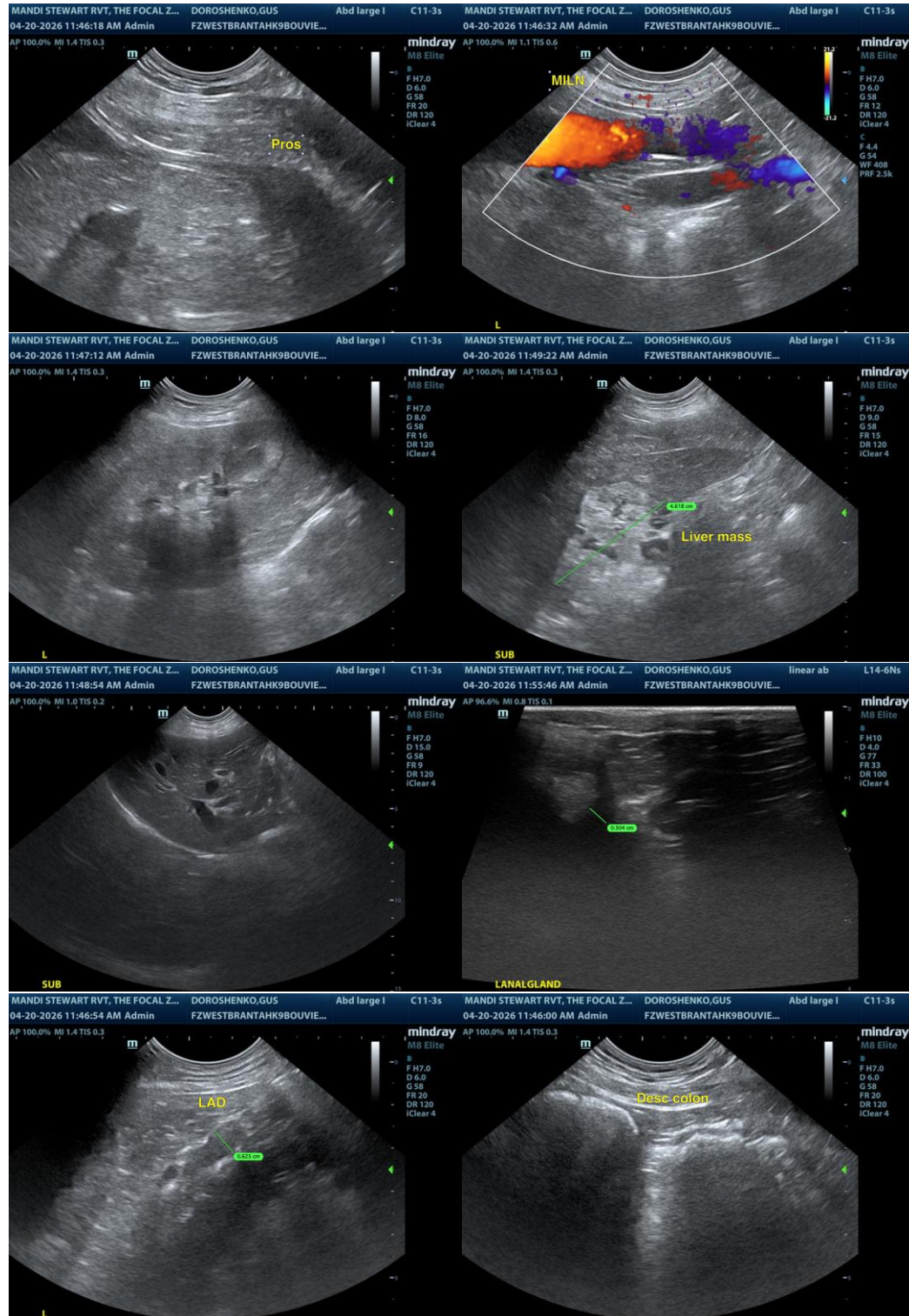
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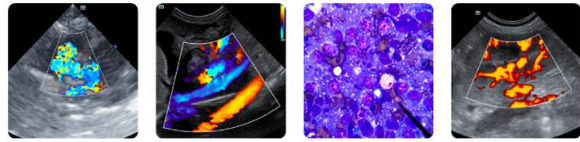
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The information and recommendations provided are based on the images presented by the referring



PATIENT

Gus Doroshenko

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.

SPECIES

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info@sonopath.com

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