



PATIENT

Zeeke Hyman

SPECIES

Canine

BREED

Bulldog Mix

SEX

NM

AGE

12 years

WEIGHT

48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

D.r Grace Kennedy

INVOICE

10822

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Diagnosed Apocrine Gland Anal Sac Adenocarcinoma on cytology, staging for surgery with a specialist. No discharge or discomfort with swelling, extending from ventrolateral perineal area (7-8 o'clock position).

Abnormal PE/Chem/CBC/UA Results: Three view thoracic radiographs have bronchiolar pattern in caudal lung fields, otherwise no signs of metastasis or other nodules. Urinalysis NSF PCV 53% WBC 14.4 K/uL (5.8-16.2) Mild neutrophilia 11.75 K/uL (3.004-9.741)-mild bands Creatinine 0.7 mg/dL (0.5-1.5) Glucose 95 mg/dL Calcium 10.8 mg/dL (8.4-11.8) Potassium 4.7 mmol/L (4-5.4) ALT 108 U/L (18-121) ALP 740 U/L (5-160) Total T4 1.1 4dx negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild apical to dorsoapical thickened wall exhibiting homogeneous mural echogenicity and maintained symmetrical lumen surface contour, measuring 0.66 cm wall width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with mild urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was borderline to mildly enlarged in size, exhibiting normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was borderline to mildly enlarged in size, exhibiting normal contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 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.

Liver/Gallbladder

The liver was subjectively borderline enlarged in size with contour. There were no visualized hepatic masses or nodules. Normal hepatic vascular volume was present. The liver parenchyma was nonuniform



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and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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 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 formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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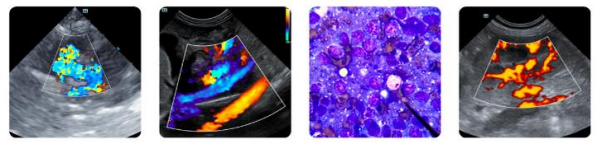
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ULTRASONOGRAPHIC FINDINGS

- Mild dorsoapical cystitis pattern with mild urine sediment
- Sonographically unremarkable area of iliac trifurcation / sublumbar space
- Nonspecific subjective benign hepatopathy
- Normal gallbladder
- Mild pancreatic remodeling
- Age-related renal changes
- Borderline / mild bilateral adrenomegaly – benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt sonographic evidence of abdominal or retroperitoneal primary or metastatic neoplastic criteria. Urinalysis is recommended if not recently done. Adrenal screening or workup is warranted if clinical signs are consistent with Cushing's Syndrome. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. Hepatosupportive medications with monitoring of hepatic enzyme levels and as-needed sonographic reassessment, based on oncology recommendations, would be reasonable.



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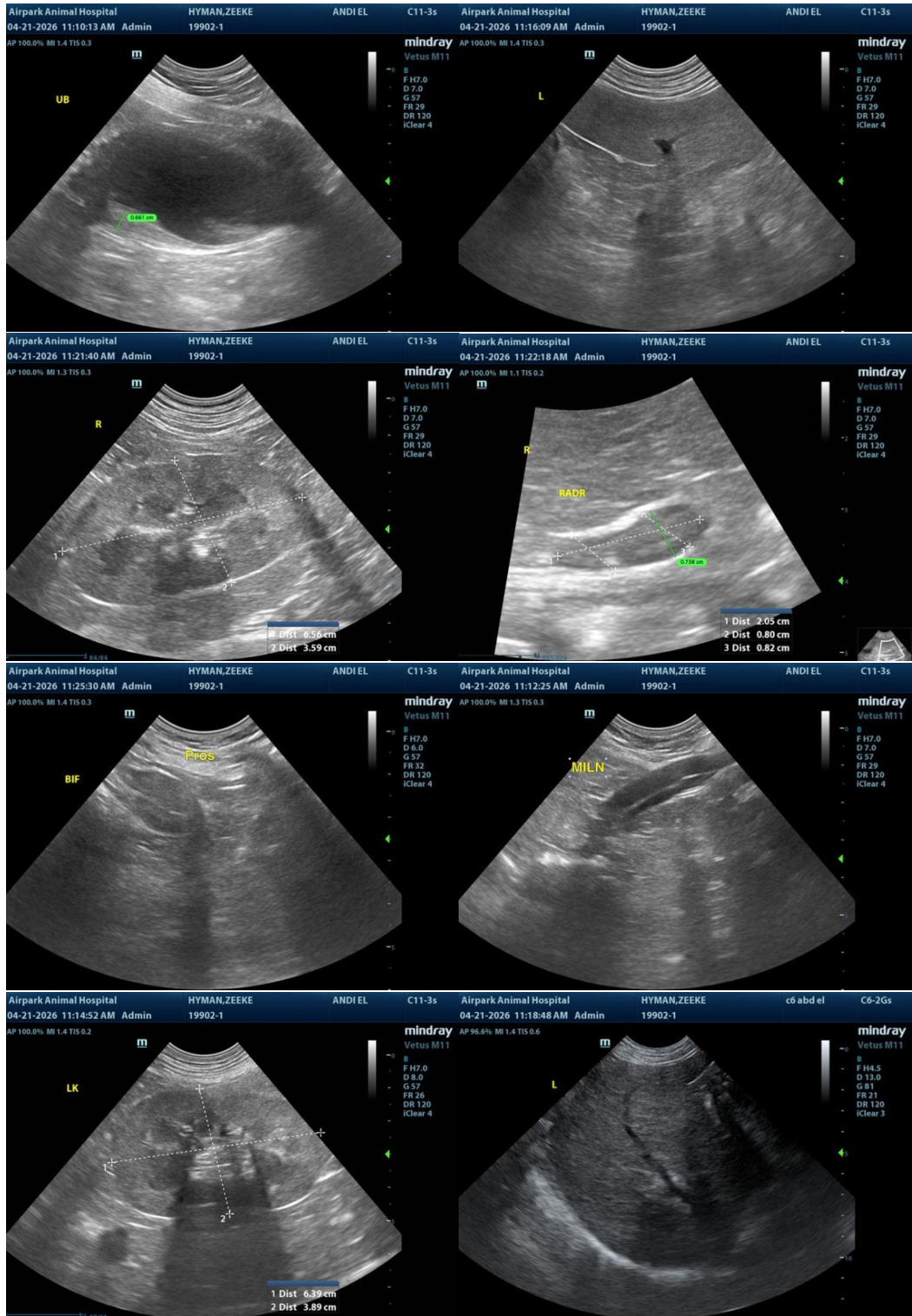
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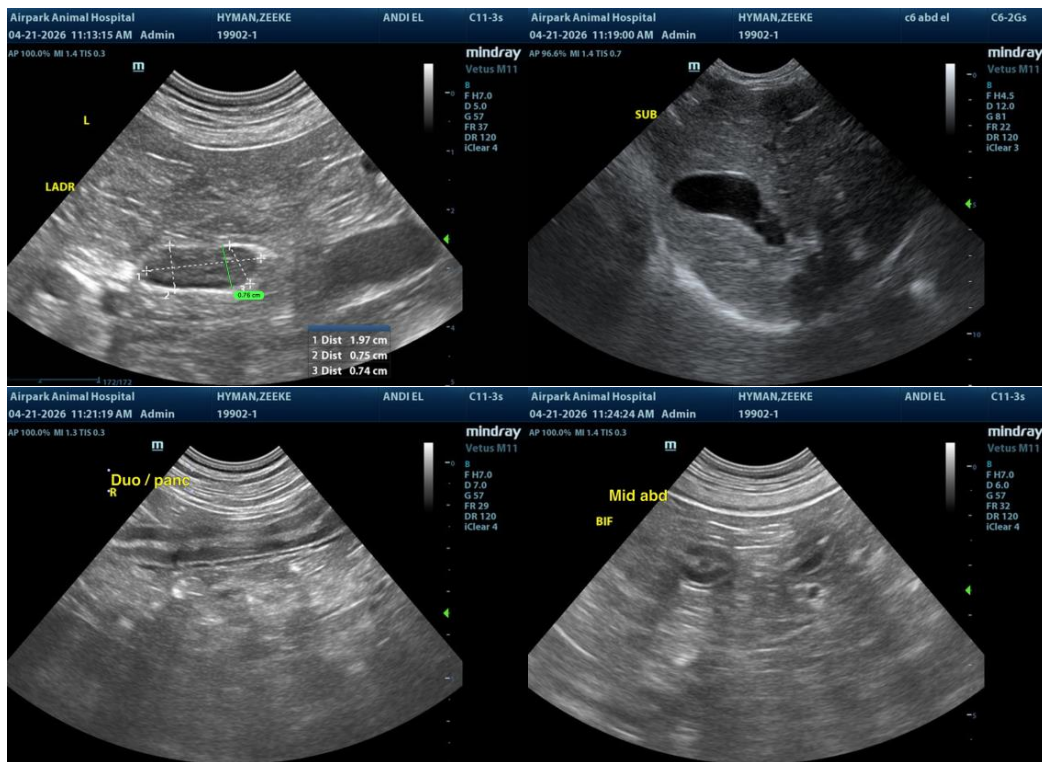
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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