



PATIENT

Opie McGill

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

79.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Packanack Animal
Hospital

REFERRING VET

Dr. Gonzaga

INVOICE

15389

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Acute lethargy, vomiting, decr. appetite, a/g mass , L a/g mass cytology consistent w/ agasaga

Abnormal PE/Chem/CBC/UA Results: wbc-17.4 neut-14.6 mono-1044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate presented mildly enlarged in size exhibiting nonhomogenous hypoechoic parenchyma exhibiting pinpoint hyperechoic parenchyma foci and mild surrounding periprostatic hyperechoic tissue and scant effusion. Mildly thickened periprostatic urethra measuring 0.91 cm in diameter.

No visualized significant medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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. A thinly wall small cyst was present in the right kidney. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

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. 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 contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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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.

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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.

BREED

Golden

Free Abdomen

SEX

No overt lymphadenopathy was present.

Neutered Male

A nonhomogenous left anal sac mass was visualized measuring approximately 2.5 cm in diameter. The right anal sac was not definitively visualized yet without overt pathology.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal mildly distended urinary bladder.
- Mildly enlarged residual prostate exhibiting nonhomogenous pinpoint hyperechoic parenchyma, mild surrounding periprostatic hyperechoic tissue and scant effusion.
- Mildly thickened periprostatic urethra.
- Chronic renal changes exhibiting right kidney small cyst.
- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta-consistent with food echogenicity.
- Left anal sac mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the residual prostate is primarily concerning for emerging primary or metastatic neoplastic criteria with residual prostatitis possible. Ultrasound guided FNA cytology of the residual prostate or prostatic wash for cytology +/- culture/sensitivity is indicated. No overt sonographic evidence of current lymphatic or abdominal organ metastasis associated with the anal sac tumor. Gastrointestinal support and clinical monitoring is recommended. Three view chest radiographs are suggested if not done.

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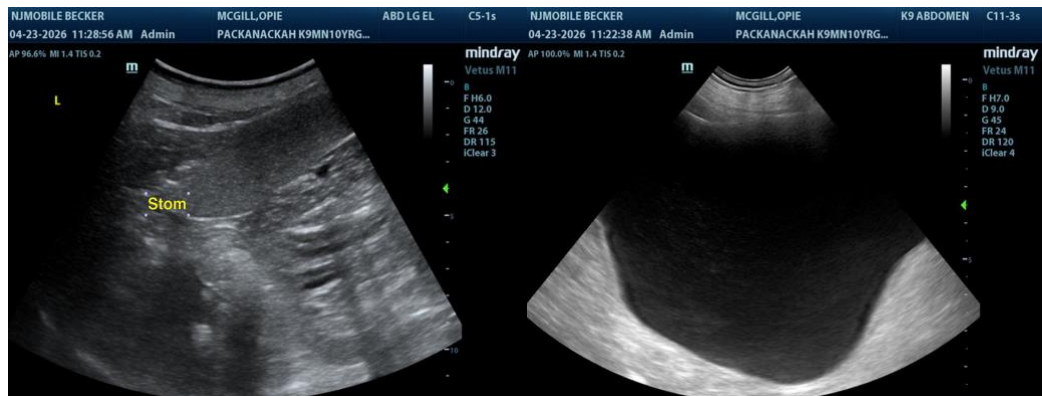
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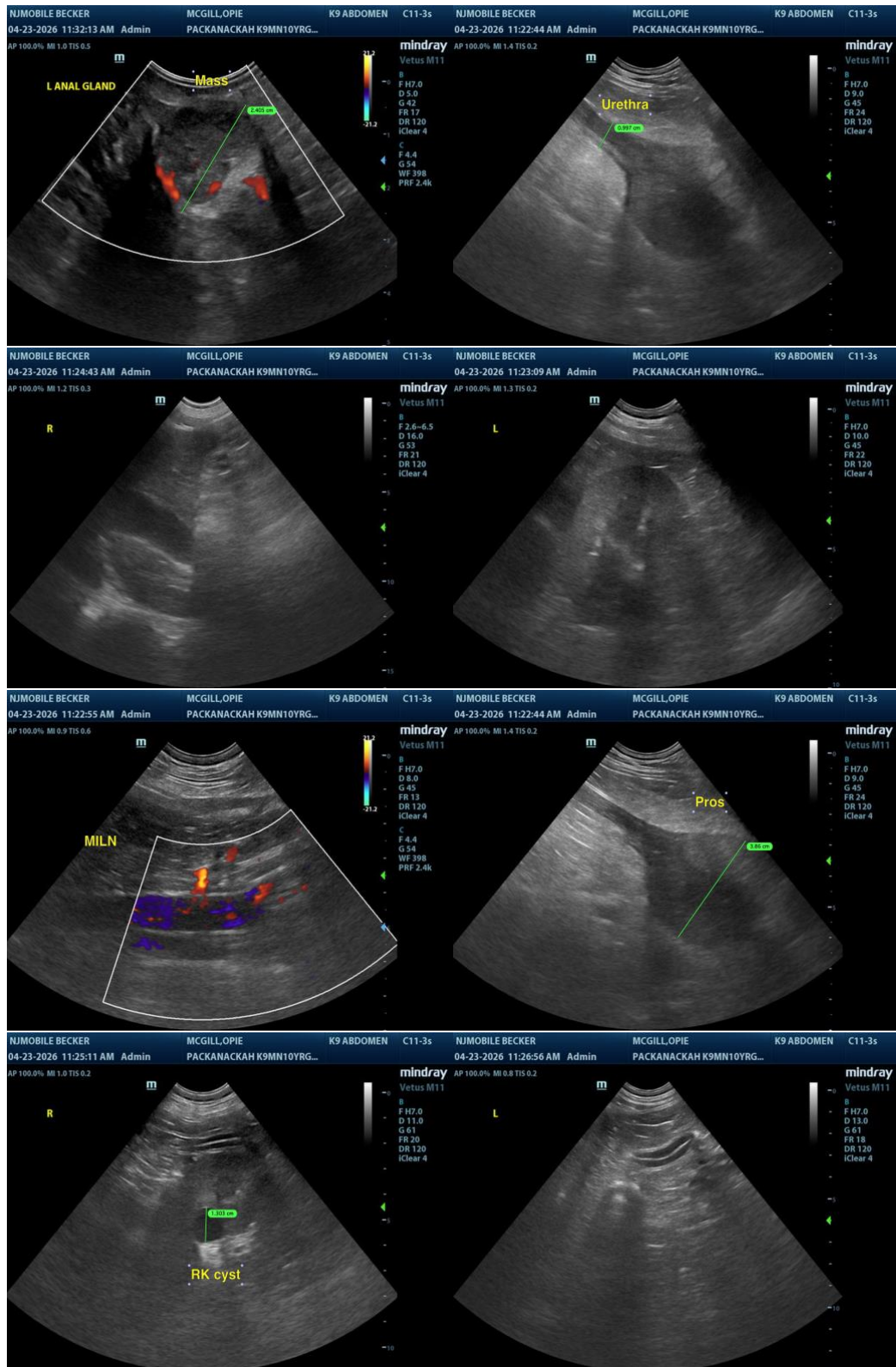
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com