



**PATIENT**

Piper Cohen

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

FS

**AGE**

9 years

**WEIGHT**

37

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brita Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Brita Kiffney

**INVOICE**

17317

**DATE**

7/20/23

**PRESENTING CLINICAL SIGNS**

owner is a vet assistant at our hospital and an amazing dog trainer - she found a 4 mm mass in her dog's right anal gland FNA cytology to Imagyst = neuroendocrine tumor consistent with AGASACA. Thoracic auscultation, abdominal palpation WNL. radiographs and abdominal US today: If no mets found, planning anal sac excision with KMS. If subiliac LN enlargement, planning referral to surgeon for LN and anal sac excision.

Abnormal PE/Chem/CBC/UA Results: 4/12/23: CBC, chem with lytes, proBNP, T4, 4dx, fecal, ua: only abnormalities mild inc BUN (33) with WNL SDMA and creat; mild decrease urine concentration (1.028) 5/4/23: AM urine USG = 1.049 6/29/23: o palpated anal sac mass R sided 7/11/23: three view chest rads and abdominal rads- not yet submitted (please submit w/US); digital cytology of anal sac mass FNA = neuroendocrine tumor

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

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. Minor indistinct corticomedullary border demarcation was present. No pyelectasia was noted in either kidney. The left kidney measured 5.0 cm in length. The right kidney measured 5.9 cm in length.

**Adrenal Glands**

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized yet no overt pathology was noted in the area of the right adrenal gland.

**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.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild lumen ingesta, consistent with food, was present 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 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 were evident.

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal visceral pathology including no evidence of intrabdominal or retroperitoneal primary or metastatic neoplastic criteria. No intrabdominal contraindications to potential surgery. Sonographic monitoring of the abdominal cavity ideally based on oncology recommendations is suggested.

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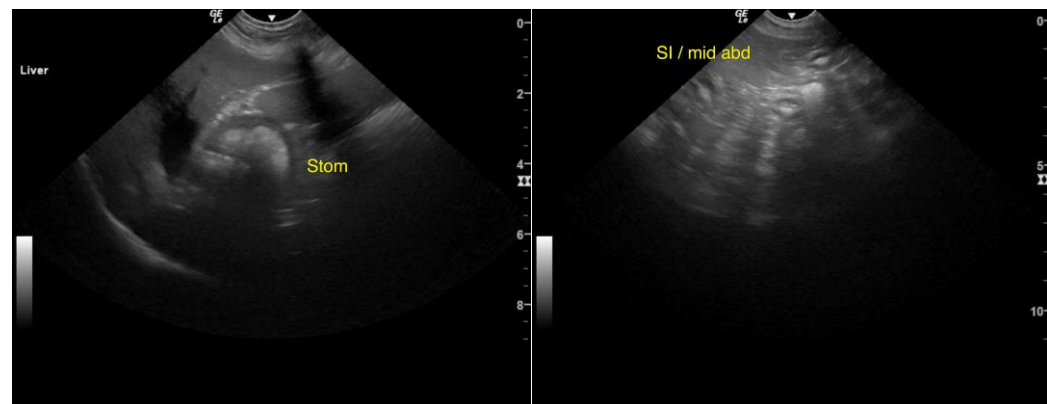
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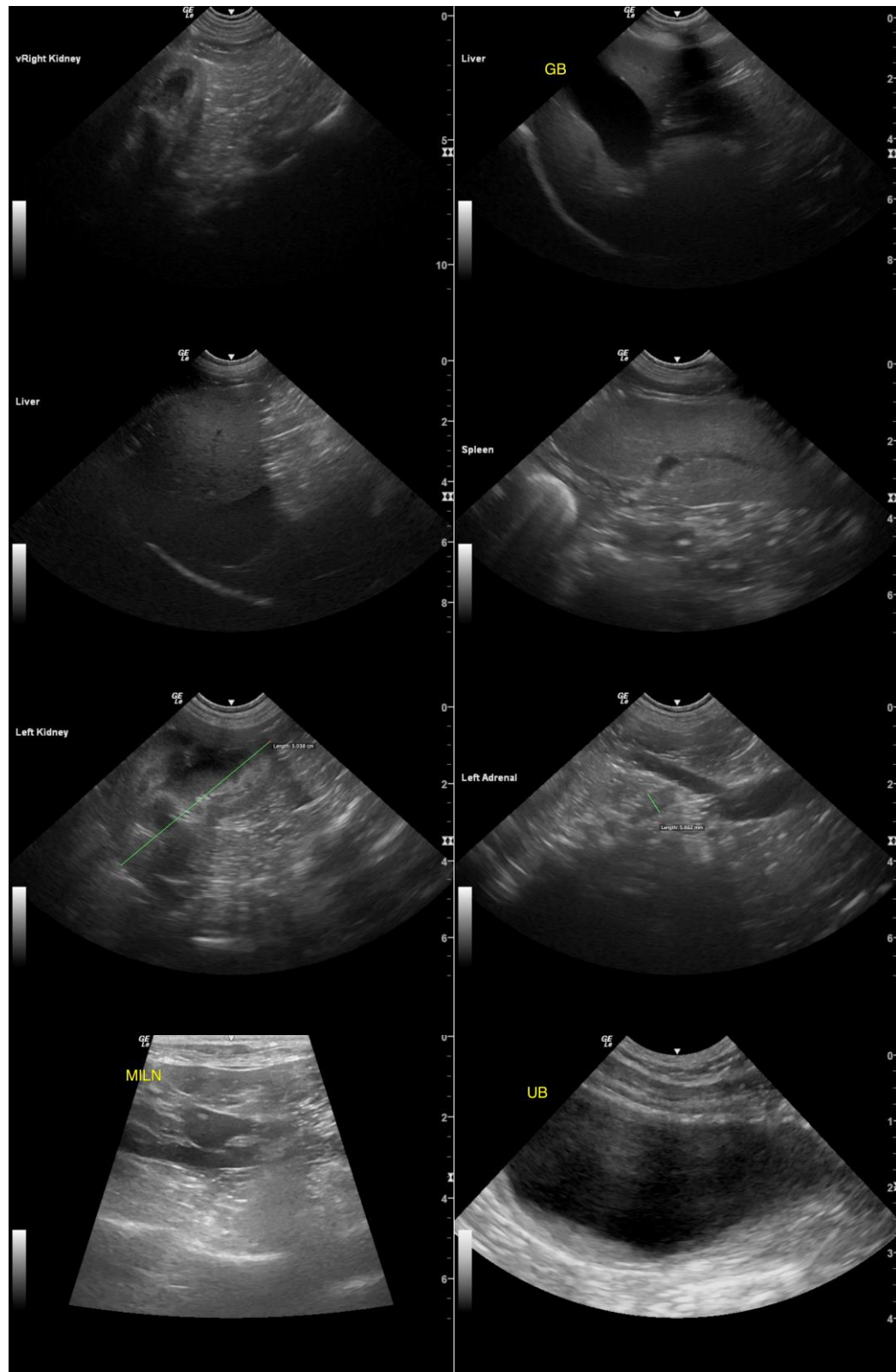
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)