



PATIENT	PRESENTING CLINICAL SIGNS
Teddy Stanley	-Left sided anal sac mass. Met check prior to surgery.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable, chest rads pending, anal sac mass
Canine	cytology: Epithelial neoplasia with features consistent with an apocrine adenocarcinoma of the anal sac.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labradoodle	Urinary System
SEX	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 was noted.
Neutered Male	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.5 cm in diameter.
7	
WEIGHT	The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy or masses.
24	
INTERPRETED BY	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Emma Herdener	No overt pathology was noted in the area of the left or right adrenal gland.
HOSPITAL NAME	Spleen
Eastgate VC	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.
REFERRING VET	Liver/ Gallbladder
Kim Parker	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.
INVOICE	Gastrointestinal
12336	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
DATE	
9/28/21	



PATIENT

Teddy Stanley

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

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WEIGHT

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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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.

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 overt lymphadenopathy or peritoneal effusion was present.

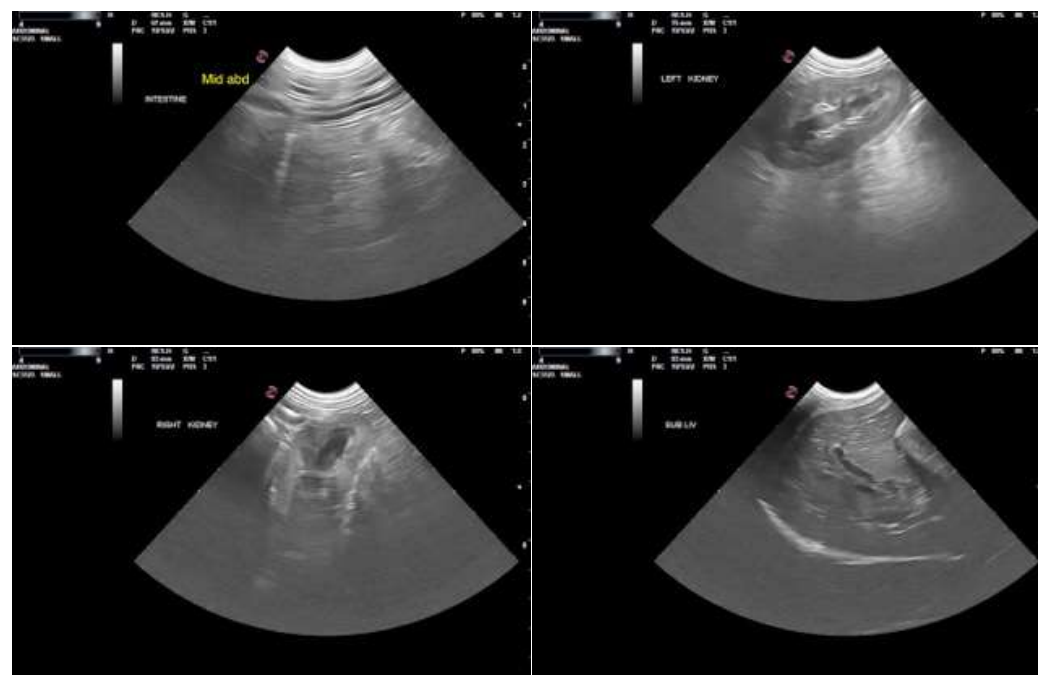
ULTRASONOGRAPHIC FINDINGS

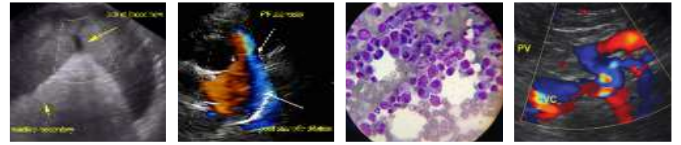
Primary Findings

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal or retroperitoneal metastasis from anal sac mass. Sonographic monitoring based on oncology recommendations is suggested.





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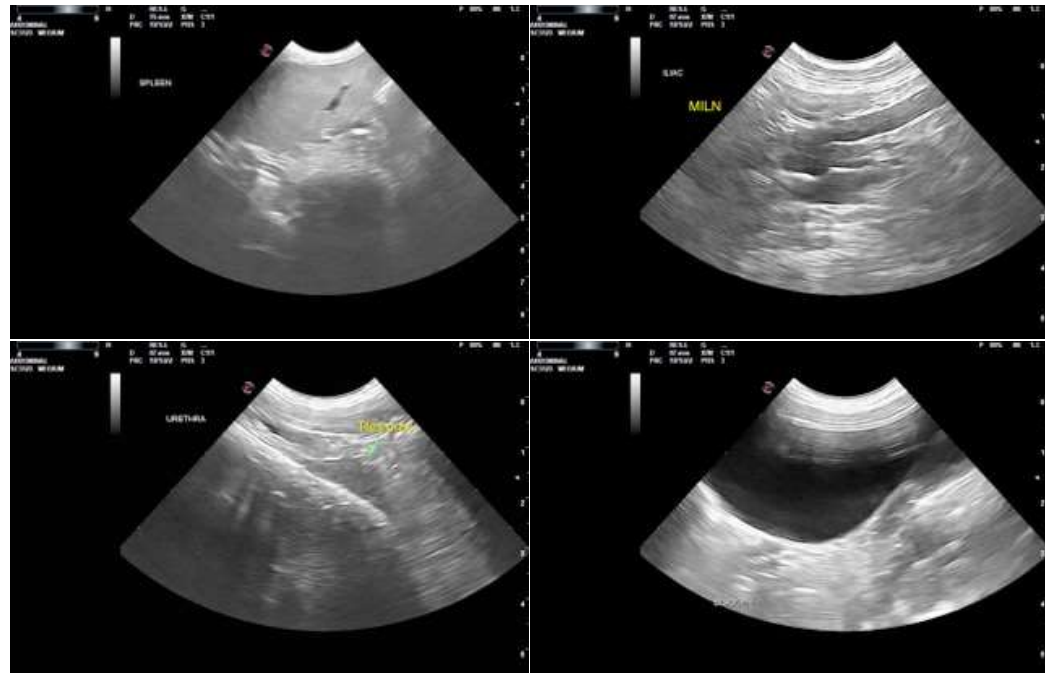
Neutered Male

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