

PATIENT

Maya Campbell

SPECIES

Canine

BREED

English Lab

SEX

Spayed Female

AGE

11 years

WEIGHT

62 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
Animal Internal Medicine)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Tiffany Pow

INVOICE

10152

DATE

1/13/22

PRESENTING CLINICAL SIGNS

History: Hx of anal sac adenocarcinoma with metastatic carcinoma (on histopathology) on caudal abdominal LN; anal saccullectomy and LNs removed March 2021. P is doing very well clinically but has been having occasional hindlimb weakness. Hx of CCL rupture.

Abnormal PE/Chem/CBC/UA Results: No noted sub lumbar lymphadenopathy today. No BW performed within last year or so.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is mildly enlarged (7.42 cm); with an irregular shape. It is severely hydronephrotic with only a thin rim of cortex remaining. A >6cm irregular vascular, heterogeneous mass is invading the kidney at the medial aspect.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.72 cm at caudal pole) (2.26 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Right adrenal gland (see "Other" category)

Spleen

The spleen is normal in size (2.53 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

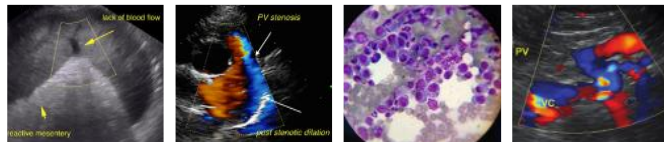
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.



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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid.

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A 4.22 x 2.53 cm slightly heterogenous cavitated medial ileac lymph node is visualized. In addition, a 2.79 x 2.37 cm mass (possible lymph node) is observed caudal to the urinary bladder. At least two enlarged, rounded, heterogenous lymph nodes are observed adjacent to the caudal pole of the left kidney.

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Other

A 3.76 x 3.11 cm irregular, heterogenous, cavitated, vascular mass is observed medial to the right kidney, in the region of the right adrenal gland.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is most concerning for metastatic neoplasia (i.e., from the previously removed anal gland adenocarcinoma). The right renal mass is also likely neoplastic and is causing obstruction at the level of the renal pelvis with subsequent hydronephrosis.
- The origin of the mass medial to the right kidney is unclear. It may be arising from the right adrenal gland, mesentery, right kidney, other. Again, neoplasia is suspected.

Secondary Findings

- Minor age-related renal changes
- Gall bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs can be considered to assess for pulmonary metastatic disease.
- Fine-needle aspirates of the enlarged abdominal lymph nodes can be considered. However, given the high likelihood of metastatic disease, palliative care is recommended.

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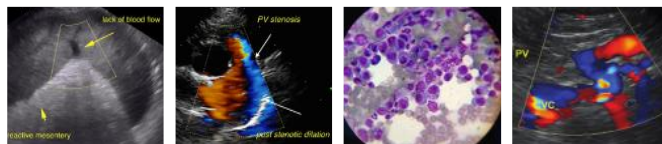
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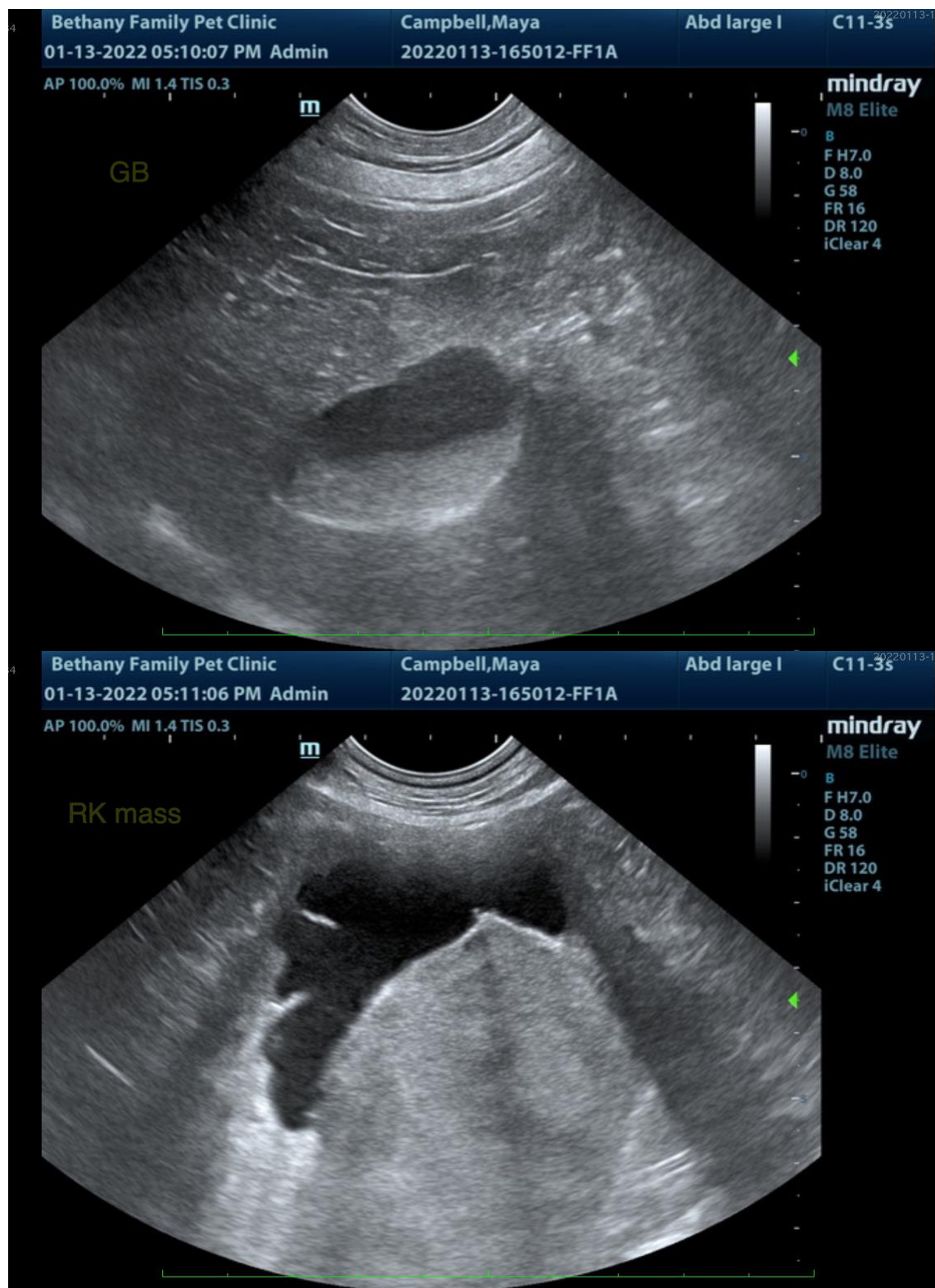
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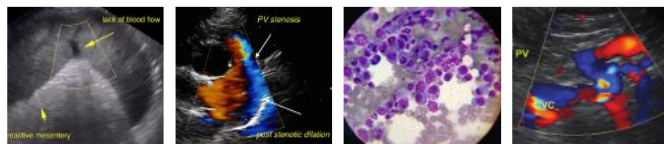
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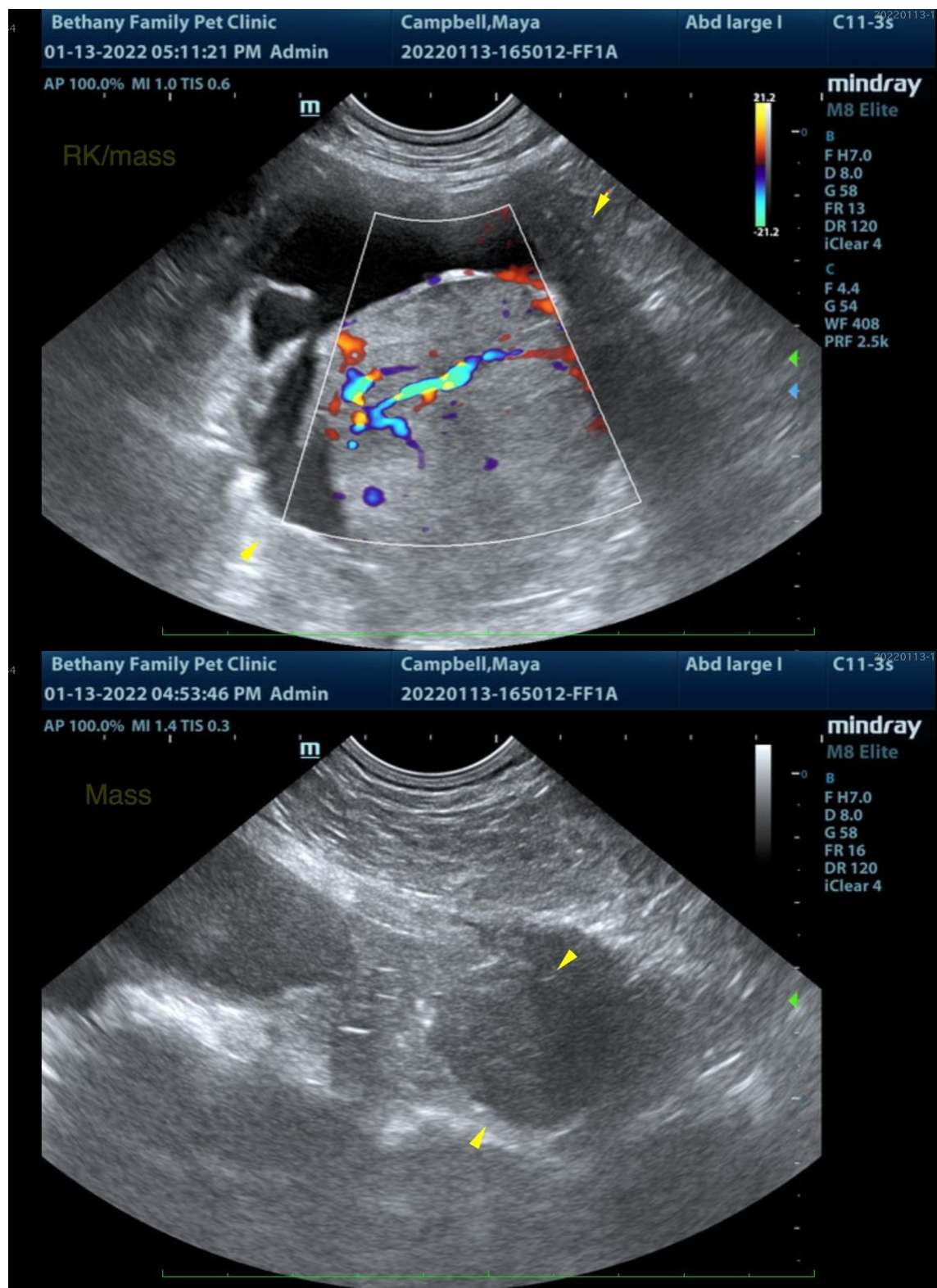
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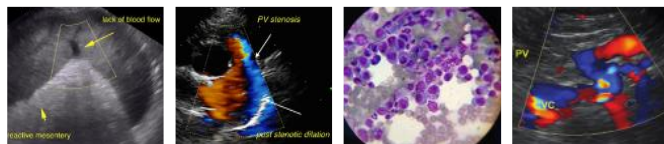
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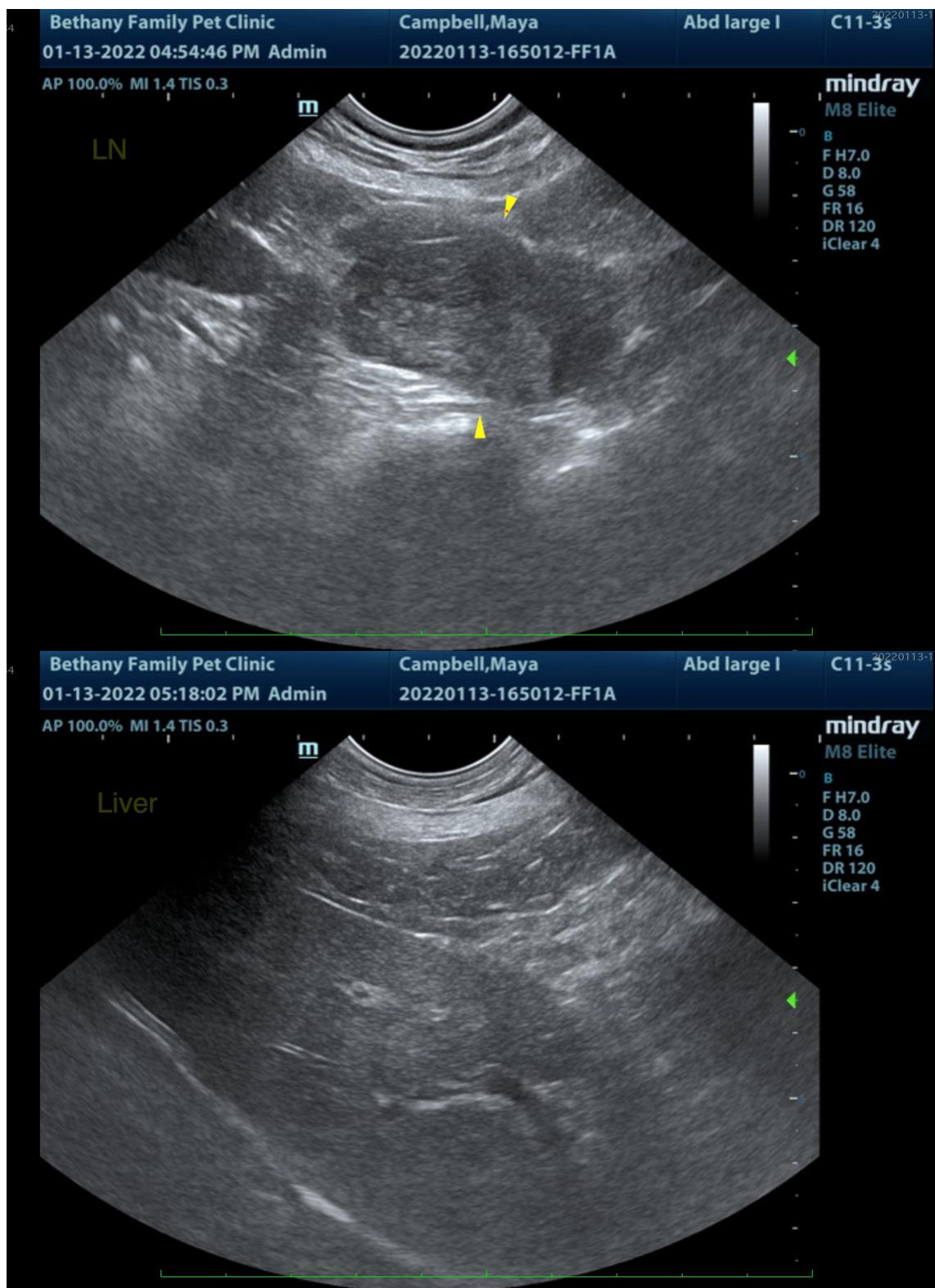
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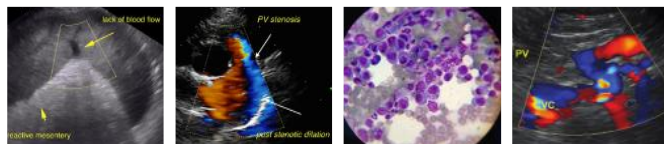
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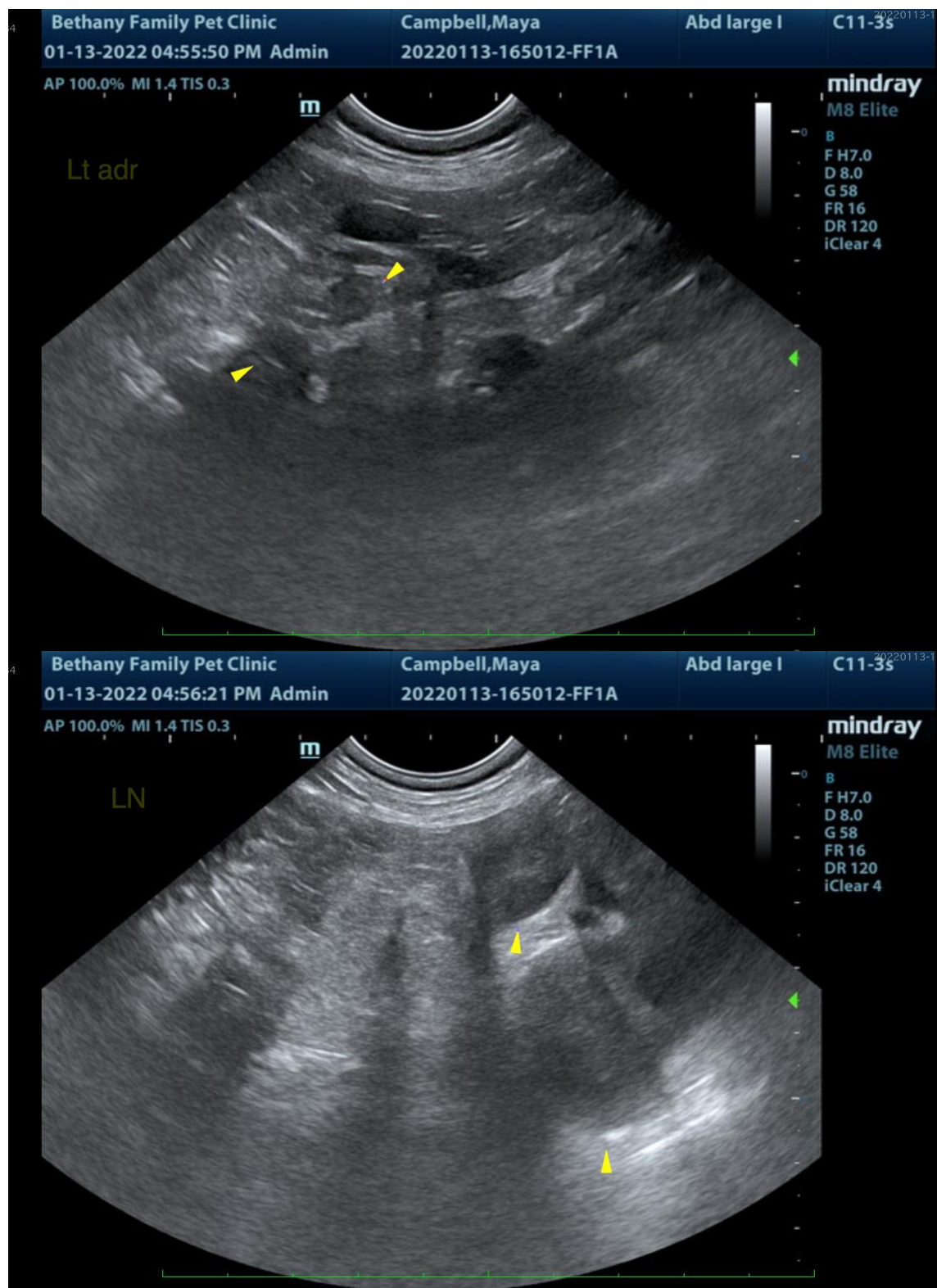
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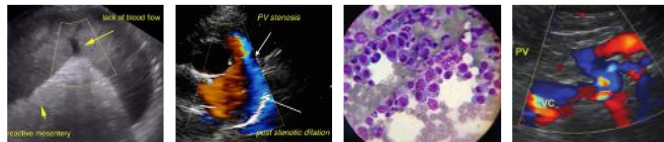
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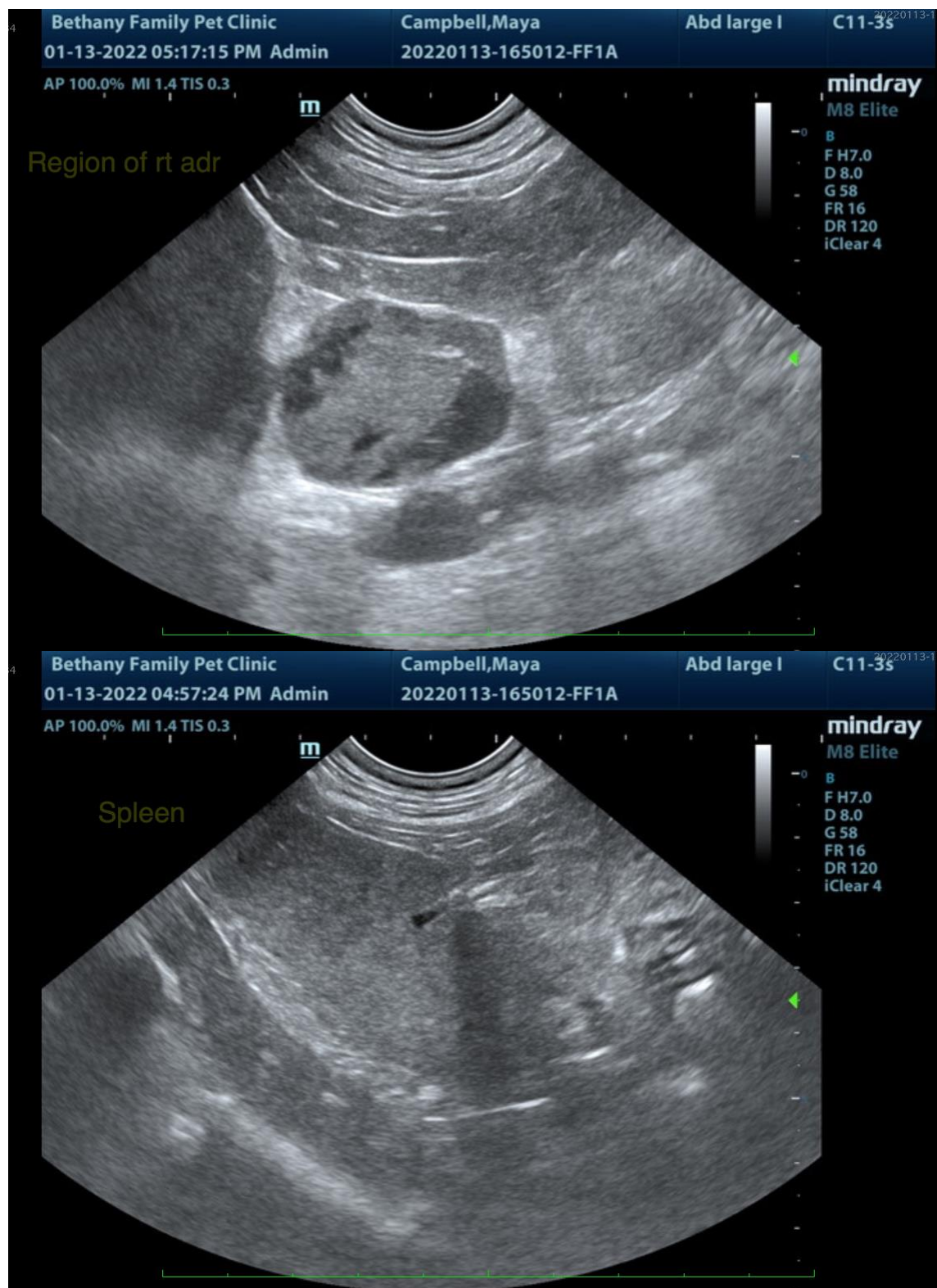
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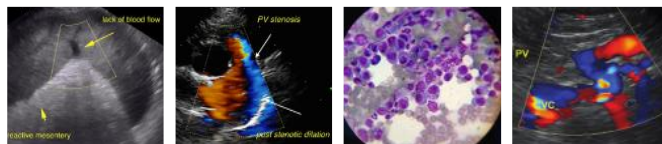
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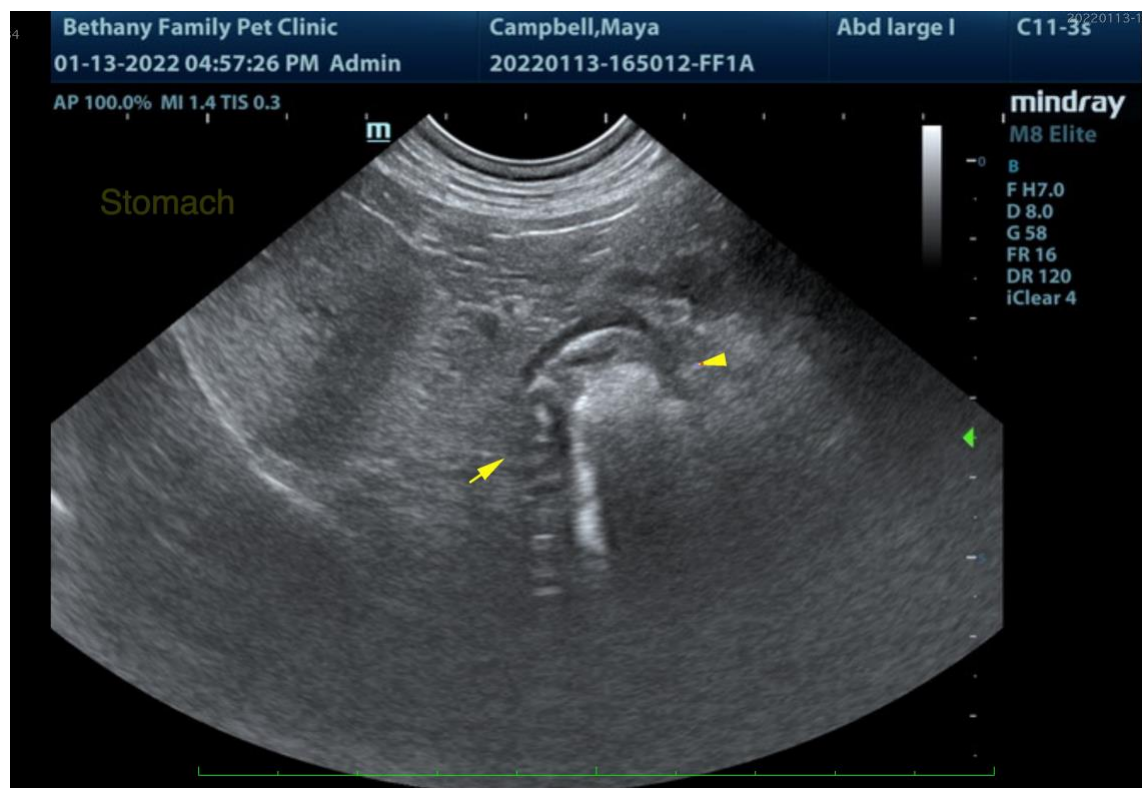
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com