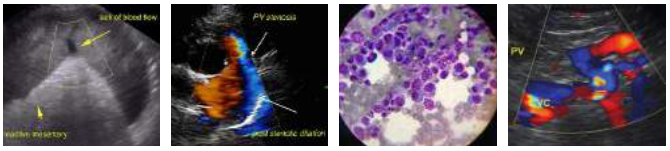
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Buck Waln

SPECIES
Canine

BREED
Springer Spaniel

SEX
Male Neutered

AGE
12 Years

WEIGHT
45 lbs.

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

IMAGING PERFORMED BY
Dr. Krell

HOSPITAL NAME
Paws and Prairie Animal Clinic

REFERRING VET
Dr. Hensel

INVOICE
11970kk

DATE
10/7/21

PRESENTING CLINICAL SIGNS

History: Buck began licking at his hind end recently, examination found an anal mass. FNA cytology confirmed Anal sac adenocarcinoma. Today we completed thoracic radiographs and AUS to screen for metastasis. Patient was treated for acute hepatitis spring of 2020, the condition has been stable/resolved since last summer. No other concerns or symptoms. The patient was sedated for today's procedure with Torb. and Domitor.

Abnormal PE/Chem/CBC/UA Results: Cytology: INTERPRETATION: Anal sac adenocarcinoma COMMENT: Although minimal criteria of malignancy are observed, anal gland adenocarcinoma lesions rarely exhibit strong criteria of malignancy. Thorough evaluation of caudal abdominal lymph nodes including sub-lumbar lymph nodes and medial iliac lymph nodes for evidence of metastasis is strongly recommended for staging as these tumors tend to metastasize early to regional lymph nodes. 50-90% of patients are hypercalcemic (paraneoplastic syndrome). Complete surgical excision with histopathologic evaluation is also recommended. If you have any further questions about the clinical course or treatment, please contact the University of Illinois VTH Cancer Care Clinic at (217)333-5300. Radiographs - cardiomegaly, no obvious masses detected in the pulmonary fields.

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 prostate is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

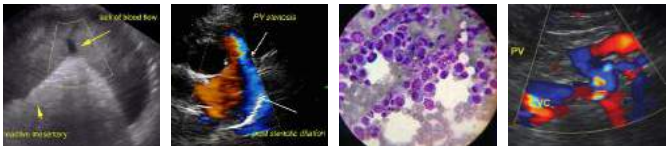
Adrenal Glands

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.73 cm at caudal pole) (1.69 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.

The right adrenal gland is mildly enlarged (0.90 cm at cranial pole) (0.87 cm at caudal pole) (2.11 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.

Spleen

The spleen is normal in size (2.36 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in



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the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. the portal vein to caudal vena cava ratio is approximately 1:1. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 disease is noted.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild, bilateral adrenomegaly. Otherwise, unremarkable geriatric abdomen.
- There is no obvious evidence of metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Surgical removal of the anal gland mass is recommended if the patient is otherwise metabolically healthy.

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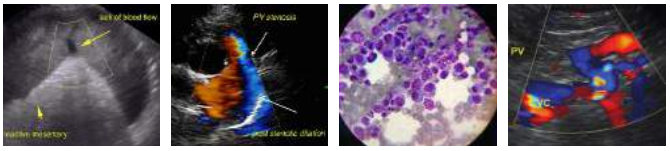

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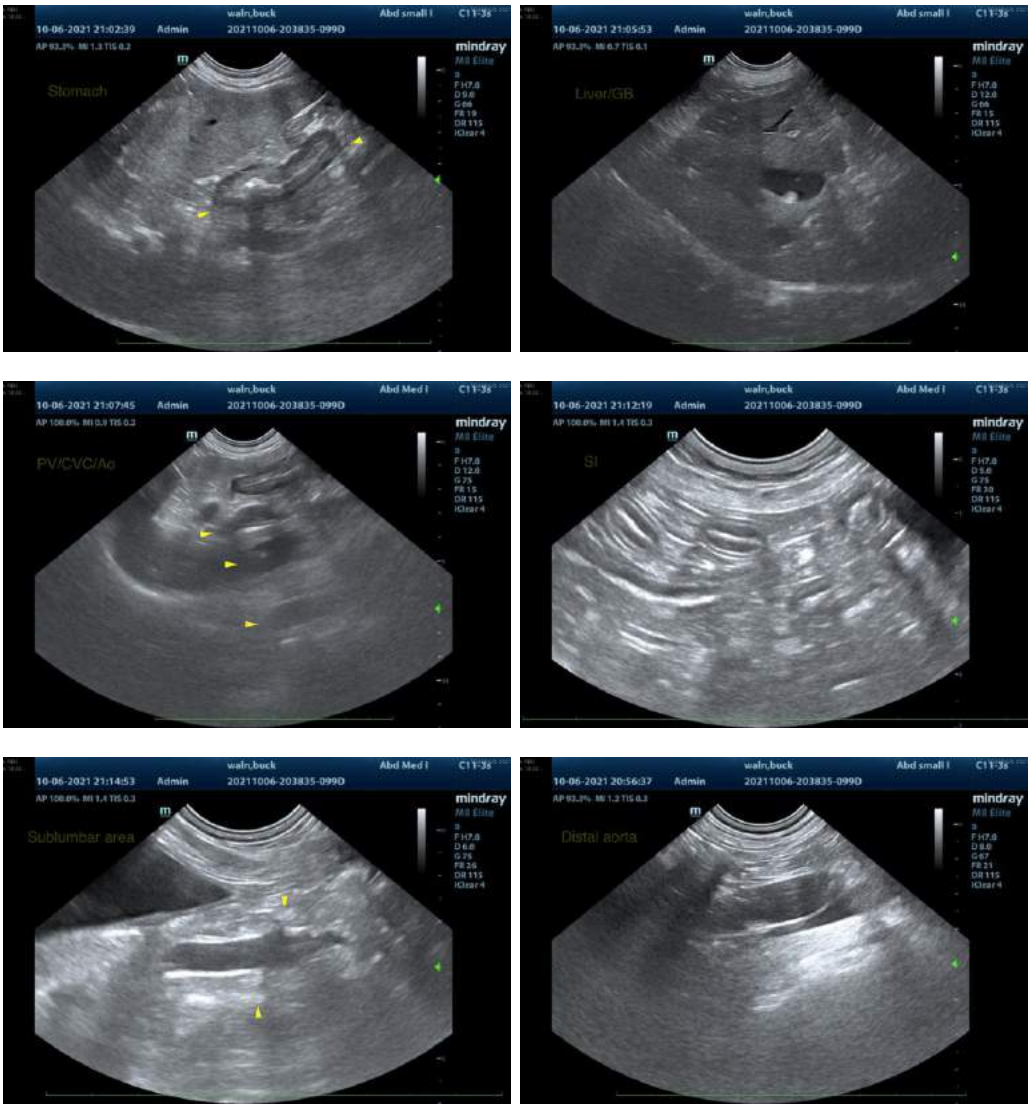

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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