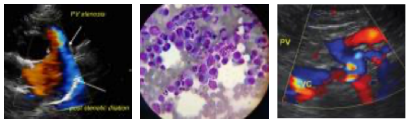
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

11.2.2022

PATIENT

Brady Morningstar

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

4/20/2014

WEIGHT

20.5lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Twardzik

INVOICE

11949

PRESENTING CLINICAL SIGNS

Firm nodule palpated in right anal gland on recent exam; previous thickening noted on palpation. Otherwise on exam: crepitus noted in both stifles, moderate dental tartar, 7 mm firm intradermal nodule on midline cranial to shoulders

Current Medications: Currently on Apoquel, Phycox chews. Received 100 mg trazodone PO for ultrasound.
Lab Results: No significant abnormalities noted on CBC/Chem/T4 in July
USG >1.050. No proteinuria. Inactive sediment.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface at the apex is irregular. A 0.15 cm cystic calculus is visualized. The region of the trigone and the visible portion of the proximal urethra are normal.

The **prostate** is normal in size (0.91 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 (4.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.71 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.40 cm at cranial pole) (0.52 cm at caudal pole) (1.89 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 borderline enlarged (0.53 cm at cranial pole) (0.59 cm at caudal pole) (2.08 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 (1.18 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 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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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
The left anal gland is empty/difficult to visualize. The right anal gland measures 1.61 x 0.58 cm and is irregular. Luminal contents are hypoechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular right anal gland. There is no obvious evidence of metastatic disease in the abdomen.

Secondary Findings

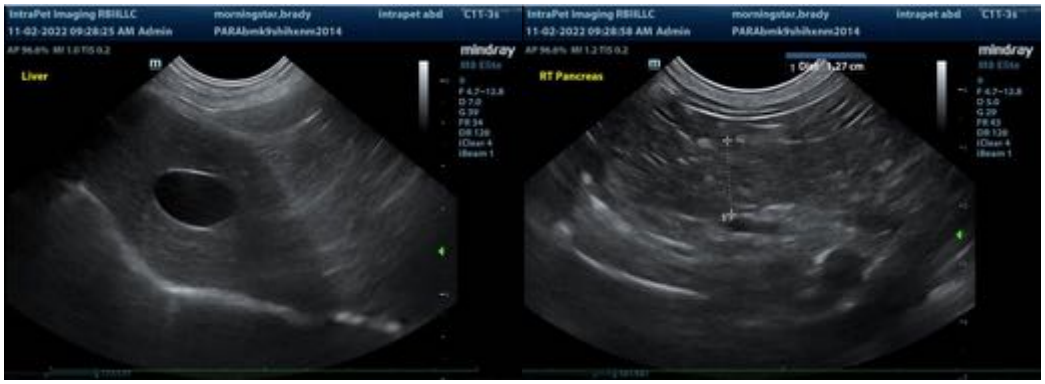
- Bilateral chronic, age-related renal changes with dystrophic mineralization
- Tiny cystic calculus
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to complete the metastatic disease check.

Repeat baseline lab work, including a CBC, chemistry panel, and T4 is recommended prior to anesthesia to reassess overall metabolic function.

Consultation with a board-certified oncologist is recommended if histopathology of the right anal gland reveals neoplasia.



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.

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