**DATE PRESENTING CLINICAL SIGNS**

12/17/21

History: Right anal sac removal Dec 3/ 2021. Anal Sac adenocarcinoma.
 Lab Results: WNL. Attached separately.

PATIENT

Edward Teaff

SDMA is 16. T4 normal. Questionable thrombocytopenia.
 Urine Specific Gravity 10 19 with 2+ proteinuria and red cells

SPECIES

Canine

Radiographs: Chest radiographs clear. No evidence of mets.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Cavalier King Charles

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Neutered Male

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.

AGE

11/9/09

The prostate is normal in size (0.68 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

19.1 Lbs.

The left kidney is normal in size (3.87 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.34 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.31 cm at cranial pole) (0.32 cm at caudal pole) (1.45 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is normal size (0.39 cm at cranial pole) (0.37 cm at caudal pole) (2.03 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.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is subjectively prominent in size (2.05 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Two small distinct hypoechoic nodules are observed, one measuring 0.65 cm, the other measuring 0.42 cm. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. McMichael

INVOICE

10056

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. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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 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.

Pancreas

The body/right limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is not overtly dilated. No distinct focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

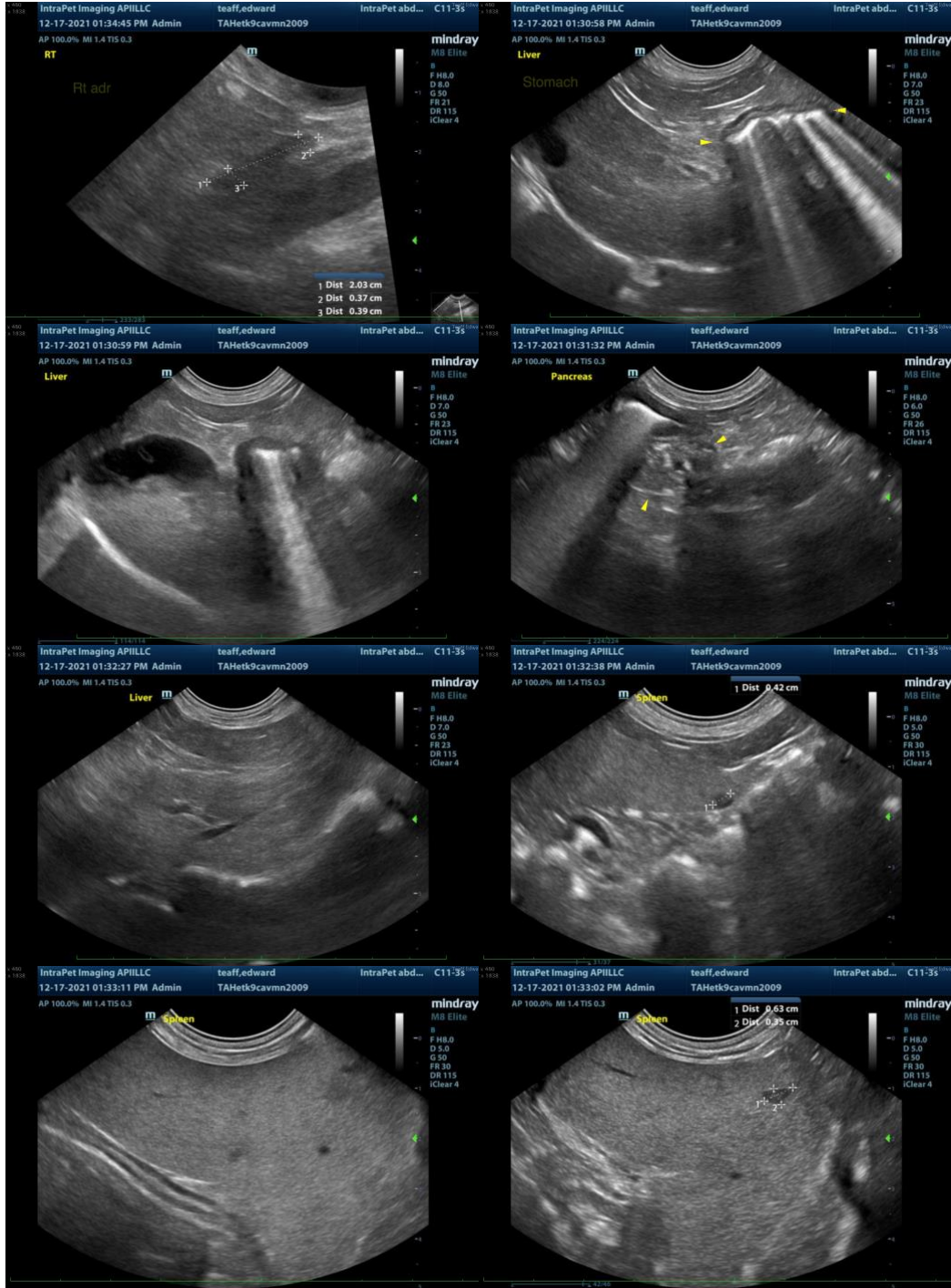
Findings

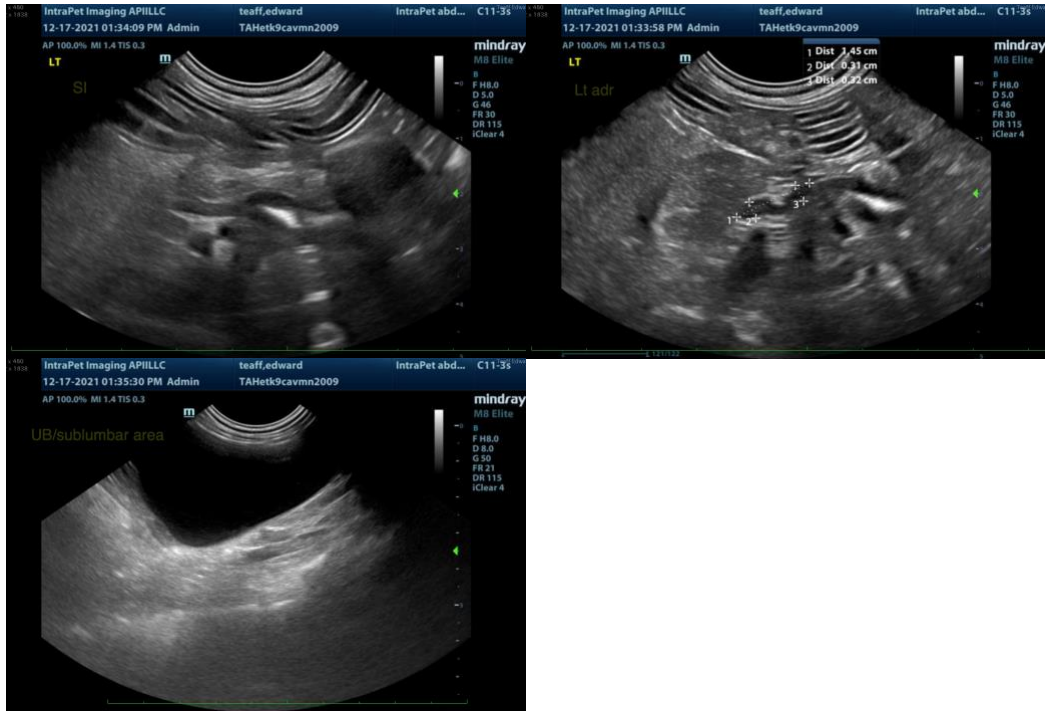
- Age-related hepatic and renal changes
- Age-related pancreatic remodeling +/- fibrosis. Low-grade inflammation may be present, particularly if the patient is uncomfortable with cranial abdominal palpation. Correlation with clinical findings is recommended.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*There is no obvious evidence of metastatic disease in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A splenic aspirate can be considered (if clotting status is appropriate) for peace of mind, although the parenchymal changes are likely benign in origin.
- For further recommendations regarding the anal sac adenocarcinoma, consultation with a board-certified oncologist is recommended.





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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