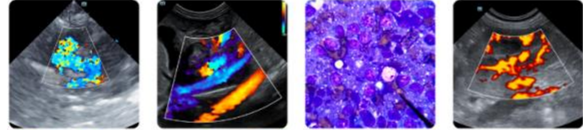
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Maggie Ellison

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

10/10/2013

WEIGHT

27.9 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Eliza Roland

INVOICE

22297

DATE

12-19-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Abdomen: Abdomen palpates very tensely/No pain, tenderness or masses on palpation. 8'oclock perianal adenoma (suspect); right sided anal gland mass - multilobulated, firm - suspect adenocarcinoma.

Abnormal lab-work values: Blood work was normal.
Current Medications: None:
Radiographic Findings: Chest radiographs done today. Results pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed throughout the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed throughout the cortex. At least one-to-two, small, cystic calculi are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 normal in size (0.83 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and 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 (1.06 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.48 cm hypoechoic nodule is observed at the mid-to caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 1.48 x 0.73 cm hypoechoic nodule is observed left- to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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/not seen.

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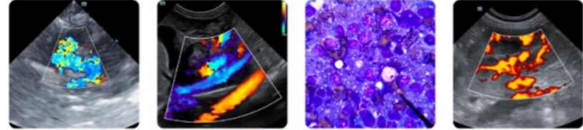

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Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are 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.

Lymph Nodes
A 1.26 x 0.34 cm medial iliac lymph node is visualized.

Free Abdomen
In the midabdominal region, a 1.61 x 0.77 cm focus of hyperechoic mesentery is visualized. There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent medial iliac lymph node is likely reactive, with a lower possibility of early metastatic disease.

Secondary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hypoechoic hepatic nodule trends toward the benign (i.e., regenerative nodule) with a lower possibility of an emerging tumor or other pathology.

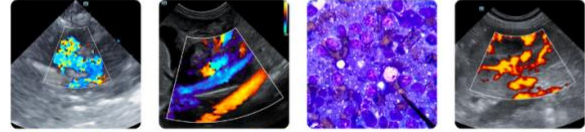
- The gallbladder changes are suggestive of a developing mucocele.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Mild bilateral age-related renal changes with subtle cortical dystrophic mineralization

- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

- Focal reactive mesentery in the midabdominal region, the significance of which is unclear.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on histopathology results from the anal gland mass, consultation with a board-certified oncologist may be indicated.
- Regarding the gallbladder changes, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., q 6-8 weeks) to assist for progression to a fully formed mucocele.

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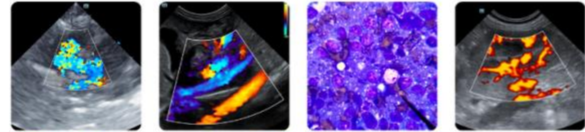

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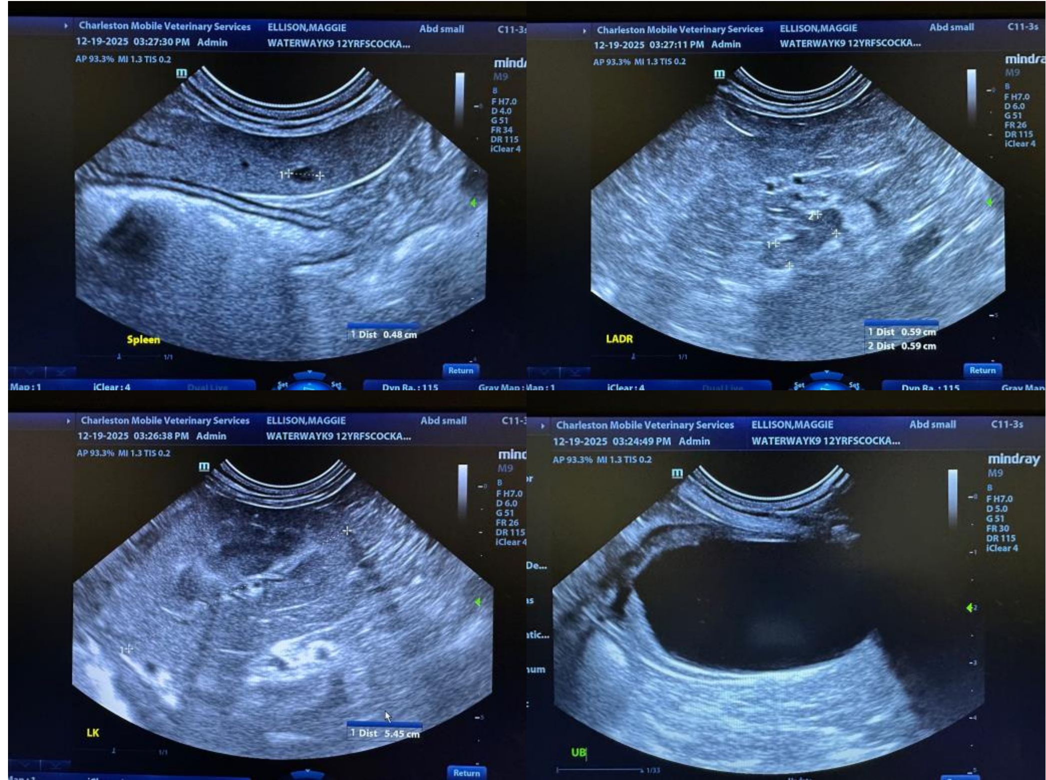

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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