**DATE PRESENTING CLINICAL SIGNS**

2/20/23

P has a hx of reoccurring anal gland sacculitis, bilateral. O considering anal gland saccullectomy. Want to make sure no abdominal mets or enlarged LNs.

PATIENT

Gus Quirk

Current Medications: None at this time.

Lab Results: NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Mini Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Male, neutered

The region of the prostate is obscured by the large mid to caudal abdominal mass. The gland is not definitively visualized.

AGE

9/7/2013

The left kidney is normal size (4.98 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

26 lbs.

The right kidney is normal size (5.19 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.54 cm at caudal pole) (1.58 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

Eastern AH

The right adrenal gland is normal size (0.38 cm at cranial pole) (0.45 cm at caudal pole) (1.83 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.

REFERRING VET

Dr. Bottaro

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.08 cm hypoechoic nodule is suspected, approximately mid spleen. Splenic vasculature is normal.

INVOICE

14604

Liver

The liver is normal to subjectively small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular 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 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 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

Trace free fluid is observed.

Lymph Nodes

See *Other*.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

In the mid to caudal abdomen, a >16 cm heterogeneous cavitated mass is visualized. The mass causes displacement of the internal organs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

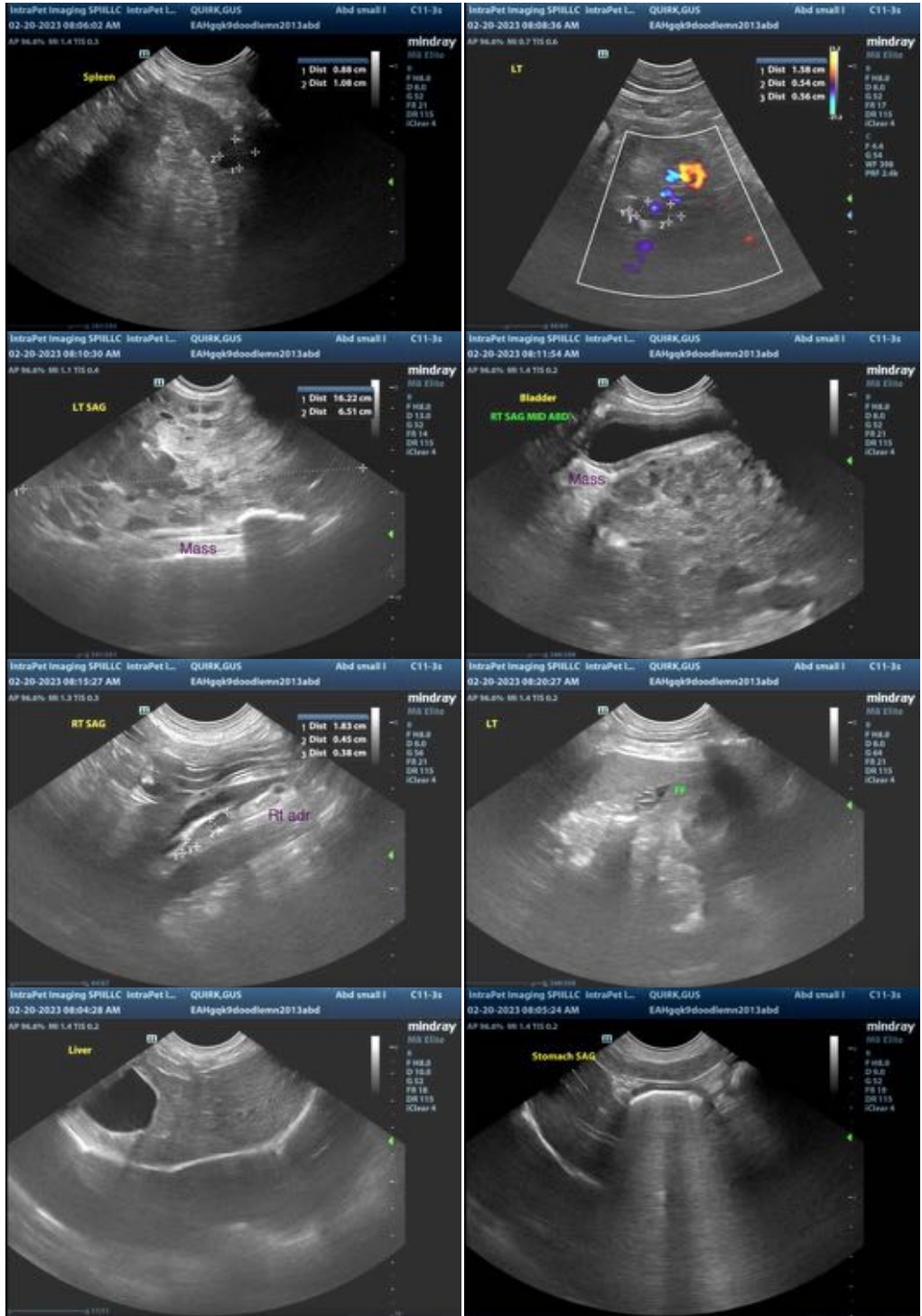
- Large mid to caudal abdominal cavitated mass, the origin of which is unclear. It may be arising from mesentery, lymph node, prostate, other. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, other) is suspected.
- The trace ascites is likely secondary to the presence of the mass.

Secondary Findings:

- Minor age-related renal and pancreatic changes.
- Questionable microhepatica.
- Questionable splenic nodule. This lesion was apparent on some video clips but not others. It may represent a true nodule or an imaging artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and mass removal or debulking is desired, consider referral to a board certified surgeon. An abdominal/pelvic CT scan would be useful in pre-surgical planning.



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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