

**DATE PRESENTING CLINICAL SIGNS**

3.1.23 Follow-up ultrasound following anal sacculotomy for anal gland adenocarcinoma on 11/29/22. Patient has been doing well, aside from recent hematuria. No abnormalities noted on exam in January.

PATIENT

Brady Morningstar

Current Medications: Fish oil, started in January, Flea and tick preventatives

Lab Results: Histopathology of anal gland mass: adenocarcinoma

Date of Previous IntraPet Ultrasound: 11/2/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Shih Tzu Mix

Urinary System

The bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Two to three small cystic calculi are observed (the largest measuring 0.37 cm in diameter). A focus of mineralization is observed within the proximal/prostatic urethra. The urethra, however, is not overtly dilated. The region of the trigone is normal.

SEX

Neutered Male

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

4/20/2014

The left kidney is normal in size (4.72 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

20lbs

The right kidney is normal in size (4.87 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.49 cm at caudal pole) (1.82 cm in length) 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.

HOSPITAL NAME

Paradise AH

The right adrenal gland is in normal size (0.66 cm at cranial pole) (0.53 cm at caudal pole) (2.02 cm in length) with a normal curvilinear peripheral contour. The parenchyma is mildly heterogenous with ill-defined hyperechoic areas. There is some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Twardzik

INVOICE

12302

Spleen

The spleen is normal in size (0.71 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 right limb of the liver is normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are

observed. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. 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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

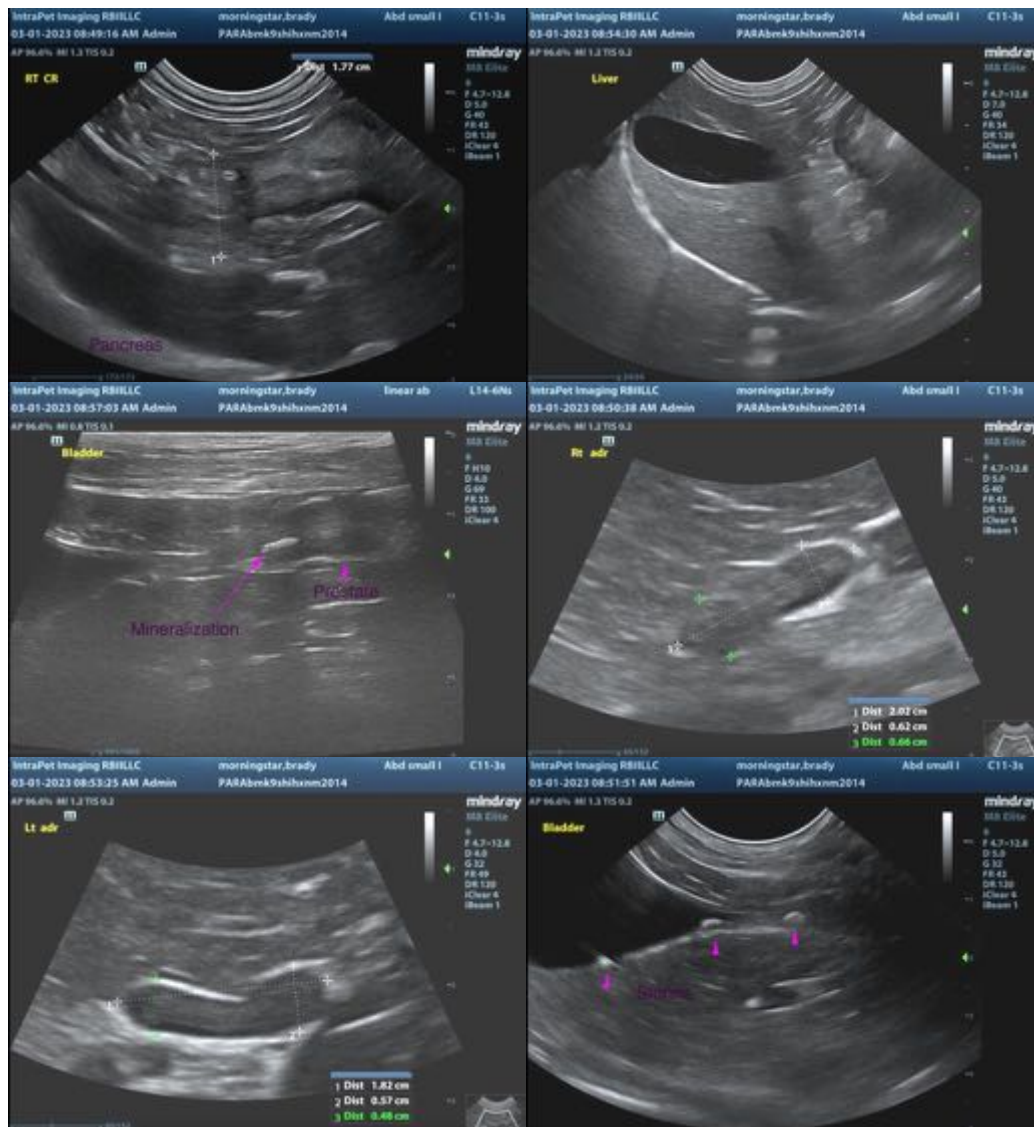
- Cystic calculi with mineralization in the proximal/prostatic urethra

Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization
- The right adrenal changes are most consistent with hyperplastic change with a lower possibility of emerging neoplasia.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar), However, correlation with the patient's liver values is recommended.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.



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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