

**DATE PRESENTING CLINICAL SIGNS**

3/28/2022

History: Pet was diagnosed with an anal sac tumor. Pet is scheduled for removal on April 4<sup>th</sup> and this is an abdominal met check. Has already had chest rads which did not show evidence of mets at the time of rad.

**PATIENT**

Max Felice

Current Medications: Denamarin SID for > 1 year.  
 Lab Results: Chronic and recurrent ALT elevation.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, RDMS.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

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**

6/12/2012

The prostate is not definitively visualized due to its pelvic location.

**WEIGHT**

96.6 lbs

The left kidney presented normal size (8.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**INTERPRETED BY**

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

The right kidney presented normal size (8.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**HOSPITAL NAME**

Rolling Hills Animal  
 Hospital

**Adrenal Glands**

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.80 cm at caudal pole) (2.41 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. Sutton

The right adrenal gland is normal size (0.78 cm at cranial pole) (0.76 cm at caudal pole) (3.13 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****INVOICE**

10615

The spleen is normal in size (2.27 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 slightly mottled in appearance. No distinct 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.

### ***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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. At least one enlarged, irregular to rounded, hypoechoic sublumbar lymph node (4.81 x 2.70 cm) is observed. The node contains cystic areas. Surrounding mesentery is hyperechoic. In addition, a 4.12 x 1.65 cm portal lymph node is seen.

### ***Other***

A 7.09 x 6.54 cm irregular heterogenous rectal mass is observed.

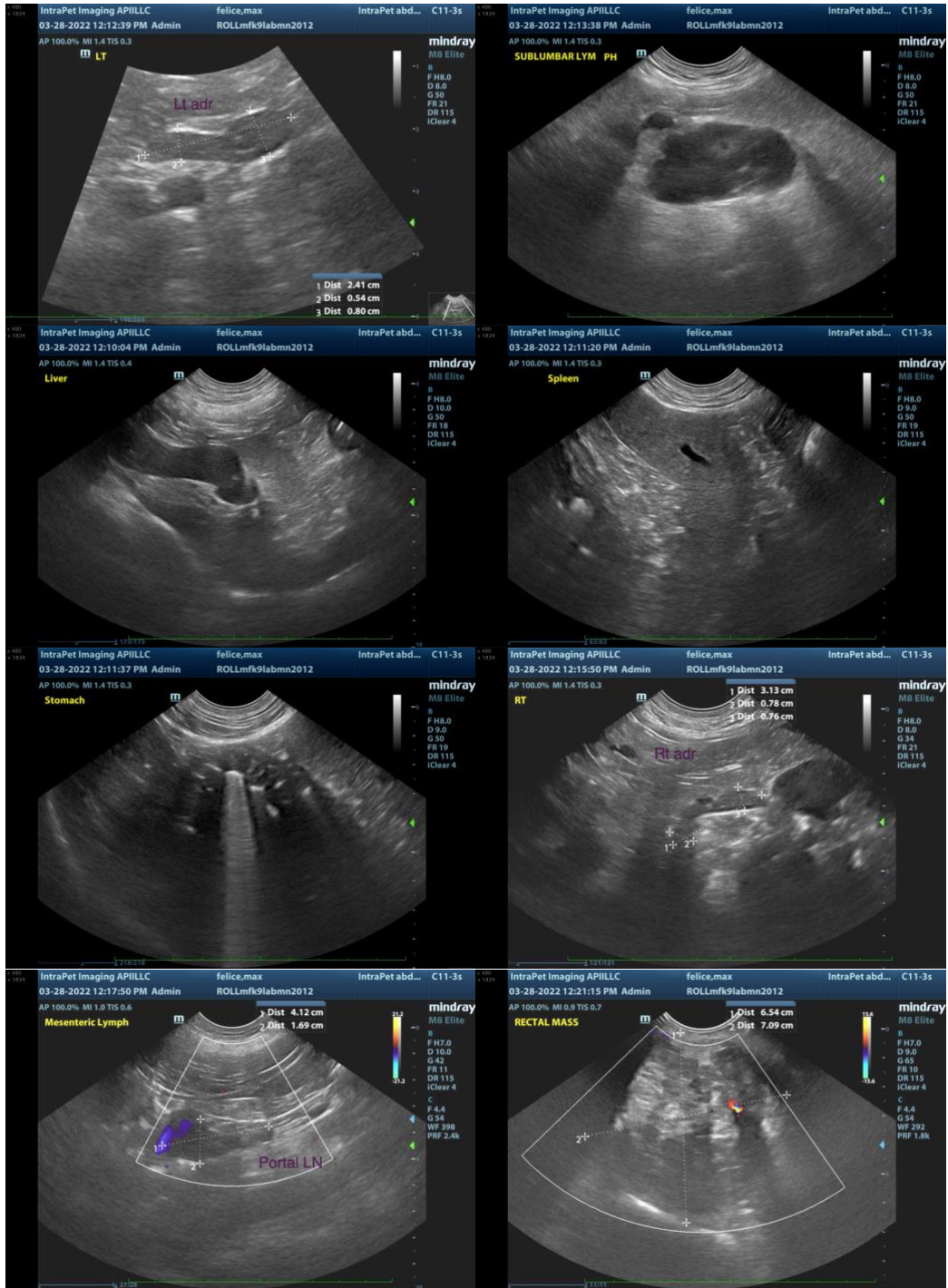
## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The sublumbar lymphadenopathy is most concerning for metastatic disease from the anal sac tumor. However, lymphadenitis or lymphoid hyperplasia cannot be completely excluded. The portal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or metastatic disease as well.
- Rectal/anal sac mass
- The hepatic parenchymal changes could be consistent with an inflammatory hepatopathy (i.e., chronic active hepatitis, bacterial cholangiohepatitis), copper hepatotoxicosis, metastatic disease, reactive hepatopathy, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine-needle aspirate of the enlarged sublumbar lymph node is recommended. Based on these results, consultations with a board-certified oncologist and surgeon are recommended for further treatment options.



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**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com