



PATIENT

Pig Carroll

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pug

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: ~ anal gland mass~ Relevant Medical History and Physical Exam findings: ~ abdominal u/s to eval for LN enlargement, evidence of metastasis prior to surgery~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ bw pending alb slightly low 6/2021 cbc normal hw neg t4 1.0~ Current medications (include full name, dosage and frequency): ~ vetprofen 25 mg 1/2 t po bid prn osteoarthritis optimimmune ou bid for chronic KCS Relevant Radiograph Findings(email radiographs if available): ~ chest rads pending~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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 mostly 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

13 years, 3 mos

The left kidney is normal size (3.81 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

18 lbs

The right kidney is normal size (4.49 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is enlarged (1.15 cm at cranial pole) (1.47 cm at caudal pole) (1.93 cm in length); with an irregular shape. A 1.62 x 1.03 cm lobulated hyperechoic to slightly heterogenous nodule occupies the cranial and a portion of the caudal pole. The lesion causes capsular expansion. There is obvious evidence of vascular invasion.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is enlarged (2.05 cm at cranial pole) (0.70 cm at caudal pole) (3.08 cm in length); with an irregular shape. A 2.98 x 1.99 cm irregular hyperechoic nodule/mass is occupying thickened majority of the gland, particularly at the cranial aspect. The lesion causes capsular expansion.

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MountainView AH

Spleen

The spleen is enlarged with an irregular shape. A >7 cm irregular heterogenous mass is arising from the parenchyma. In the remainder of the spleen, the margins are curvilinear. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Bridget Landon

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. One small, ill-defined hypoechoic nodule/area is observed, measuring 0.73 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder is moderately distended. The wall is normal in thickness. At least one small polypoid-



PATIENT

Pig Carroll like lesion is arising from the luminal surface. A scant amount of echogenic debris is adhered to the mucosa. The cystic and common bile ducts are normal/not seen.

SPECIES *Gastrointestinal*

Canine 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.

BREED

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Pancreas

SEX

Spayed Female

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic 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.

AGE

13 years, 3 mos

Free Abdomen

There is no evidence of free fluid. A 0.43 cm lymph node is observed at the aortic trifurcation.

WEIGHT

18 lbs

Other

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

ULTRASONOGRAPHIC FINDINGS

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Animal Internal Medicine*)

Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor), is suspected, with a lower possibility of benign pathology.
- The visible caudal abdominal lymph node is likely reactive.

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Secondary Findings

- Bilateral adrenomegaly with nodules. These changes can be consistent with nodular hyperplasia in both glands. Alternatively, tumors (adenoma, adenocarcinoma, pheochromocytoma), are possible in one or both glands.
- Bilateral degenerative renal changes. The small hypoechoic hepatic nodule is likely benign (i.e., regenerative nodule), with a lower possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related remodeling +/- concurrent low-grade pancreatitis. Correlation with clinical findings is recommended.

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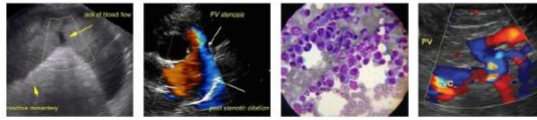
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the splenic mass is solid in nature, consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology is recommended, as long as there



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is no evidence of pulmonary metastatic disease. Liver biopsies should also be obtained at the time of surgery to assess for micro metastases. Also consider removal of the anal gland mass at the time of surgery. If surgery is pursued, consider referral to a board-certified surgeon due to the potential for perioperative complications.

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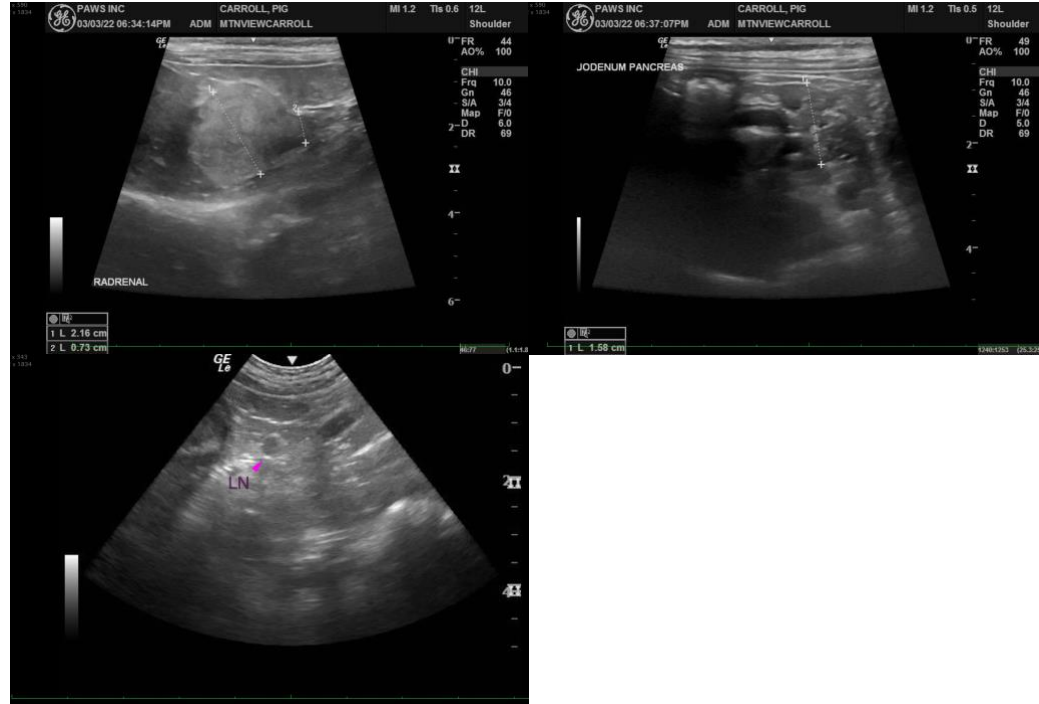
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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