

**DATE**

8/9/21

PRESENTING CLINICAL SIGNS

History: Recently noted anal sac mass and perianal mass. Pre-surgical screening.
Current Medications: Galliprant 60mg SID-3 days duration.
Lab Results: Lab work performed 7/28/21—WNL.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation declined by owner.
Stat Report: STAT report not requested by the veterinarian.

PATIENT

Bo Fones

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered male

AGE

2/1/09

WEIGHT

62 lbs

INTERPRETED BY

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

HOSPITAL NAME

Stay Pet Veterinary

REFERRING VET

Dr. Klimovitz

INVOICE

91057

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is enlarged in size (2.73 x 2.66 cm) with normal shape and smooth peripheral contours. The parenchyma is heterogenous with ill-defined, hypoechoic to mineralized foci. The prostatic urethra is not overtly dilated. The surrounding mesentery is hyperechoic.

The left kidney is normal in size (5.77 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney was not evaluated due to the patient's discomfort.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology was observed.

The right adrenal gland was not evaluated due to the patient's discomfort.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 2.55 cm in width at the level of the hilus.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. A 2.08 cm, hypoechoic area/nodule is observed at the mid-liver at the caudal aspect. The hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gallbladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity dependent, echogenic to mineralized debris is observed within the lumen. 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 mildly distended with ingesta. 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 left limb of the pancreas is evaluated. No obvious pathology is observed in this region. The region of the right limb could not be evaluated due to the patient's discomfort.

Free Abdomen

A 1.35 x 1.09 cm round, hypoechoic to slightly heterogenous sublumbar lymph node is visualized. The surrounding mesentery is hyperechoic. There is no evidence of free fluid.

Other

An 8.78 cm, irregular, heterogenous, cavitated mass is observed within the rectum.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

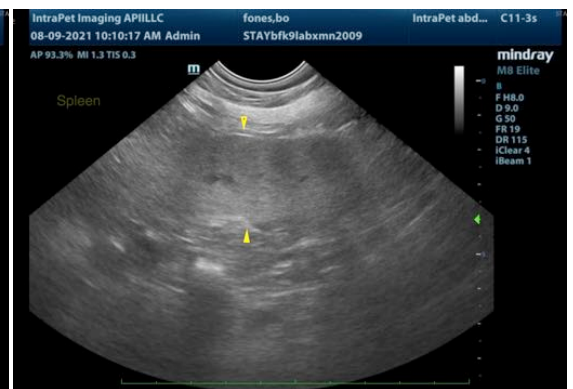
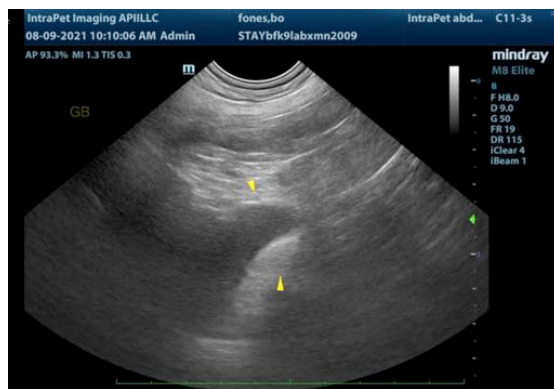
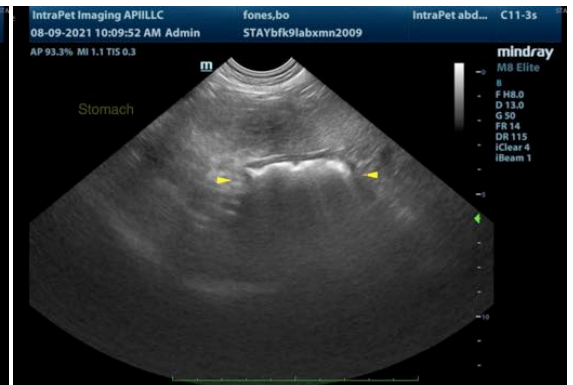
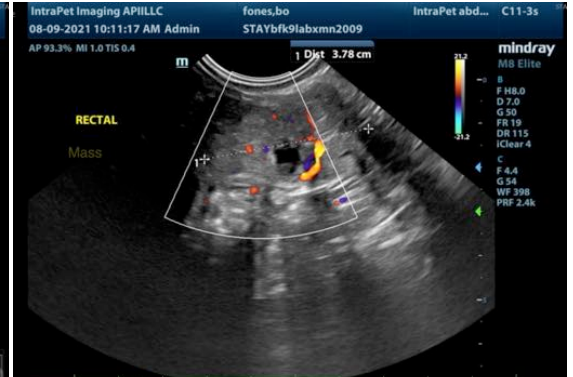
- Rectal mass. Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology.
- The prostate changes are concerning for infiltrative neoplasia (i.e., adenocarcinoma, transitional cell carcinoma). Caudal retroperitonitis is present likely secondary to prostatic pathology.
- The enlarged sublumbar lymph node may be secondary to neoplastic infiltration, lymphoid hyperplasia or reactive lymphadenitis.

SECONDARY FINDINGS:

- The hepatic parenchymal changes including the hypoechoic nodule/area is non-specific and may be secondary to benign age-related pathology or infiltrative neoplasia. Inflammatory disease or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Urine BRAF test can be considered to assess for prostatic neoplasia.
- If an aggressive approach is desired an abdominal/pelvic CT scan can be considered to assess surgical resectability of the rectal mass. However, given the prostate and rectal pathology, the prognosis for this patient is considered guarded.



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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