

**DATE PRESENTING CLINICAL SIGNS**

9/23/21

History: presented on 9/13 for discomfort near hind end- hx of anal gland issues. Cytology of the left anal sac reveals changes consistent with apocrine gland adenocarcinoma.

**PATIENT**

Brewsky Hargett

Current Medications: Carprofen 100mg 1/2 tab po q12hr #7; Enrofloxacin 68mg 1 tab PO q24hr #7.

Lab Results: Not provided by the veterinarian.

**SPECIES**

Canine

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**BREED**

Pitbull Mix

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SEX**

Male Neutered

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

12/2/08

**Urinary System**

The urinary bladder is not visualized in its entirety. In the visualized portion, the lumen appears moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are seen.

**WEIGHT**

66.4 lbs.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.97 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.98 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 hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Everhart Veterinary  
 Center

**Adrenal Glands**

The left adrenal gland is mildly enlarged with a prominent caudal pole (0.97 cm at cranial pole) (1.07 cm at caudal pole) (3.86 cm in length). The glandular echogenicity and detail are normal. A 0.58 cm cystic lesion is observed at the caudal aspect. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

The right adrenal gland is normal size (0.83 cm at cranial pole) (0.60 cm at caudal pole) (3.23 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.

**INVOICE**

11885kk

**Spleen**

The spleen is normal in size (1.84 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. 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 hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. A small 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 gas-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 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*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One sublumbar lymph node is prominent and elongated (2.33 x 0.50 cm) with normal curvilinear peripheral contours and homogeneous parenchyma.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

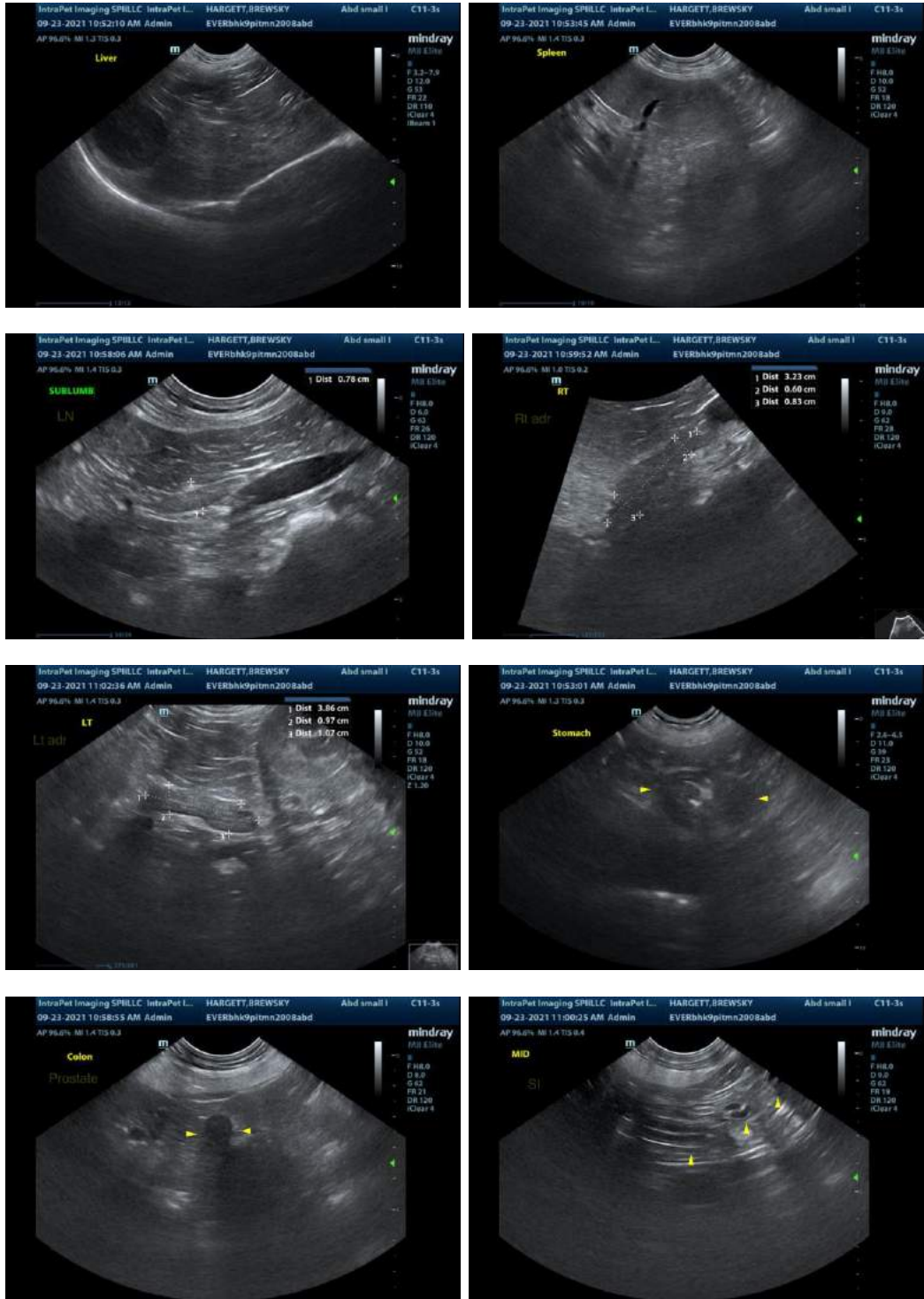
- The prominent sublumbar lymph node is most likely reactive with a lower possibility of infiltrative neoplasia.

### **Secondary Findings:**

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Mild left adrenomegaly.

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

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, a left anal sacculotomy should be considered. Baseline lab work is recommended to assess overall metabolic function prior to anesthesia.



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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