
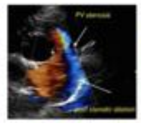
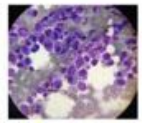
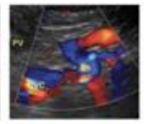

PATIENT

Buddy Miller

SPECIES

Canine

BREED

Golden Retr

SEX

Neutered Male

AGE

11.5.2008

WEIGHT

33.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

BluePearl Specialist

REFERRING VET

Kristen Walter

INVOICE

11580

DATE

9.3.2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Anal sac adenocarcinoma. Has had enlarged caudal abdominal lyns and has been receiving chemotherapy. Presented at emergency clinic 9/3/22 extremely lethargic. Not ambulatory.

Mentation – QAR, recumbent   Hydration: euhydrated   Oral/Digestive: Appropriate dentition. No signs of periodontal disease. No significant gingivitis. Pink and moist oral mucus membranes. Normal CRT. No masses observed.   Ophthalmic: Both eyes clear with no obvious ocular discharge or gross lesions.   Otic: Ears clean and clear AU. No inflammation or abnormal exudate noted. No abnormal odor.   Upper respiratory: No nasal discharge. Upper airway auscultated clearly with no abnormalities heard.   Cardiovascular: No obvious arrhythmias or murmurs heard on auscultation. Femoral pulses strong and synchronous. Heart difficult to auscult.   Lower respiratory: Normal bronchovesicular sounds bilaterally in all 4 quadrants. Normal respiratory effort and rate. No crackles or wheezes. Neurological: Mentation was QAR, but recumbent. No head tilt, circling or ataxia noted. No CP deficits. PLR and menace responses intact OU. Other cranial nerves appear intact.Musculoskeletal: Non-Ambulatory x4. Symmetrical musculature with no muscle atrophy. No pain or weakness noted. Integument: Clean coat, no obvious skin lesions, or abrasions. No ectoparasites found.   Lymphatic: No noticeable enlargement of peripheral lymph nodes. LNs all palpate soft, smooth, and symmetrical. Abdominal Palpation: No evidence of pain on palpation. No palpable masses or organomegaly. Urogenital/Rectal: Grossly normal external genitalia.

Abnormal lab-work values: WBC 46000, NEU 37000, MONO 4000
Current Medications: Dasaquin, Carprofen, Gabapentin - last given yesterday morning.
Radiographic Findings

Thoracic radiographs showed no evidence of pulmonary metastasis. vasculature and cardia looked normal, pulmonary spaces looked normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed. A Foley catheter is observed within the lumen. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (7.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.61 cm at cranial pole) (0.77 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.

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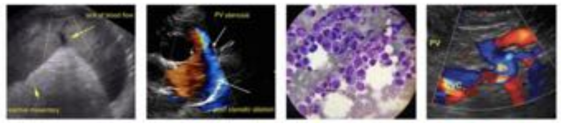

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The **right adrenal gland** is normal size (1.25 cm at cranial pole) (0.90 cm at caudal pole) (3.37 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The **spleen** is subjectively normal in size (2.57 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance. A 1.00 cm hypoechoic nodule is observed near the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
The **liver** is subjectively normal in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled and heterogenous in appearance. A 4.86 x 4.44 cm isoechoic to mildly heterogenous swelling/mass is observed on the left side at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thickened (4.00 cm) with a “double-walled” effect. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The **gastric lumen** is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

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 **mesentery** throughout the organ is hyperechoic. A small amount of free fluid is present. Several severely enlarged, rounded, coalescing, heterogenous, caudal abdominal **lymph nodes** (sublumbar medial iliac) are visualized, the largest measuring 7.61 cm in its longest dimension. Surrounding mesentery is hyperechoic.

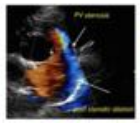
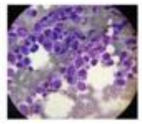
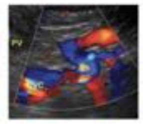
Other
A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe caudal abdominal lymphadenopathy consistent with metastatic anal gland adenocarcinoma. The nodes are substantially larger compared to the previous sonogram. Peritonitis is present, likely secondary to lymph nodes pathology.

- Questionable hepatic mass. Differentials include neoplasia (i.e., primary tumor, metastatic disease) versus regenerative nodular hyperplasia versus inflammatory disease versus other. The diffuse hepatic parenchymal changes are nonspecific and trend toward the benign (i.e., age-related nodular hyperplasia or remodeling). Changes are similar to the previous sonogram.

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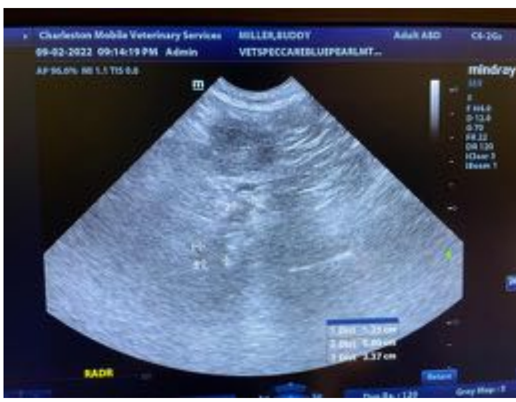
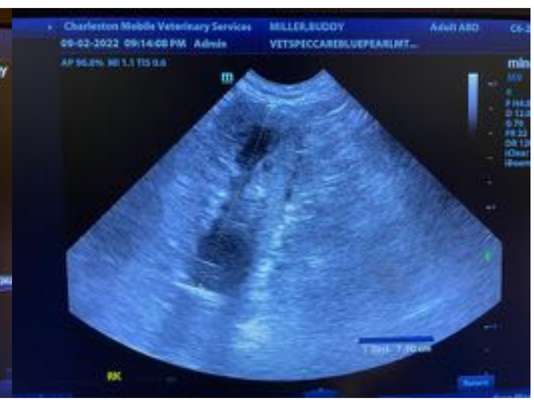
Secondary Findings

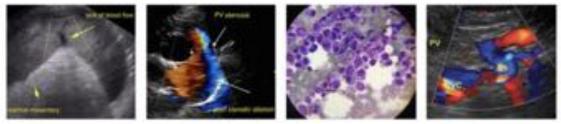
- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia. Changes are similar to the previous sonogram.
- Bilateral degenerative renal changes
- The gall bladder wall changes could be consistent with cholecystitis, low oncotic pressure, increased hydrostatic pressure, anaphylaxis (less likely), autoimmune disease (less likely), other. The gall bladder sludge may be secondary to cholestasis, fasting, or a developing mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consultation with the patient's overseeing oncologist is recommended for further diagnostic and treatment options. In the meantime, symptomatic care is recommended.







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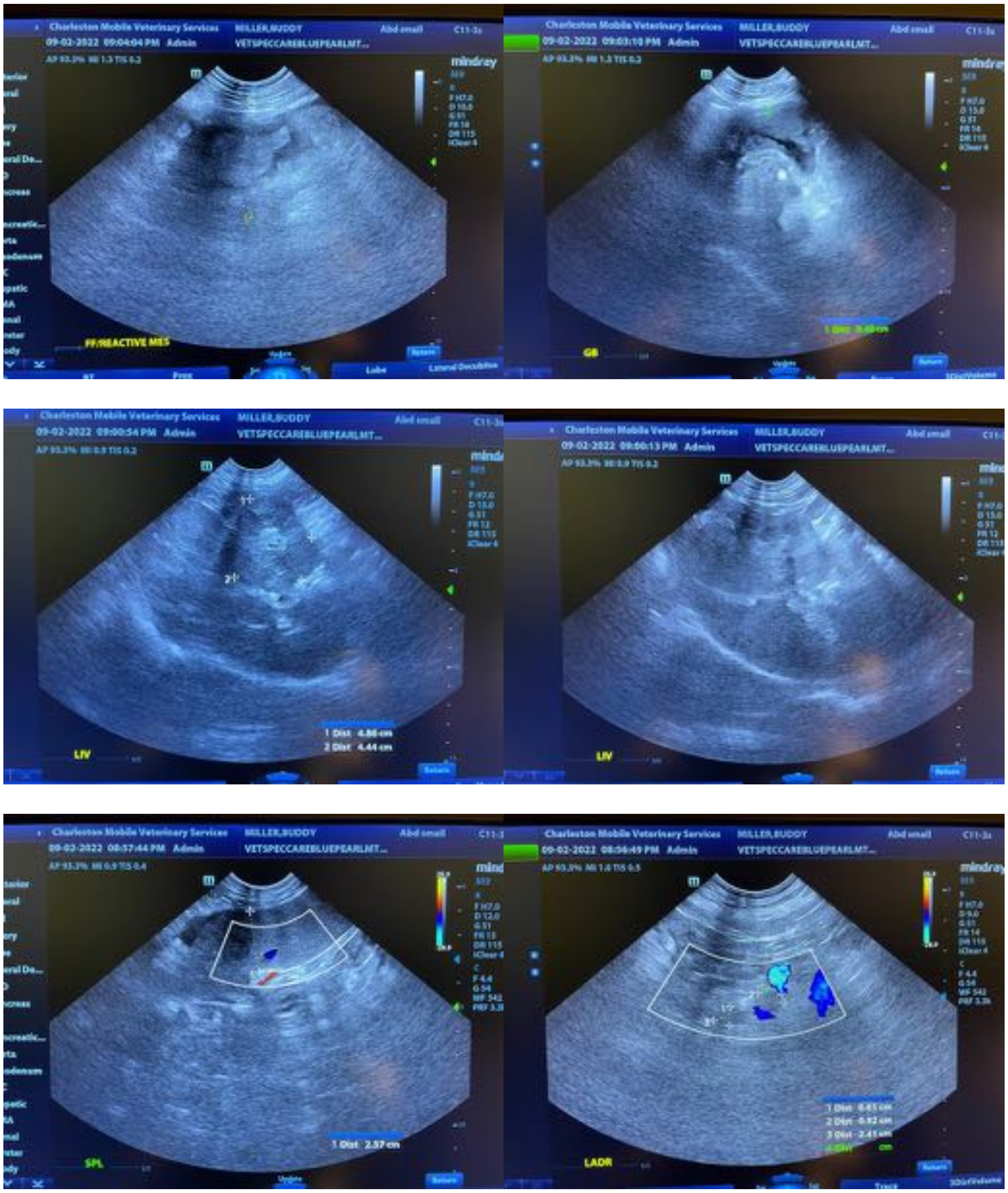

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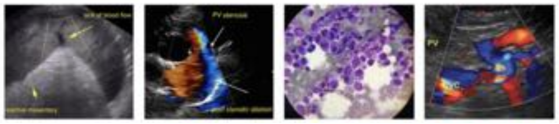

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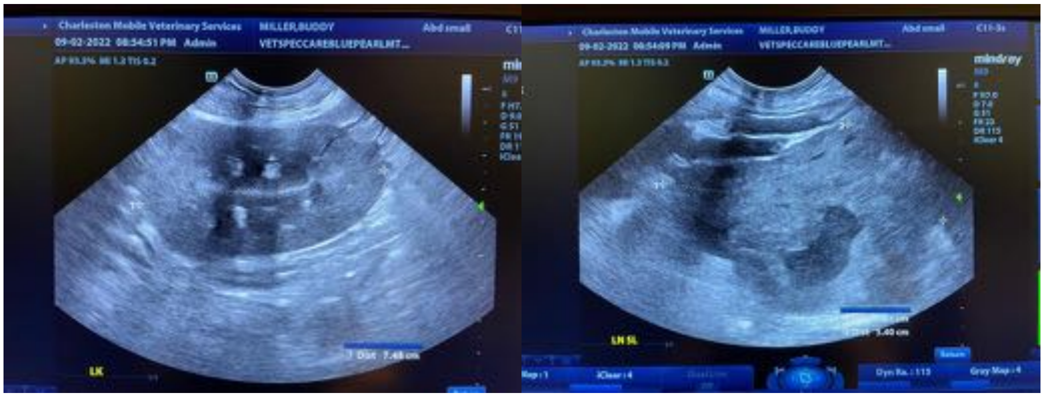

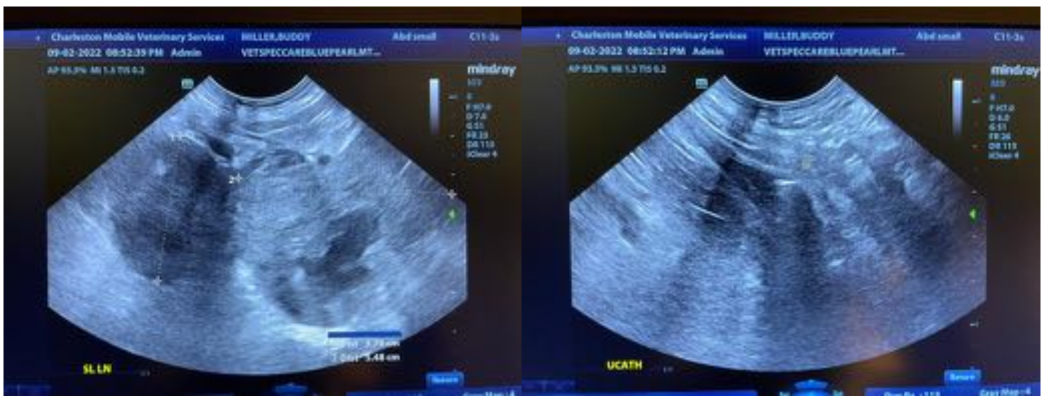

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com