



**PATIENT**

Colby Udoff

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

22.3 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

20324

**DATE**

1/2/23

**PRESENTING CLINICAL SIGNS**

History: Evaluate abd-sublumbar L nodes. Bx Apocrine gland anal sac adenocarcinoma, rads pending. No current meds.

Abnormal PE/Chem/CBC/UA Results: 12/22/22 Normal incl. Ca++

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (5.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.89 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland is normal in size (1.68 cm long x 0.45 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.42 cm long x 0.77 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**



<b>PATIENT</b>	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Colby Udoff	
<b>SPECIES</b>	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Canine	
<b>BREED</b>	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Mix	
<b>SEX</b>	<b>Pancreas</b> The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> A medial iliac lymph node is visualized with relatively normal appearance and shape, but slightly prominent, measuring 1.34 cm long x 0.53 cm thick.
12 Years	
<b>WEIGHT</b>	There is no evidence of peritoneal effusion.
22.3 Pounds	<b>Other</b> A heterogenous, primarily hypoechoic structure, measuring 2.0 cm long x 1.0 cm thick, is present in an image labeled right lateral rectum. This lesion could represent the reported anal gland mass.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Beth Johnson, DVM DACVIM	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>A structure in the area of the right anal gland, consistent with the reported suspected anal gland mass.</li> <li>Medial iliac lymphadenopathy. This is most consistent with reactive lymphadenopathy. Metastatic neoplasia can't be ruled out but is considered less likely. Differentiation cannot be obtained without tissue sampling.</li> </ul>
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	<b>Secondary Findings</b>
Chester AH	<ul style="list-style-type: none"> <li>Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> </ul>
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Migliaccio	As is reportedly already pending, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
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The medial iliac lymph node is likely too small to aspirate, however, if it can be safely aspirated, a fine needle aspirate could be considered if patients coagulation status is appropriate.

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Anal gland mass biopsies/removal is recommended followed by consultation with a veterinary oncologist if indicated based on biopsy results.

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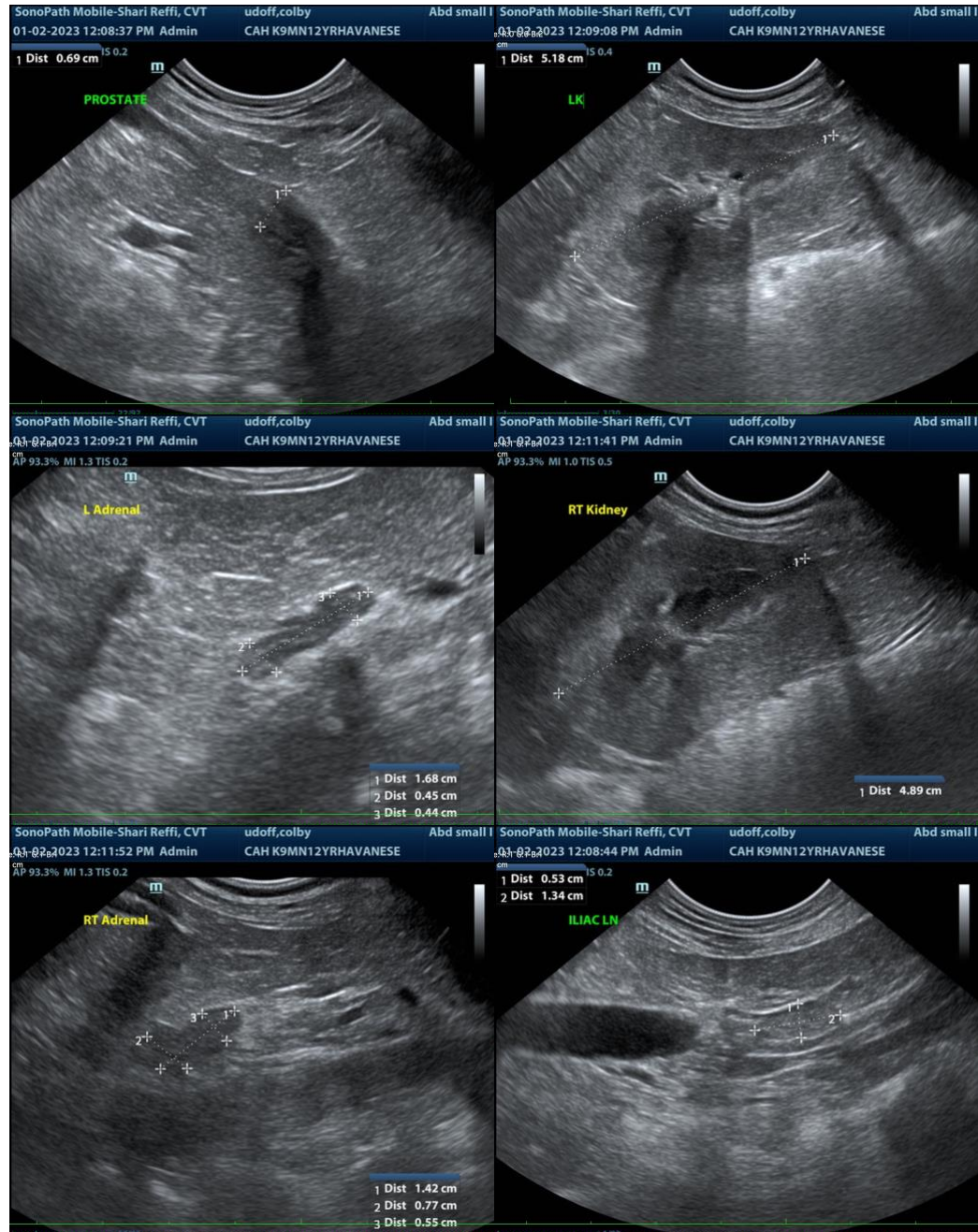
Dr. Migliaccio

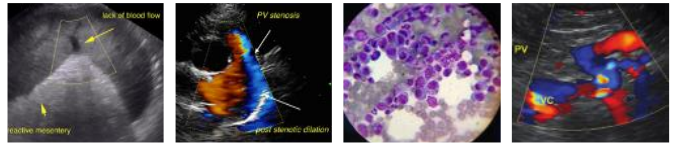
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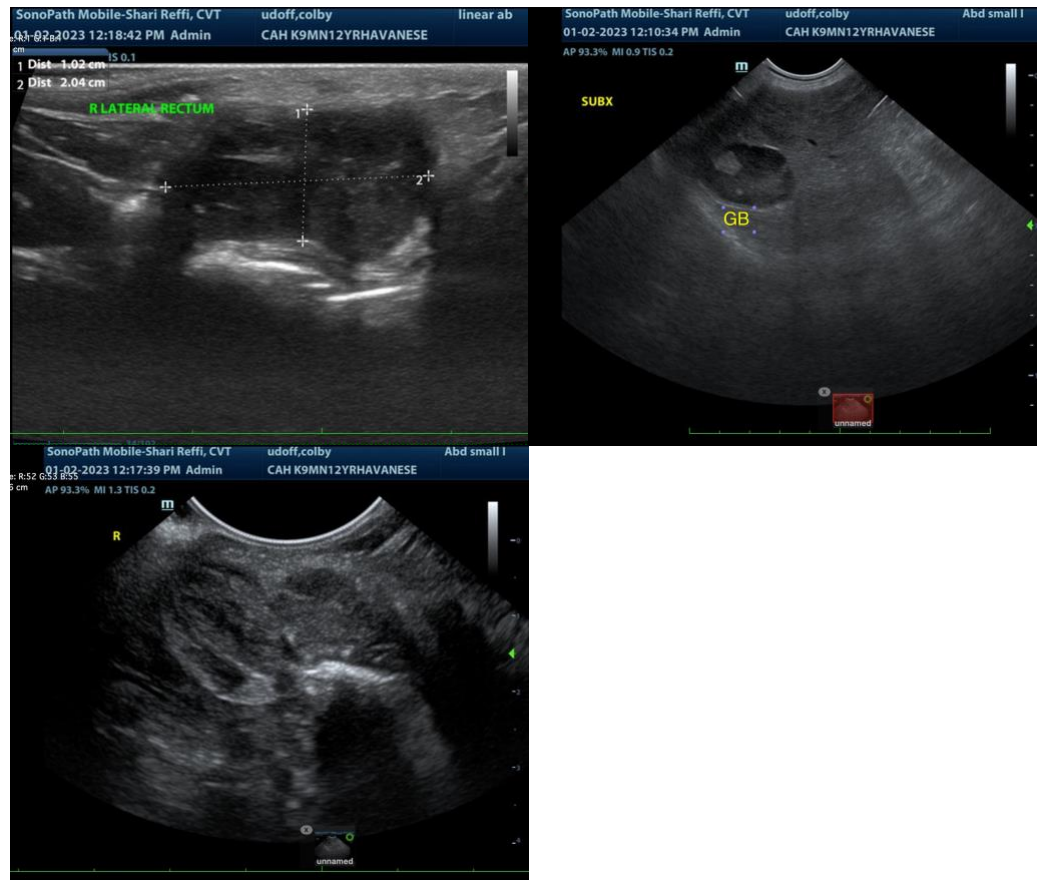
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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