

**PATIENT**

Keira Verhille

PRESENTING CLINICAL SIGNS

History: P was presented for a mass on inner left thigh on 1/11/23 with no other clinical signs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mass palpated to be firm mass attached to body wall musculature on left cranial inguinal area. Surgery was pursued and mass was found to be located within the abdominal cavity with deep attachments. An incisional biopsy was obtained and came back as a neuroendocrine carcinoma. Left anal gland firm but not seemingly enlarged. CBC from 10/24/22 - WNL Chem 10 from 10/24/22 - WNL

BREED

Malamute

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed Female

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.

AGE

6 Years

Left kidney is normal is size (7.32 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.

WEIGHT

85 Pounds

Right kidney is normal is size (6.36 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**INTERPRETED BY**Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (2.91 cm long x 0.43 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 (3.13 cm long x 0.5 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Sarah Pender, CVT

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.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Lisa Bowes

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal**DATE**

2/13/23

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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.

SPECIES

Canine

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.

BREED

Malamute

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Spayed Female

Pancreas

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.

Free Abdomen**AGE**

6 Years

In the caudal left abdomen, in the area of the sublumbal lymph nodes, there are several enlarged, irregular heterogenous masses surrounded by enhanced hyperechoic mesenteric fat and a scant amount of anechoic free fluid, most consistent with sublumbal lymph nodes.

WEIGHT

85 Pounds

ULTRASONOGRAPHIC FINDINGS

- Aggressive sublumbal lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- A distinct anal gland tumor is not able to be identified in these images, however, it absolutely cannot be ruled out, and is best identified via anal gland palpation.

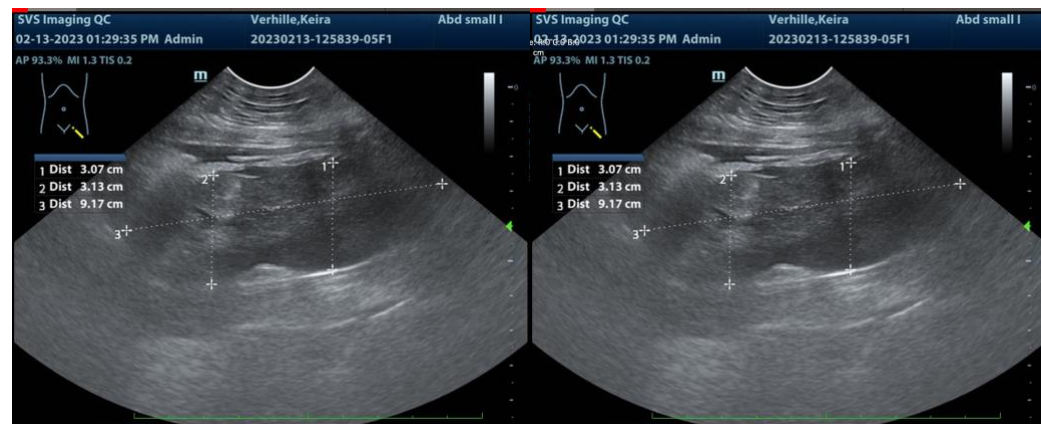
INTERPRETED BYBeth Johnson, DVM
DACVIM**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Sarah Pender, CVT

The top differential for the caudal abdominal mass is metastatic lymphadenopathy with an anal gland tumor being the most likely primary tumor. If an anal gland nodule or tumor is palpable, then an anal gland removal is recommended. If not, further imaging may be warranted, beginning with a CT scan of the abdomen and pelvis. Additionally, however, and potentially prior to pursuing more advanced diagnostics, consultation with a veterinary oncologist is recommended.

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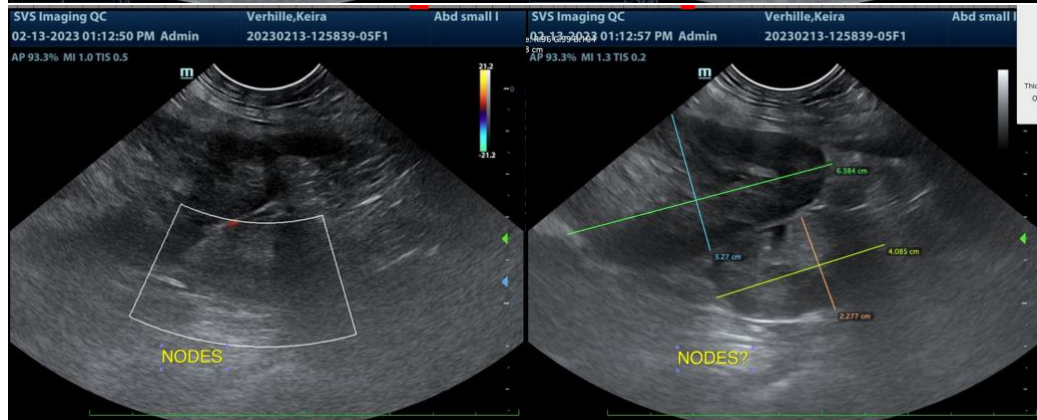
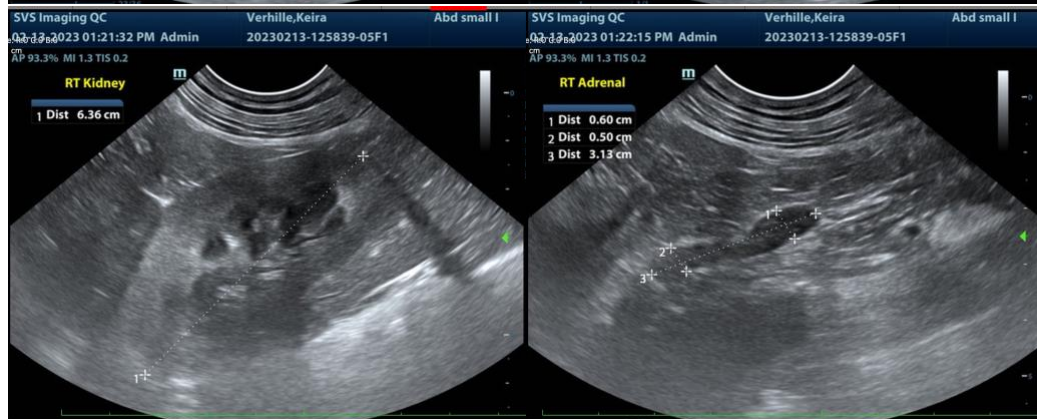
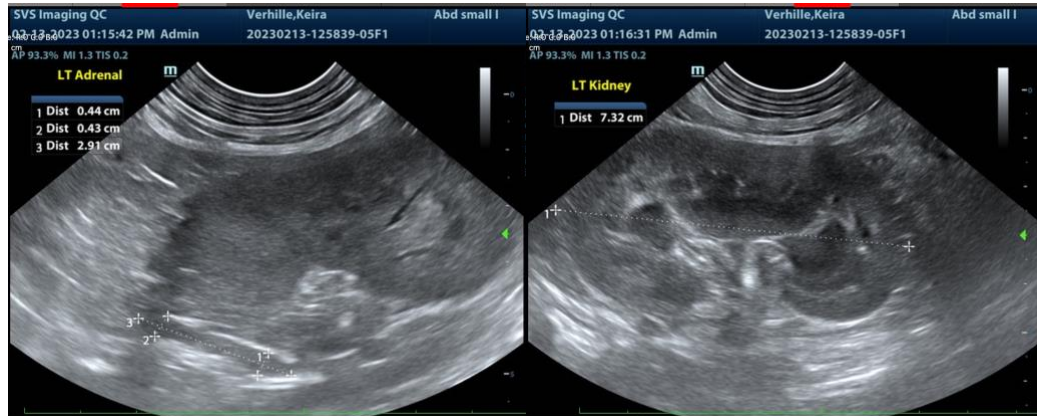
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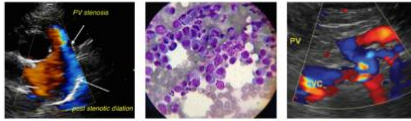
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

BREED

Malamute

Beth.Johnson@SonoPath.com

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