



DATE	PRESENTING CLINICAL SIGNS
<p>2/6/23</p> <p>PATIENT</p> <p>Franklin Mardekian</p> <p>SPECIES</p> <p>Canine</p> <p>BREED</p> <p>Boston Terrier</p> <p>SEX</p> <p>Neutered Male</p> <p>AGE</p> <p>1/22/16</p> <p>WEIGHT</p> <p>24.7 Pounds</p> <p>INTERPRETED BY</p> <p>Beth Johnson, DVM DACVIM</p> <p>HOSPITAL NAME</p> <p>Eatern AH</p> <p>REFERRING VET</p> <p>Dr. Bottaro</p> <p>INVOICE</p> <p>21035</p>	<p>History: Presented 1/22/23 for left anal gland abscess - there was a concern for a mass at time of exam. P presented 2/2/23 for a recheck. A firm ~1cm mass was still palpated in left anal gland. The abscess has resolved. O is considering anal gland removal. Looking for any enlargement of submandibular LNs or any other mets.</p> <p>Current Medications: Carprofen 2mg/kg PO q 12 hours started 1/22, Clavamox 11mg/kg PO q 12 hours started 1/22, Gabapentin discontinued 2/2.</p> <p>Lab Results: CBC - mild thrombocytosis, all else WNL. Chem mild decrease in phosphorous - 2.3 (2.6-5), all else WNL, Thyroid profile pending.</p> <p>Date of Previous IntraPet Ultrasound: No previous.</p> <p>Sedation: Not required to complete full diagnostic ultrasound.</p> <p>Stat Report: Not requested.</p> <p>Imaging Performed By: Andi Parkinson, BS, RDMS.</p> <p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p>Urinary System</p> <p>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.</p> <p>Prostate is normal in size, echotexture and echogenicity for a neutered male.</p> <p>Left kidney is normal is size (4.03 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.</p> <p>Right kidney is normal is size (4.4 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.</p> <p>Adrenal Glands</p> <p>Left adrenal gland is normal in size (1.89 cm long x 0.47 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.</p> <p>Right adrenal gland is normal in size (1.54 cm long x 0.6 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.</p> <p>Spleen</p> <p>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.</p> <p>Liver</p> <p>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</p>

echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

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.

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.

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

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

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

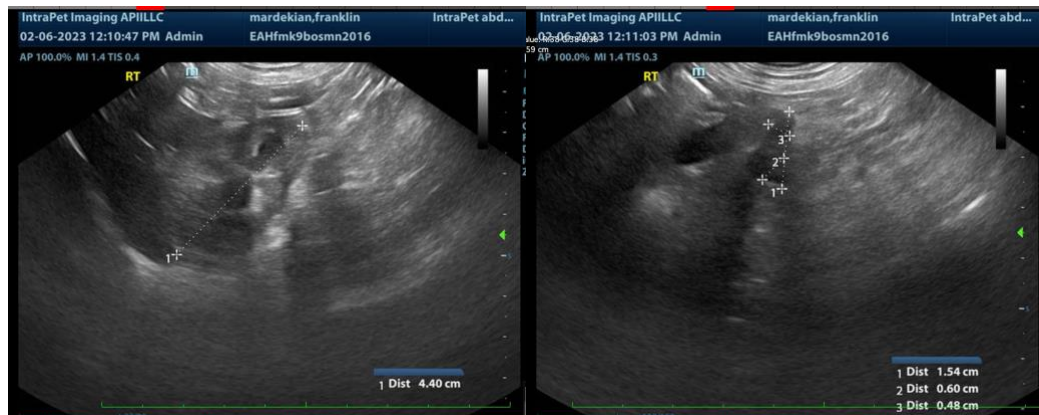
ULTRASONOGRAPHIC FINDINGS

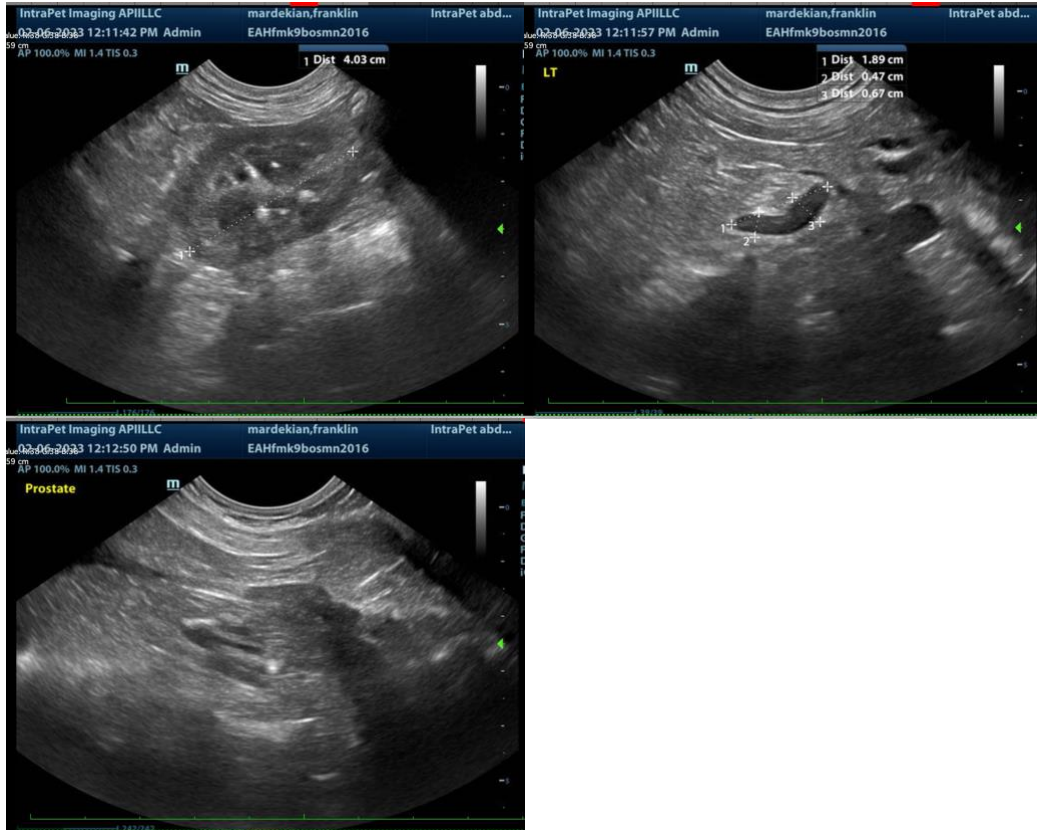
- This is a relatively normal/unremarkable abdomen without visible evidence of metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Surgery to remove the reported anal gland nodule is recommended, as is reportedly already being planned.





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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