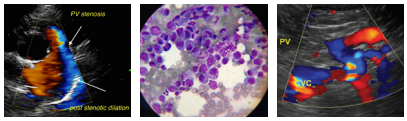
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

3/24/22

PATIENT

Casper Bullis

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

6/12/08

WEIGHT

14 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

36452

PRESENTING CLINICAL SIGNS

1 in right anal sac mass, cytology consistent with apocrine adenocarcinoma, no clinical signs at home and PE wnl.

Current Medications: None listed.
Labs: CHEM 27, CBC, T4 pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. Calculi exhibiting distal acoustic shadowing are present along the gravity dependent inner wall of the lumen urinary bladder. The largest calculus measured 0.40 cm. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal in size (4.69 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

The left kidney is normal in size (4.59 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

Adrenal Glands

The left adrenal gland is normal in size (1.77 cm long x 0.48 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is normal in size (1.85 cm long x 0.47 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A 1.5-2.0 cm hyperechoic nodule is noted as well as a 2nd discrete nodule similar in size, but hypoechoic in appearance. Visible vasculature appears normal.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. 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. No pericardial effusion appreciated.

PRIMARY FINDINGS

- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.

- Several larger discrete hepatic nodules of varying echogenicity – Differentials include probable nodular hyperplasia. However, primary hepatic neoplasia, round cell neoplasia, or metastatic neoplasia cannot be ruled out. Given this patient's history of an anal gland tumor, metastatic lesions are possible. However, it is exceedingly rare to have metastatic lesions in either the spleen or the liver without first metting to the medial iliac lymph nodes, which there is no evidence of in these images.

SECONDARY FINDINGS

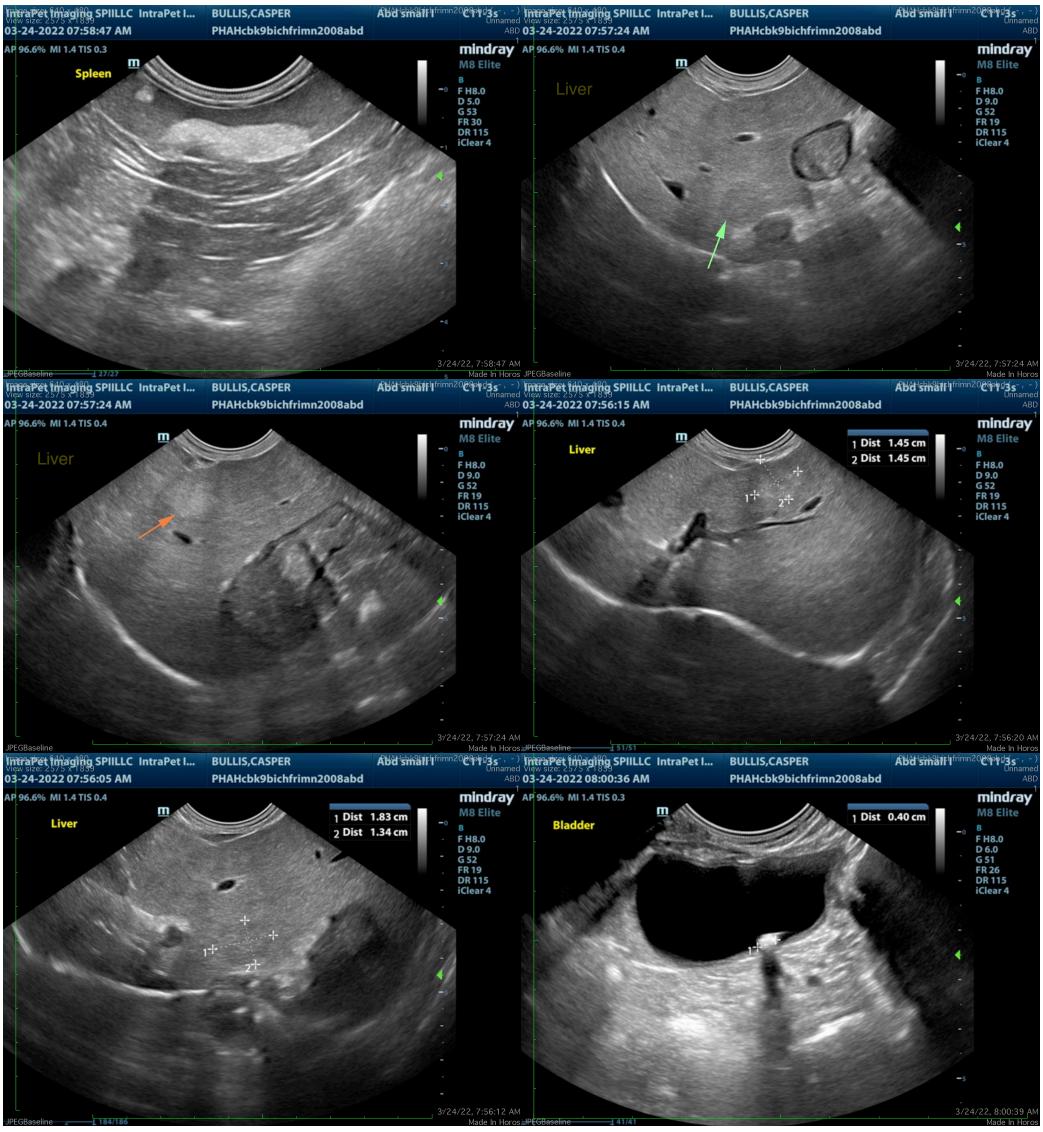
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.

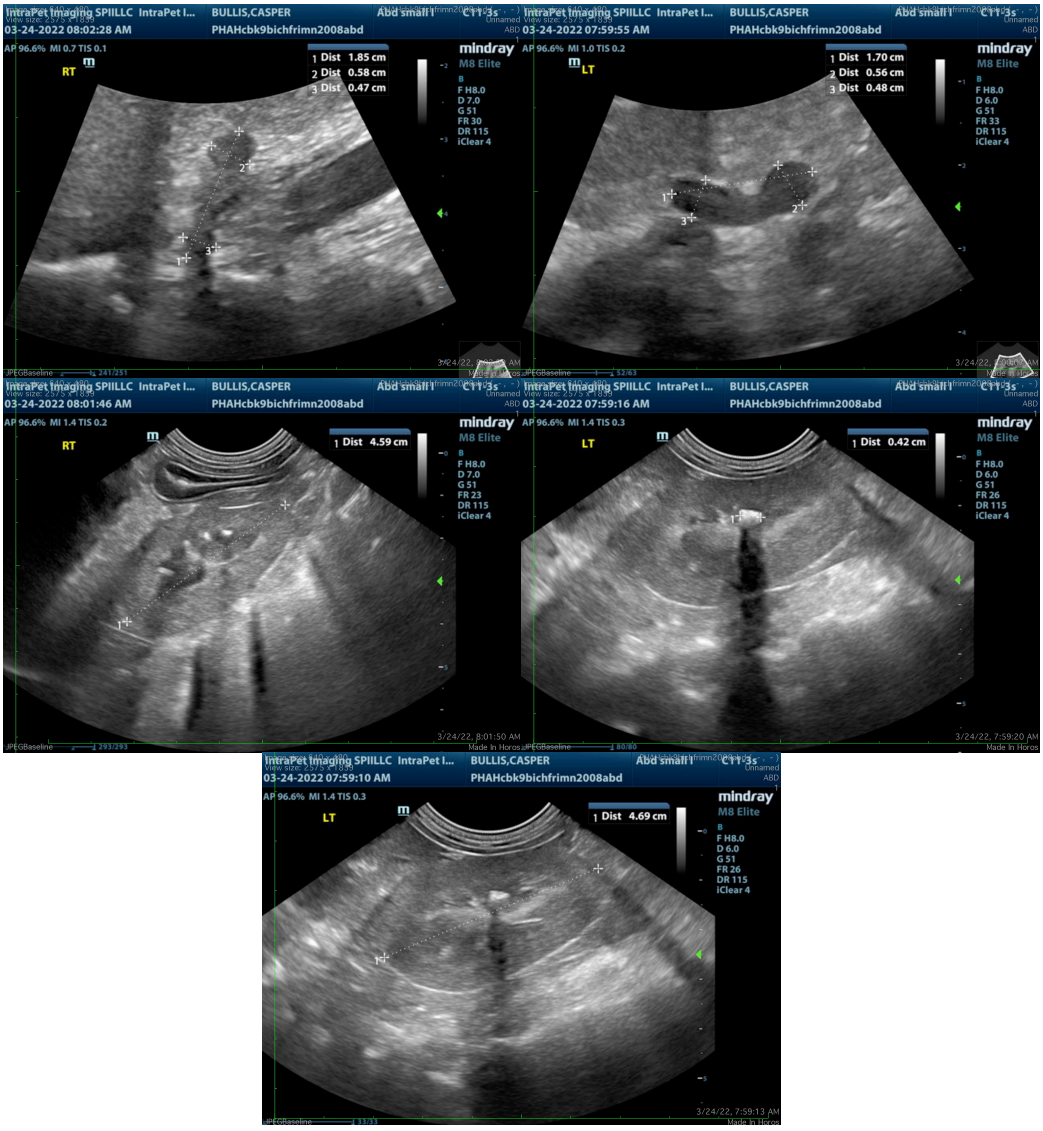
- Urinary bladder cystic calculi

- Non-obstructive nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include 3-view thoracic radiographs if not recently evaluated for further evidence of metastatic disease. A fine needle aspirate of the liver nodules could be considered if patient's coagulation status is appropriate. However, again, it is unlikely to have metastatic lesions to the liver without evidence of enlarged medial iliac lymph nodes, which there is no evidence of in this scan. Therefore, surgery to remove the anal gland mass is considered reasonable.





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.

Beth Johnson, DVM, DACVIM
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