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Clinical Sonography & Telecytology
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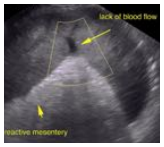
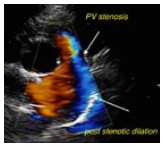
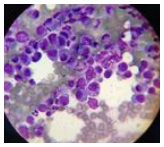
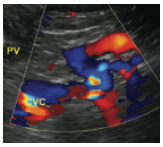

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1-800-838-4268 info@sonopath.com

PATIENT

Jane Brennan

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed female

AGE

9 ½ years

WEIGHT

22.9 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

42130

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Hx with apocrine anal sac gland adenocarcinoma in June 2022, surgically removed; reoccurred Dec 2022 and again was surgically removed Ultrasound today is assessing regional LN - sublumbar popliteal LN's, and inguinal LN's are normal
Abnormal PE/Chem/CBC/UA Results: MICROSCOPIC INTERPRETATION: Apocrine adenocarcinoma of anal sac gland Mitotic count: 22 in 2.37 mm2 viewing field (equivalent to the number of mitotic figures in 10 HPF) Margins: Neoplasm extends soft tissue margins Vascular invasion: Not Observed Chest x-rays - NSF ; no mets CBC/Chem - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.6 cm. The left kidney measured 5.7 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.3 cm in length and 0.47 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 2.3 cm in length 0.65 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled or coarse parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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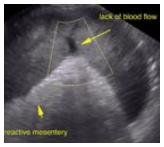

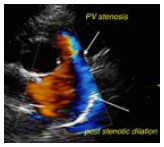

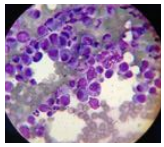
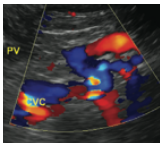

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Solitary sublumbar lymph node is prominent with normal width to length ratio and normal echotexture.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Mild sublumbar lymphadenopathy
2. Splenic parenchymal changes with smooth capsule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sublumbar lymphadenopathy is mild but given history of recurrent AGASACA and location, early infiltrative disease must be considered, and fine needle aspirate is recommended. Serial imaging to monitor for progression or resolution of lymphadenopathy is recommended.

Splenic changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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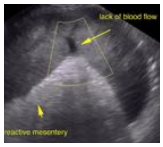
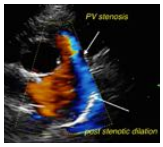
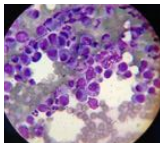
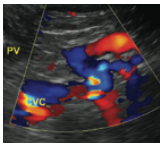

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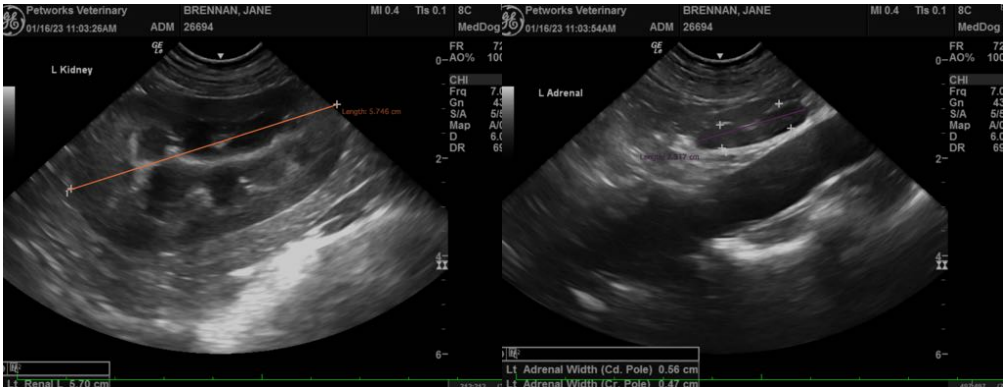

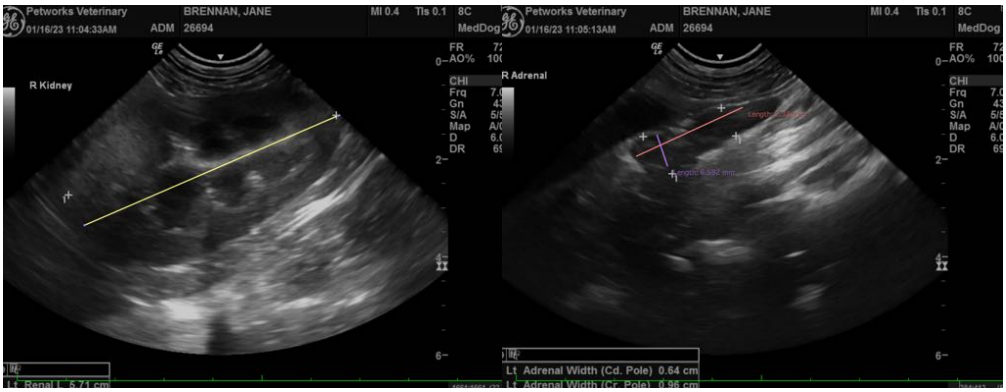

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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