



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bernard Duffy
History: Renal dysplasia. Concern of anal gland mass vs abscess. Blood in feces.
Abnormal PE/Chem/CBC/UA Results: T4: 4. Otherwise WNL

SPECIES

Canine

BREED

Bernard

SEX

Male

AGE

1 ½ years

WEIGHT

13.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

42139

DATE

1/16/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were significantly subnormal in size for this patient. The corticomedullary definition and ratio for this age appeared normal. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.29 cm. The right kidney measured 3.3 cm with thickened cortices. Blood flow to the kidneys appeared adequate.

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 right adrenal gland measured 1.48 x 0.73 cm. The left adrenal gland measured 1.67 x 0.47 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colorectal region was unremarkable, yet there was no evidence of masses.

Pancreas

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

Anal Glands

The left anal gland was empty and uniform measuring 2.0 x 1.13 cm. The right anal gland was also identified and was empty. Some inflammation was noted around the anal glands with hyperechoic surrounding fat, yet no evidence of masses.

Free Abdomen

The iliac lymph nodes are slightly reactive.

ULTRASONOGRAPHIC FINDINGS

Anal gland adenitis.

Primary renal dysplasia, stable.

Iliac lymph nodes slightly reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of masses. Empirical treatment with Enrofloxacin or similar antibiotic is recommended. Recheck sonogram is recommended in a week to ensure adequate resolution.



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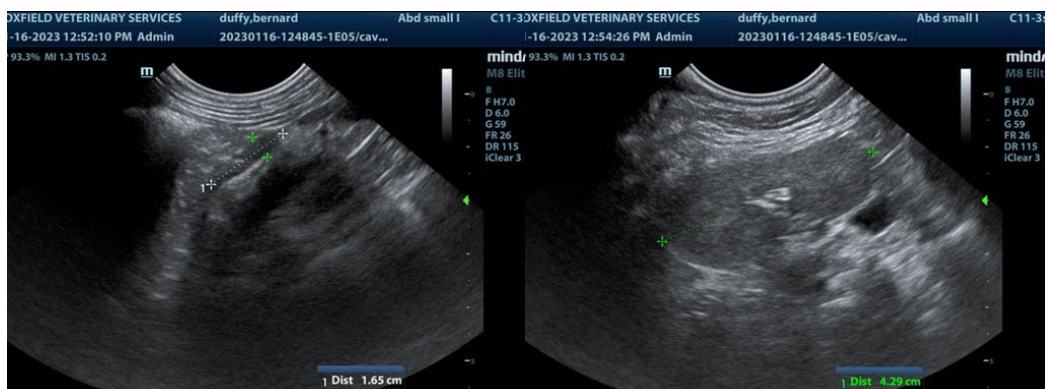
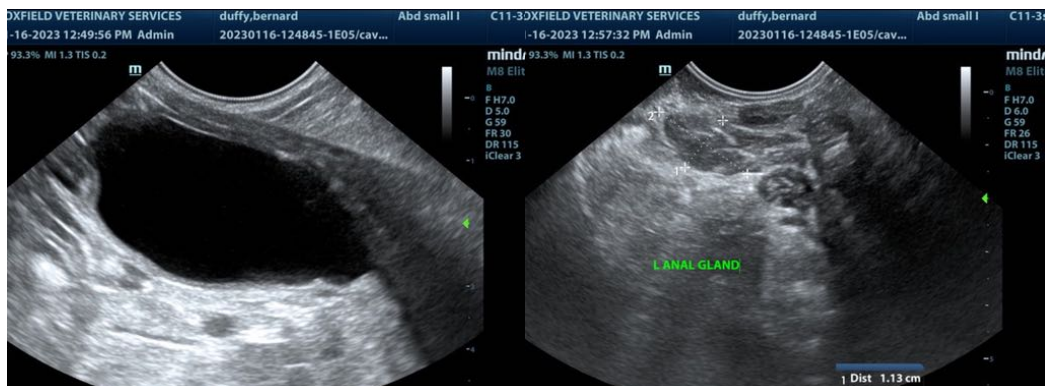
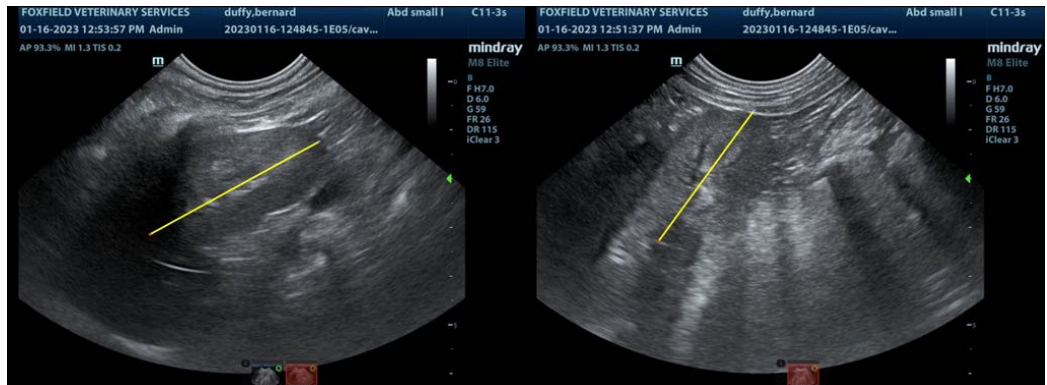
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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