

**DATE**

10/25/21

PRESENTING CLINICAL SIGNS

History: Dog has anal gland apocrine adenocarcinoma. Need Abd US to screen for Mets, especially in sublumbar LN's.

Current Medications: Gabapentin, Rimadyl for pain, no other meds currently.

Lab Results: CBC/Chem/T4/UA NSF.

Radiographs: Not provided by the veterinarian. Three view chest pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: oral gabapentin and trazadone, no other sedative needed.

Stat Report: not requested

PATIENT

Samantha Stimson

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

6/25/13

WEIGHT

82 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Docside Veterinary
Medical Center**REFERRING VET**

Dr. Tierney

INVOICE

92618

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** revealed normal size and structure, corticomedullary definition and ratio for this age. 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 right kidney measured 6.92 cm. The left kidney measured 6.57 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 right adrenal gland measured 3.15 x 0.62 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland revealed two nodular changes. One at the caudal pole measured up to 0.86 cm. The left adrenal gland measured 3.48 x 0.94 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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.

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 iliac lymph node was mildly enlarged, hypoechoic and irregular measuring 4.06 x 1.47 cm.

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.

Free Abdomen

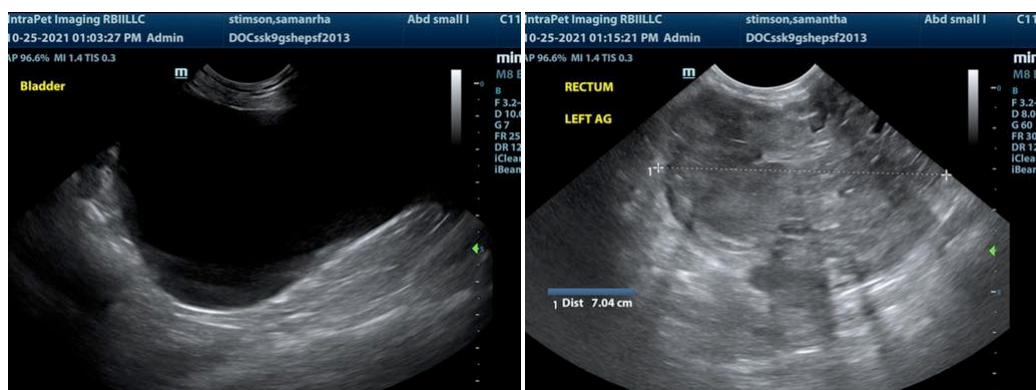
The left anal gland in this patient presented a 7.0 cm mixed, echogenic microcystic and nodular mass. The mass appears encapsulated. The right anal gland was unremarkable.

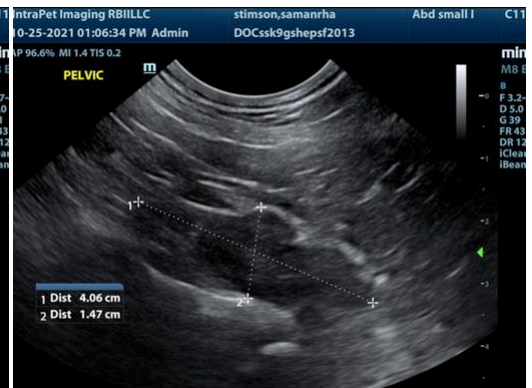
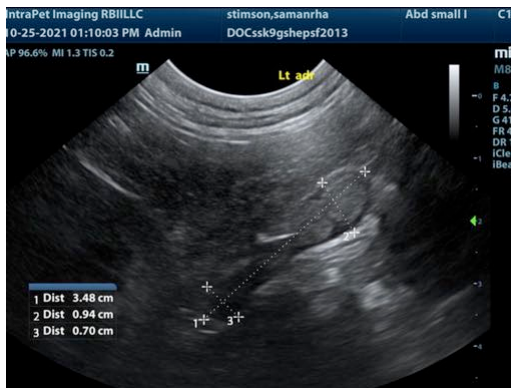
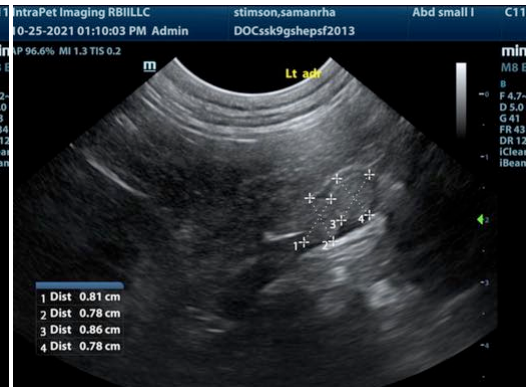
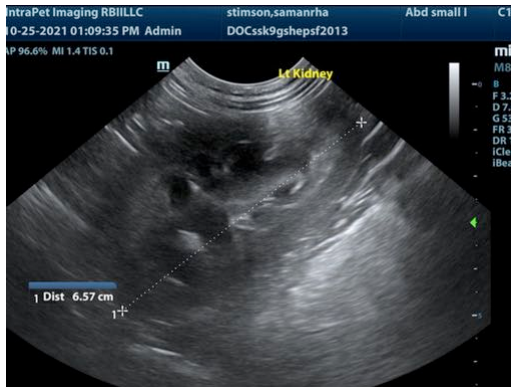
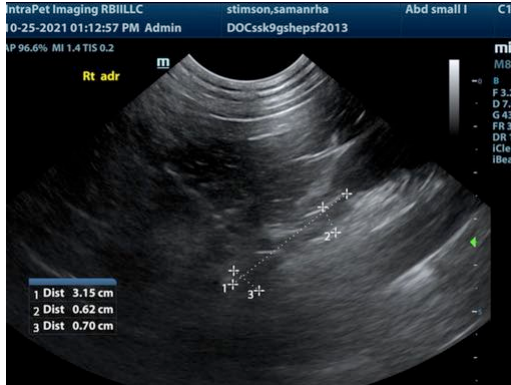
ULTRASONOGRAPHIC FINDINGS

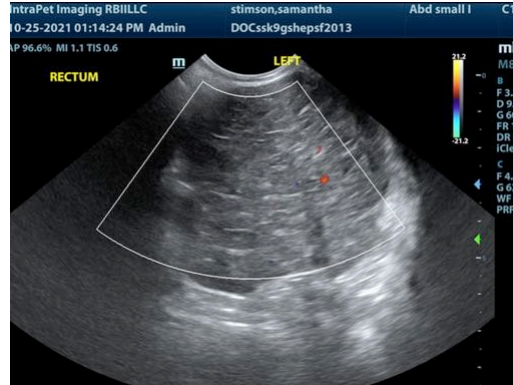
Large, left anal gland mass with iliac lymphadenopathy. This is strongly suggestive for metastasis disease. Left adrenal adenomatous type nodules. Hypersplenism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncology consultation is recommended. Serial blood pressure measurements are recommended. There is a minor potential for carcinoma or pheochromocytoma. I suspect left anal gland carcinoma. The left anal gland mass appears to be encapsulated. However, given the iliac lymphadenopathy I am concerned for local metastatic disease.







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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