



PATIENT

Remy Stabler

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Spayed female

AGE

12 ½ years

WEIGHT

27.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Dr. Zimmerman

INVOICE

42413

DATE

12/29/22

PRESENTING CLINICAL SIGNS

History: Presented for difficulty defecating. A mass associated with the left anal gland was observed. Chest x-rays did not reveal any evidence of metastasis to the chest. Ultrasound performed to check for metastatic disease in preparation for surgery.

Abnormal PE/Chem/CBC/UA Results: Lab work unremarkable.

Image sets were tripled

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 left kidney measured 5.74 cm. The right kidney measured 5.57 cm with slight pinpoint mineralization.

Adrenal Glands

The right **adrenal** gland measured 0.5 cm and appeared subjectively flattened. The left adrenal gland was uniform and measured 0.5 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Mildly increased portal markings were noted as well as slight, irregular contour. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was over distended with suspended and dependent debris. This is consistent with immature gallbladder mucocele. There was some striating bile as well as dependent debris present. The cystic duct was over distended.



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Gastrointestinal

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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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Free Abdomen

Sublumbar lymph node was noted and measured 3.9 cm. Other regional lymph nodes were also enlarged. A cystic mass was noted in the pelvis and measured 8.0 + cm.

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ULTRASONOGRAPHIC FINDINGS

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Emerging gallbladder mucocele.

Mild hepatic remodeling.

Flattened right adrenal gland.

Age related renal changes with mineralization.

Pelvic mass with iliac/sublumbar lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not recognize any adrenal pathology in this patient. The pelvic mass and regional lymph nodes are of primary concern. Metastatic disease and carcinoma is possible. The exact origin of the mass is unclear. CT evaluation is ideal.

If the patient's emerging gallbladder mucocele is to be managed medically then Ursodiol therapy is indicated long term.

REFERRING VET

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Drainage of the cystic portions of the pelvic mass as well as FNA of the parenchymal portion and FNA of the iliac/sublumbar lymph nodes is indicated. This does not appear to be a surgical patient.

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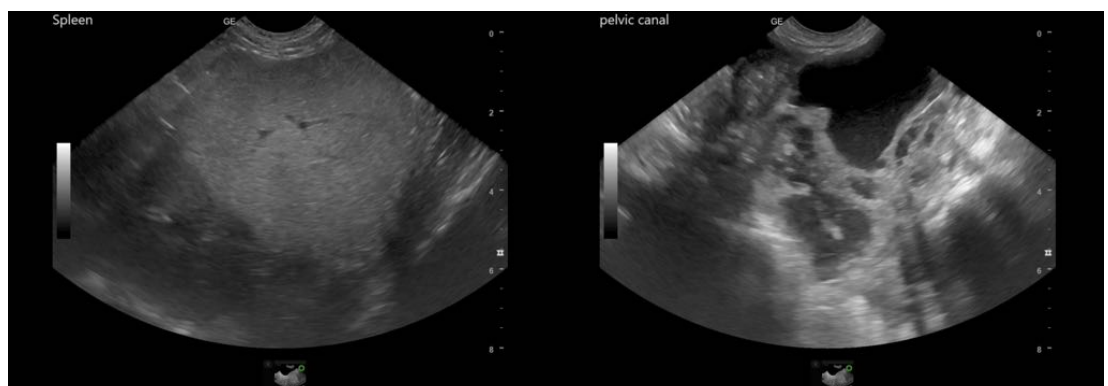
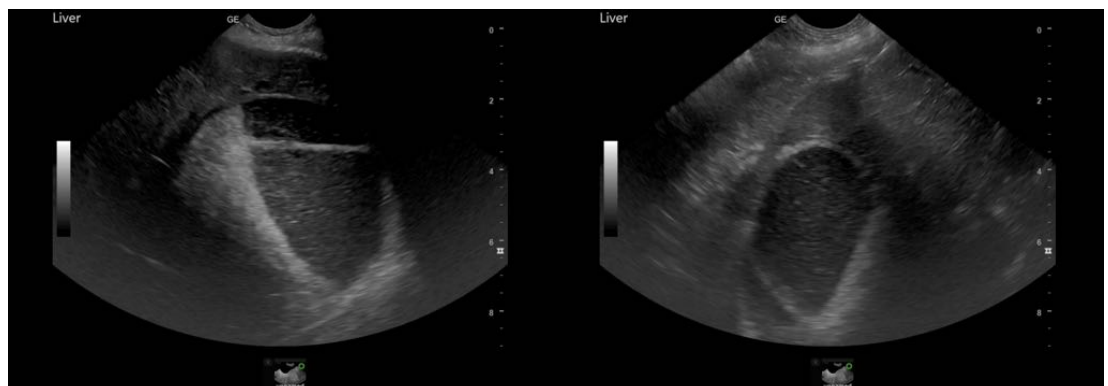
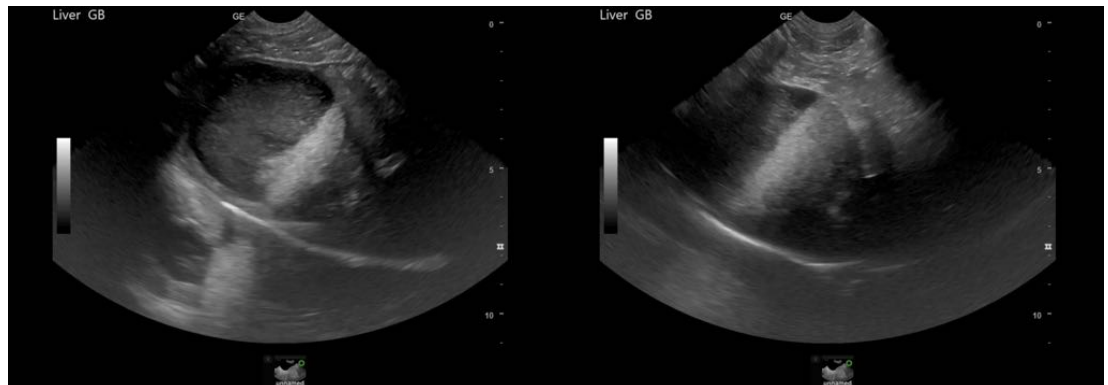
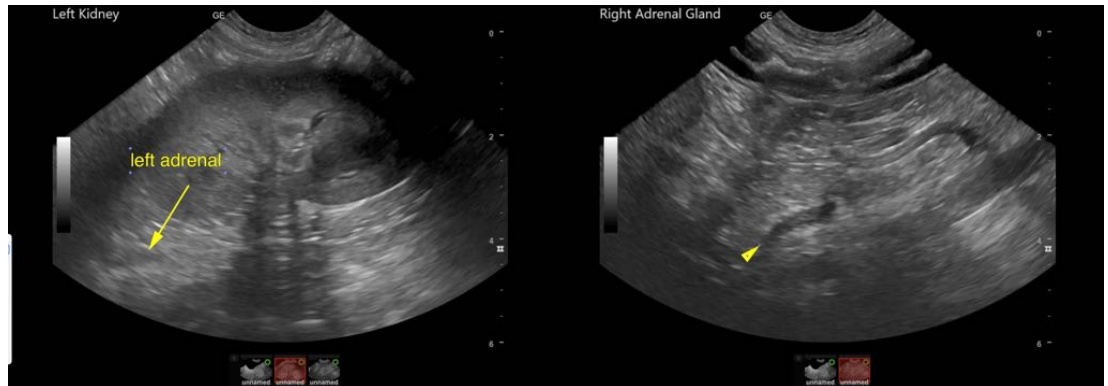
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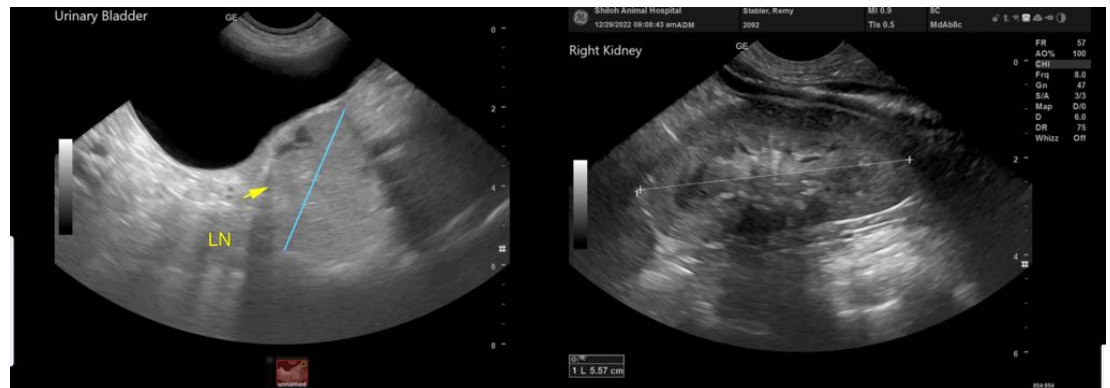
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com