



**PATIENT**

Cookie Serano

**PRESENTING CLINICAL SIGNS**

History of cholecystectomy and splenectomy. History of LEFT anal gland adenocarcinoma recently diagnosed. Request abdominal ultrasound for staging purposes before pursuing surgery and chemo.

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

10.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 iliac trifurcation was unremarkable. There was no evidence of metastatic disease.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.87 cm. The left kidney measured 3.62 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 1.77 x 0.54 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 2.02 x 0.61 cm at the caudal pole and 0.55 cm at the cranial pole.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Spleen**

The **spleen** was not visualized as it was previously removed.

**HOSPITAL NAME**

Animal Generant on  
Hudson

**Liver**

**REFERRING VET**

Dr. Lang

The **liver** was mildly subnormal in size with coarse architecture. Multi-focal, hyperechoic lipogranulomatous changes were noted. The gallbladder was not visualized as it was previously removed. The common bile duct was unremarkable.

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

**DATE**

2/2/22



**PATIENT**

**Pancreas**

Cookie Serano

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Poodle Mix

The left anal gland revealed an irregular, mineralized mass that was largely encapsulated. However, a mild, inflammatory pattern was noted around the capsule and measured 1.27 x 0.58 cm. The right anal gland was unremarkable and uniform measuring 1.36 x 1.61 cm and was repleted with fluid. However the left anal gland appears parenchymal in nature. This is most consistent with carcinoma. A cystic component was noted as well.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years

Hepatic remodeling with microhepatica.

Otherwise, unremarkable abdomen with no evidence of metastatic disease.

Left anal gland tissue proliferation suggestive for carcinoma.

**WEIGHT**

10.9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left adrenal gland pathology appears resectable. I recommend bile acid profile prior to anesthetic procedure as well as chest radiographs.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on Hudson

**REFERRING VET**

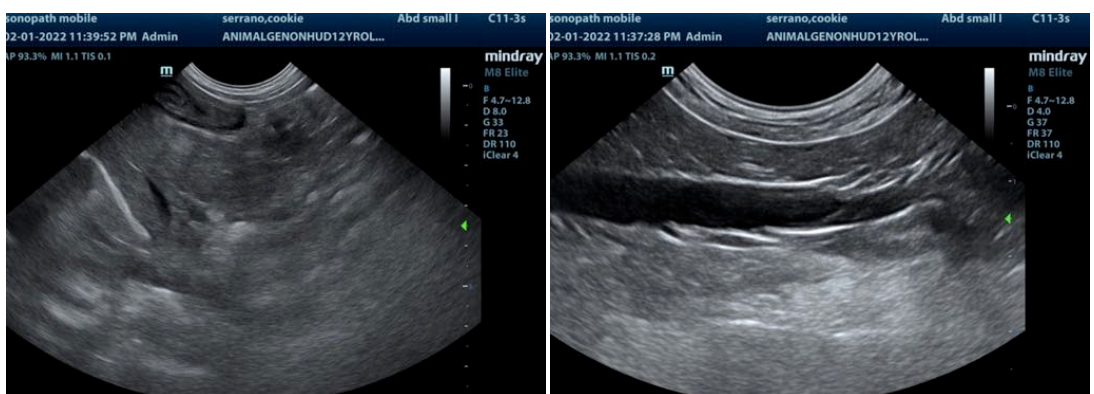
Dr. Lang

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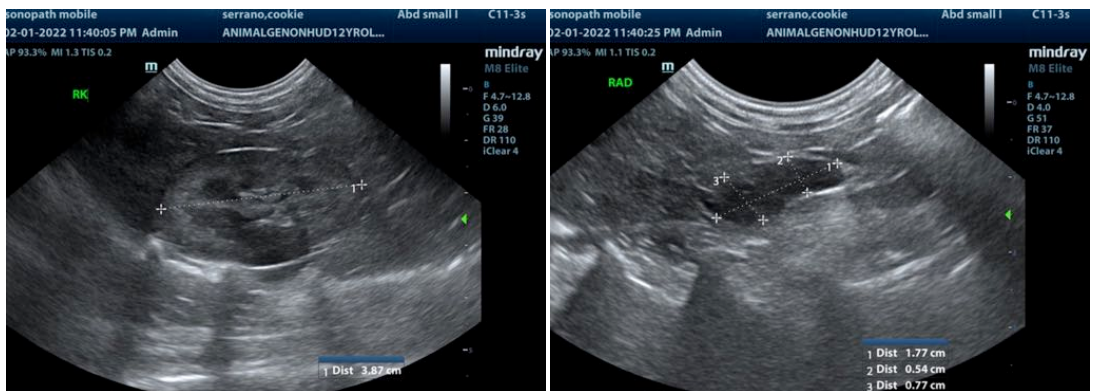
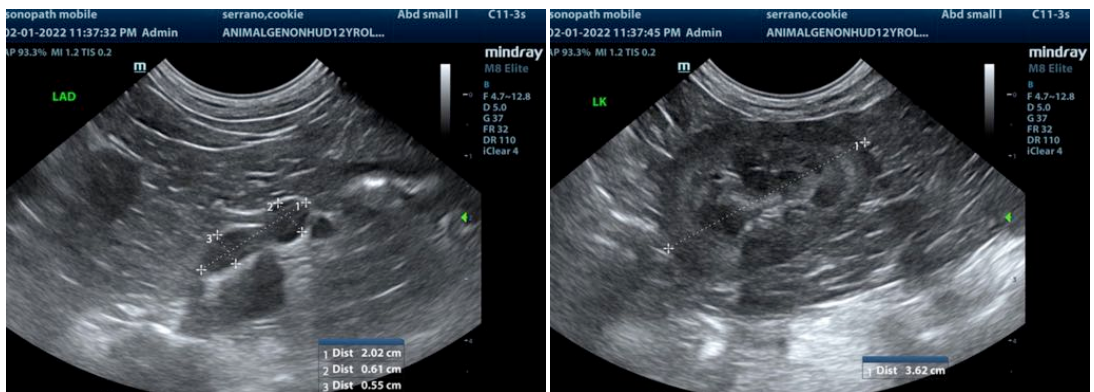
Dr. Lang

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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