



PATIENT

Rex Arbaji

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered Male

AGE

11

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Megan Moore

INVOICE

36067

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Reason for Visit: Needs anal saccullectomy (AGASACA) r/o mets
Clinical Findings: 1.5 cm firm R AG mass Confirmed AGASACA on cytology

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 0.66 cm. Pre- and post-prostatic urethra were unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pinpoint mineralizations were noted. The left kidney measured 3.72 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The **left adrenal gland** revealed a hyperechoic expansive nodule at the caudal pole. The left adrenal gland measured 2.17 cm x 0.84 cm at the caudal pole and 0.63 cm at the cranial pole. The nodule at the caudal pole measured 1.16 cm x 0.88 cm. The nodule was encapsulated with no evidence of capsular escape or vascular invasion. The vena cava was imaged with no evidence of invasive activity or thrombosis.

The **right adrenal gland** was 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 1.73 cm x 0.64 cm at the cranial pole and 0.48 cm at the caudal pole.

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 were noted.

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. Vascular tracts were of normal volume, and no evidence of congestion was noted. Slight gallbladder sand and minor coalescing bile were noted, not pathological. The choleliths measured 1.0 mm each. The hepatic lymph nodes were unremarkable.

Gastrointestinal



PATIENT

Rex Arbaji

SPECIES

Canine

BREED

Multipoo

SEX

Neutered Male

AGE

11

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Megan Moore

INVOICE

36067

DATE

3/3/26

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Other

The **anal glands** were imaged in this patient. The **left anal gland** was unremarkable, curvilinear patterns were maintained, with a minor amount of luminal content. The **right anal gland** revealed a mineralizing mass that was largely encapsulated and was moderately vascular, however, an early medial escape was noted towards the colorectum. This appears to still be resectable; however, the surgeon should be cognizant of margins may be nebulous medially on this anal gland mass.

ULTRASONOGRAPHIC FINDINGS

- Mineralizing right anal gland mass, strongly consistent with carcinoma with slight early medial escape.
- Left adrenal nodule- adenoma is likely. Emerging carcinoma or pheochromocytoma possible.
- Age related renal changes with slight renal mineralization
- Slight gallbladder choleliths, nonobstructive
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.al JVIM 2022

No evidence of metastatic disease from the anal gland mass.



PATIENT

Rex Arbaji

SPECIES

Canine

BREED

Multipoo

SEX

Neutered Male

AGE

11

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

HOSPITAL NAME

Bergen County VC

REFERRING VET

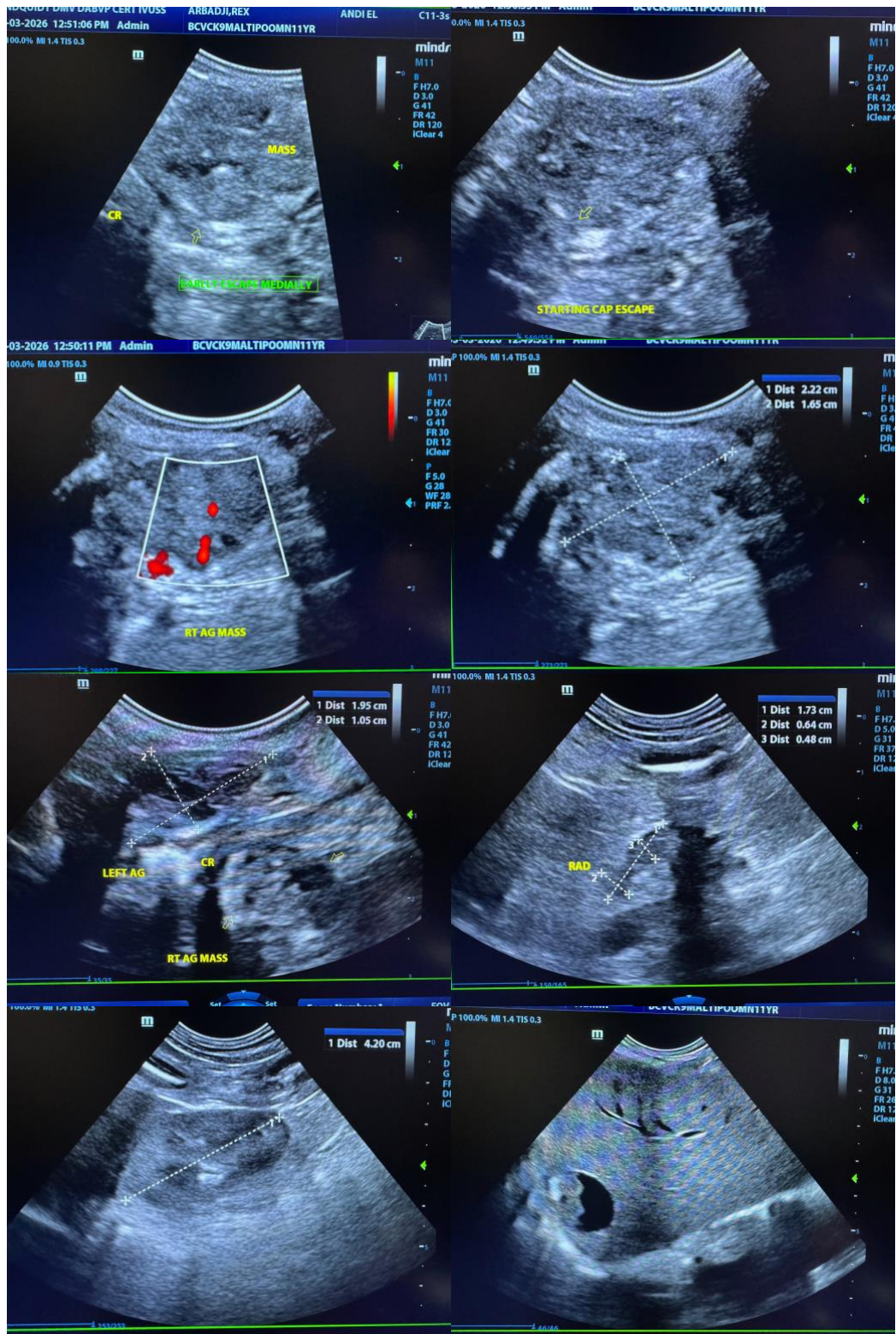
Dr. Megan Moore

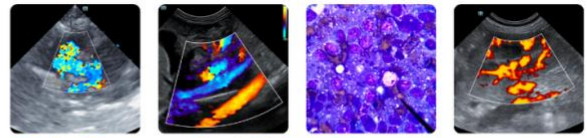
INVOICE

36067

DATE

3/3/26





PATIENT

Rex Arbaji

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered Male

AGE

11

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Bergen County VC

REFERRING VET

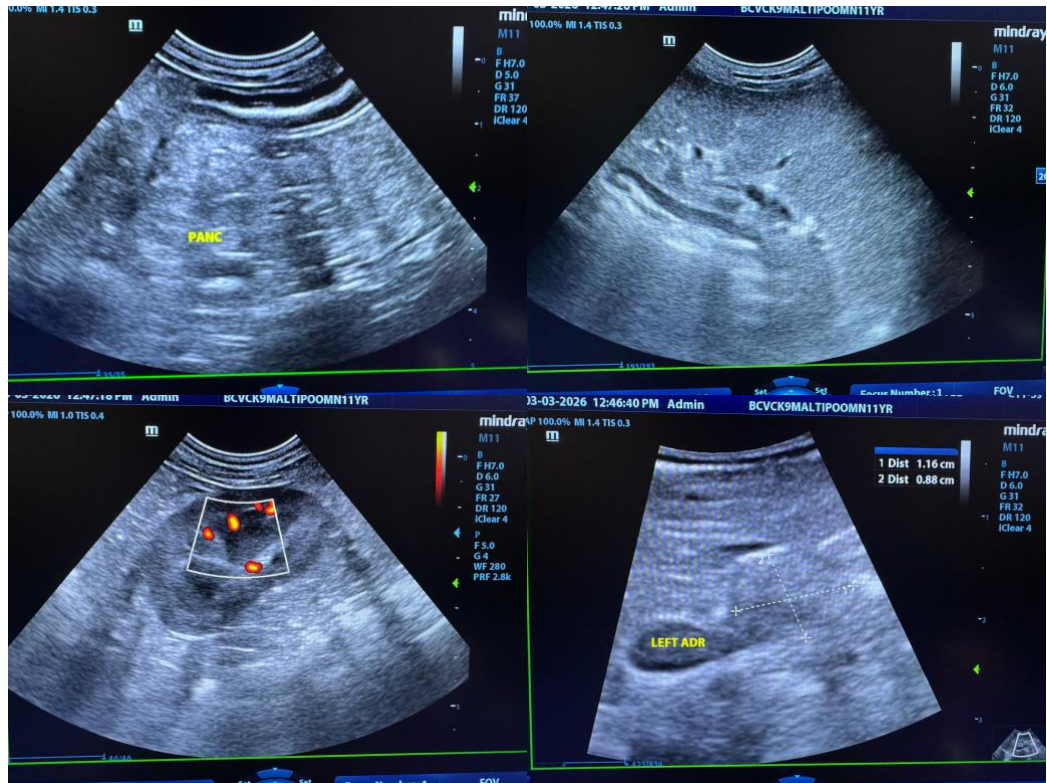
Dr. Megan Moore

INVOICE

36067

DATE

3/3/26





PATIENT

Rex Arbaji

SPECIES

Canine

BREED

Multipoo

SEX

Neutered Male

AGE

11

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Bergen County VC

REFERRING VET

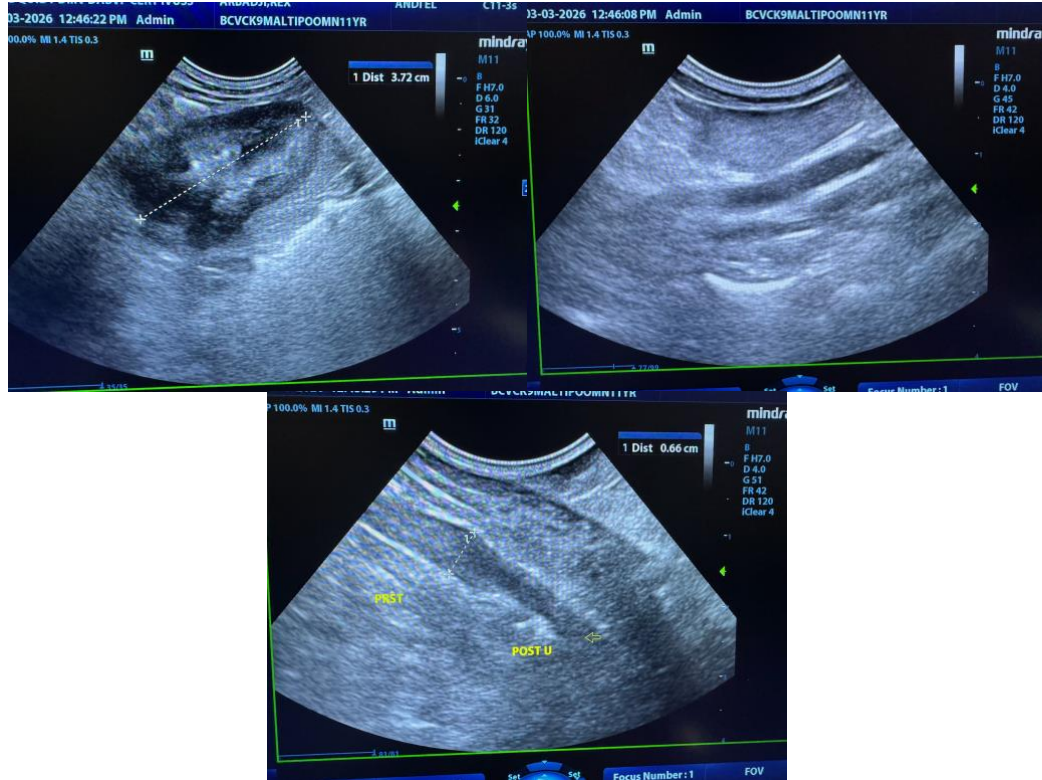
Dr. Megan Moore

INVOICE

36067

DATE

3/3/26



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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com