

**DATE**

4/11/22

PRESENTING CLINICAL SIGNS

History: Suspected anal sac adenocarcinoma; owner reached out to Mobile Veterinary Surgery- surgery tentatively planned at Hampstead Veterinary Center barring lymphadenopathy or other negative ultrasound findings.

PATIENT

Boomerang Moser

Current Medications: None listed.

Lab Results: hypercalcemia (of malignancy).

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. A minimal amount of urine was present at the time of the sonogram. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. No evidence of iliac metastatic disease noted.

AGE

6/1/2008

WEIGHT

40 Pounds

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. Trace pyelectasia was noted in the left kidney, measuring 0.26 cm. The left kidney measured 6.57 cm. The right kidney measured 6.63 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

A **left adrenal gland** mass was present. Capsular expansion was noted. The left adrenal gland measured 3.46 cm x 2.24 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland did appear moderately vascular on color flow assessment. Early invasion in the phrenic vein appeared to be present.

HOSPITAL NAME

Hampstead VC

The **right adrenal gland** was slightly enlarged and mildly heterogenous. The right adrenal gland measured 2.57 cm x 1.36 cm at the cranial pole and 0.78 cm at the caudal pole.

REFERRING VET

Dr. Weaver

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with mild fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

INVOICE

14719

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 and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative

pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Gallbladder polyps were noted, not pathological.

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.

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.

Other

A **left anal gland** mass was noted in this patient, measuring 7.0 cm x 4.9 cm. This is likely the cause of the hypercalcemia.

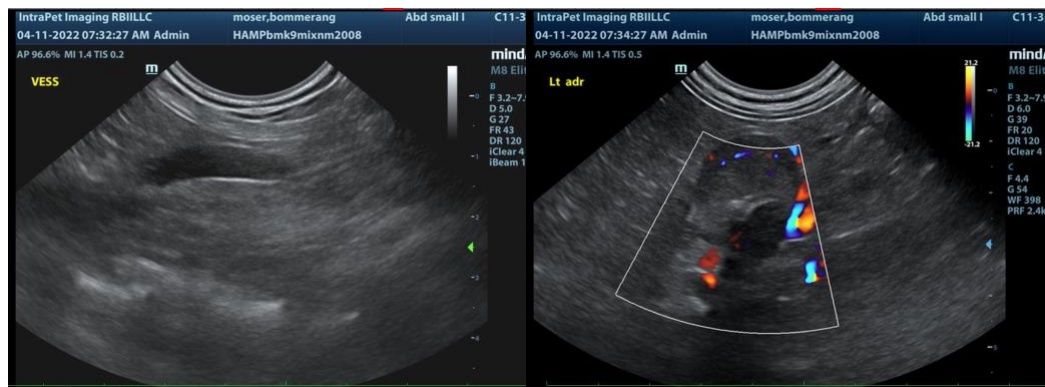
A rapid view of the **heart** revealed no evident pathology.

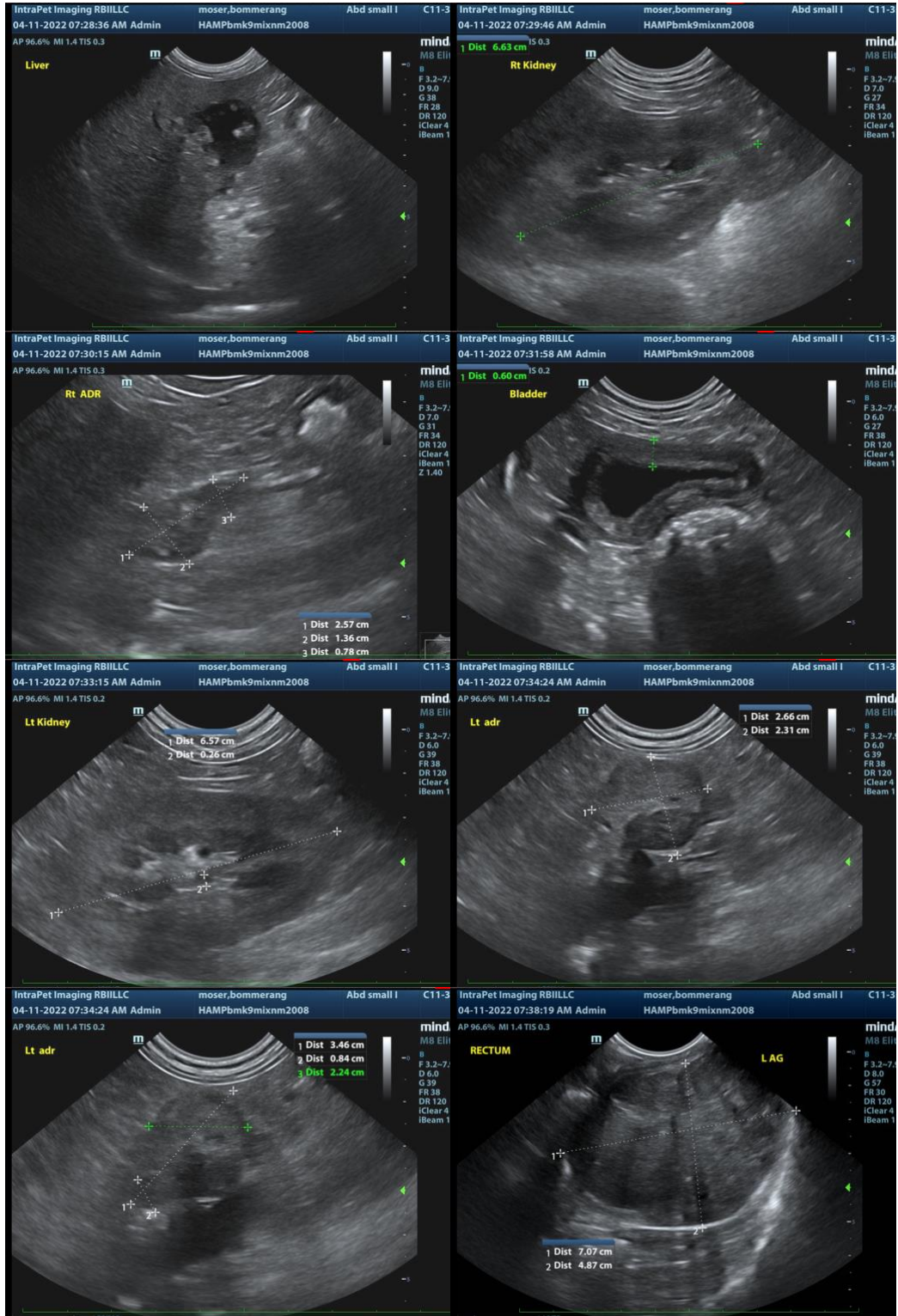
ULTRASONOGRAPHIC FINDINGS

- Left anal gland mass
- Left adrenal gland mass. Suspect carcinoma.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left adrenal gland differentials include carcinoma, pheochromocytoma, pronounced adenoma possible yet less likely. Surgical removal of the left anal gland and left adrenal gland would be appropriate. Prognosis is guarded. Serial blood pressures warranted, as hypertension may be related to the left adrenal pathology. Three-view chest radiographs recommended to assess for metastasis.





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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