



## PATIENT

Casey Alansky

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

45 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Kyle LaBell

## HOSPITAL NAME

Flanders VC

## REFERRING VET

Dr. Gasparro

## INVOICE

74539

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

History: Presented on 3/12/2026 for excessively licking hind end, 1cm firm swelling of T anal gland was palpated. Patient has been having bloody discharge from rectum. Concern for anal gland mass. Ultrasound performed to determine if there is an anal gland mass + determine a cause for bloody rectal discharge.

Abnormal PE/Chem/CBC/UA Results: not performed yet

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## 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 2.0 cm beyond the cystourethral junction and appeared normal. 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 **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 5.49 cm. The right kidney was not visualized.

### 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 left adrenal gland measured 2.9 x 0.7 cm. The right adrenal gland measured 2.0 x 0.44 cm.

### Spleen

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



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## 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 colorectal region was unremarkable. 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.

## Free Abdomen

The left anal gland was imaged with no evidence of pathology. The right anal gland was mildly enlarged and slightly irregular. A slight area of irregularity was noted in the medial aspect of the right anal gland wall. Regional inflammation was noted and measured 2.4 cm.

## ULTRASONOGRAPHIC FINDINGS

Slightly irregular medial aspect of the right anal gland. Suspect anal glandenitis.

Right renal aplasia is suspected.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Anal gland evacuation and palpation is recommended primarily on the right. I cannot rule out emerging neoplasia such as carcinoma. There was no evidence of abdominal pathology.



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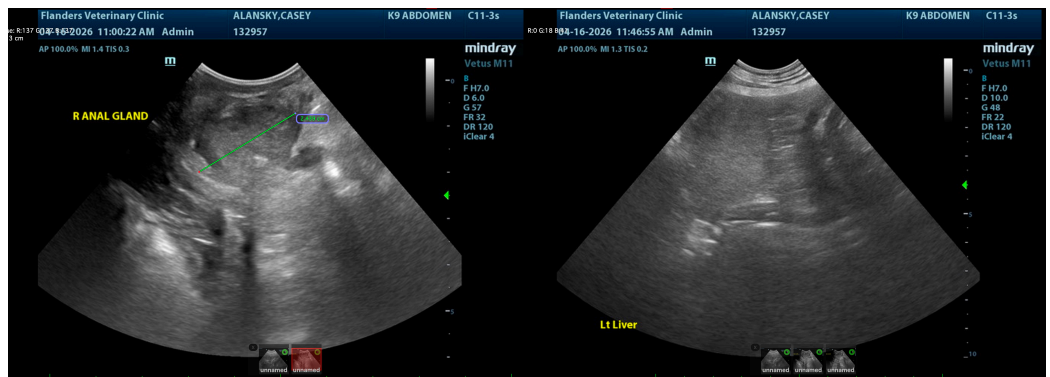
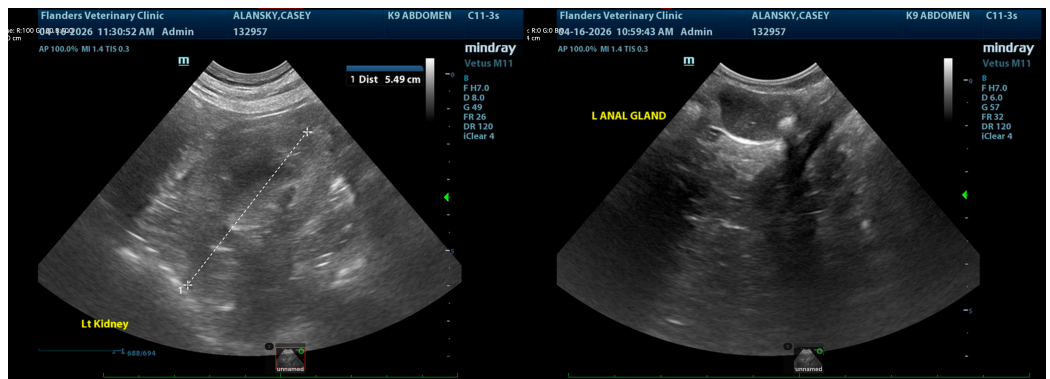
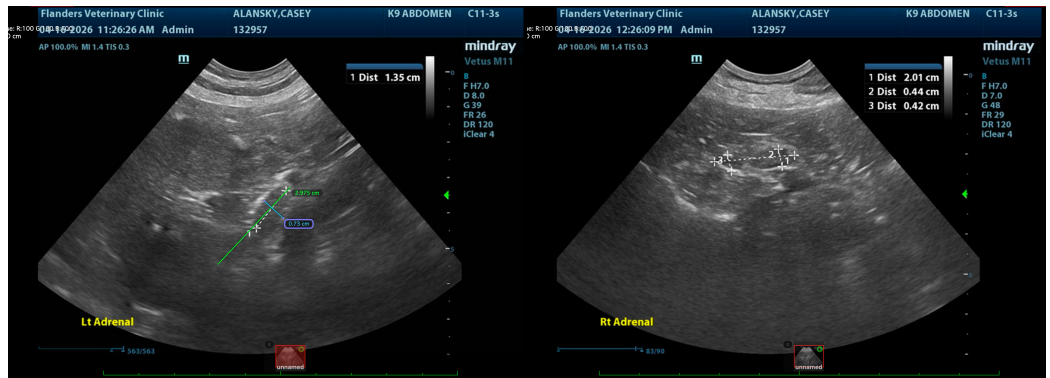
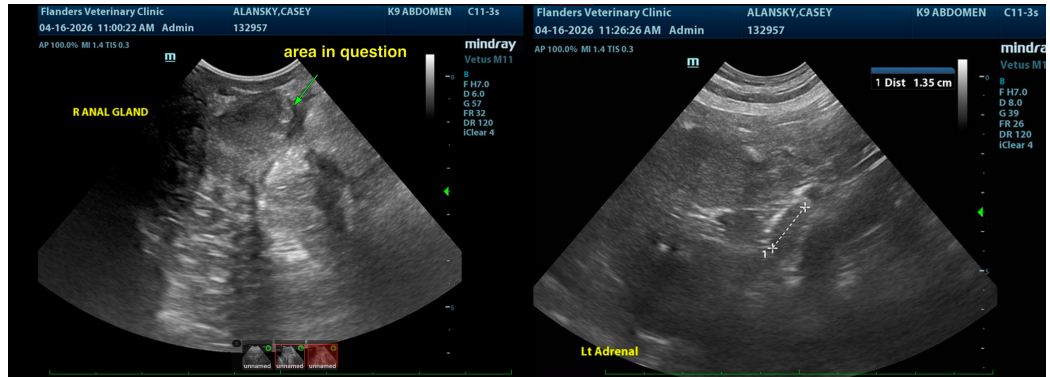
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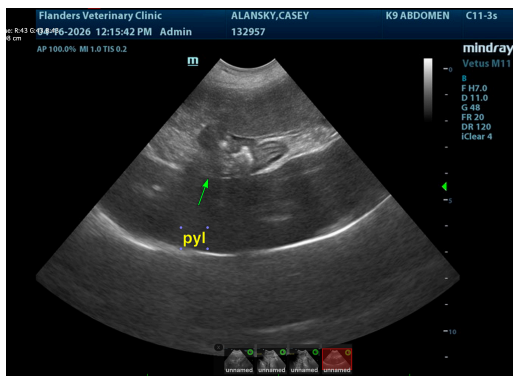
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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