



**PATIENT**

Bella Esposito

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

27 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Scott Stekler

**INVOICE**

16732

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

History: Patient presents for possible anal gland mass, elevated SAP, SGPT, systolic murmur, distended abdomen.

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.8 cm. The right kidney measured 6.8 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 left adrenal gland measured 2.16 cm x 0.63 cm at the caudal pole and 0.57 cm at the cranial 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** revealed significantly coarse architecture, increased portal markings, nodular changes with capsular retraction and surrounding free fluid. This is strongly consistent with hepatic cirrhosis or possible round cell. neoplasia. Effusion is likely owing to portal hypertension. The gallbladder and common bile duct were unremarkable.

**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**



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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

An iliac **lymph node** was enlarged, hypoechoic and irregular, measuring 2.7 cm x 1.26 cm. This is highly suggestive for metastatic disease. Other lymph nodes were also enlarged and irregular in the caudal abdomen.

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### Other

The right **anal gland** revealed an expansive irregular hypoechoic parenchymal mass, measuring 3.5 cm, extending into regional tissues. This is not resectable. Extension in the parenchyma adds another 1-2 cm.

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

### AGE

14 Years

- Expansive irregular right anal gland mass, expanding into regional tissues, non-resectable
- Iliac lymphadenopathy, strongly suggestive for metastatic spread
- Diffuse hepatic disease, cirrhosis versus round cell neoplasia with secondary paraneoplastic effusion or portal hypertension
- Age-related renal changes

### WEIGHT

27 Pounds

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the anal gland mass and liver, abdominocentesis and cytospin are all indicated for further definition; however, prognosis is poor.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

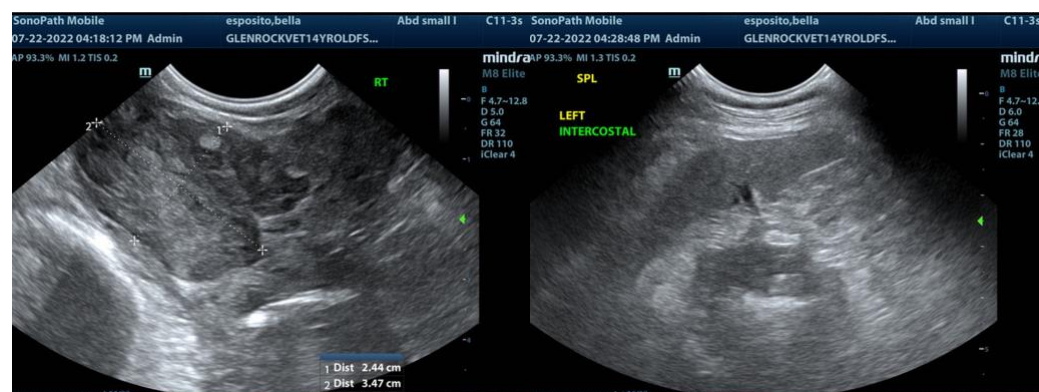
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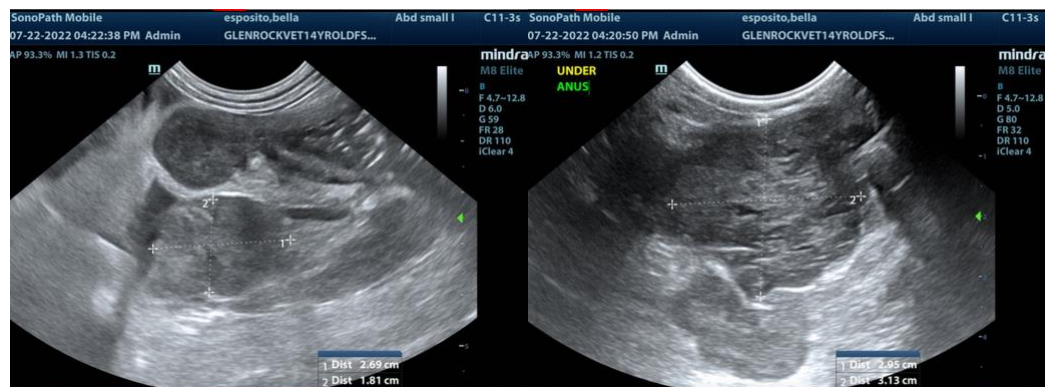
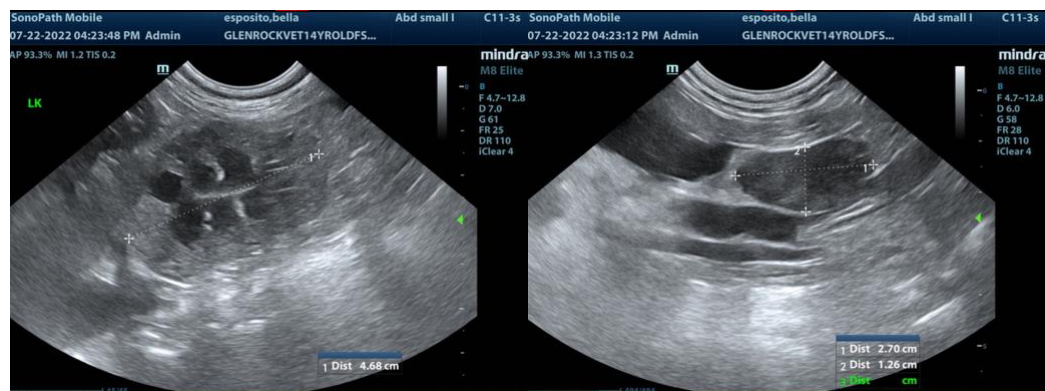
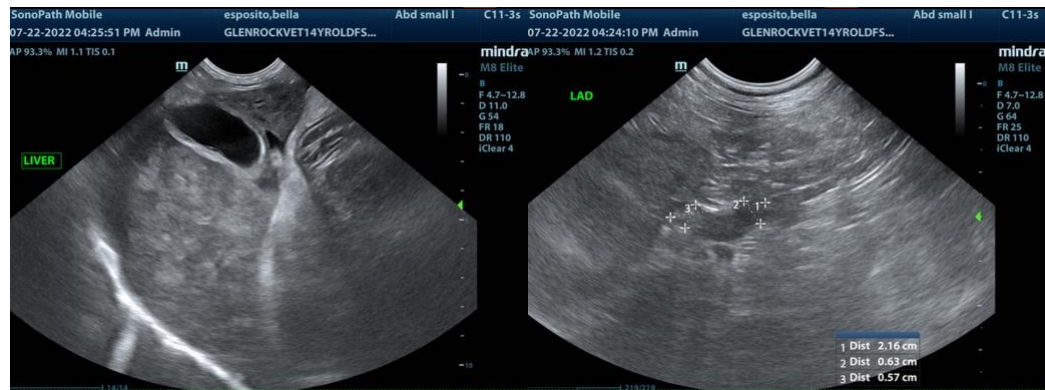
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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