

**DATE PRESENTING CLINICAL SIGNS**

7/28/23

Diarrhea for 4 days, vomited once ~4 days ago. Not eating dog food but will eat treats and table food. Weight loss- was 75 pounds one year ago. Mass palpated on rectal exam- left anal sac area- walnut sized

PATIENT

Penelope White

Current Medications: Metronidazole 250mg 1.5 tablets PO BID x 7 days, Fortiflora SID, Famotidine 20mg SID, i/d

Lab Results: Lipase 2646, Calcium normal, CBC normal.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

3/31/10

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. The right kidney measured 6.02 cm. The left kidney measured 6.02 cm.

WEIGHT

63 Pounds

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 2.64 cm x 0.76 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.87 cm x 1.04 cm at the caudal pole and 0.93 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Minor hypoechoic micronodular changes noted. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Burk

INVOICE

44464

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.

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 mixed hypoechoic 3.1 cm x 2.0 cm parenchymal mass was noted with in the region of the left anal gland with regional inflammation. The mass was undifferentiated and exact origin cannot be ascertained, though suspected to anal gland. Iliac lymph nodes were unremarkable.

Rapid view of the heart revealed no evident pathology.

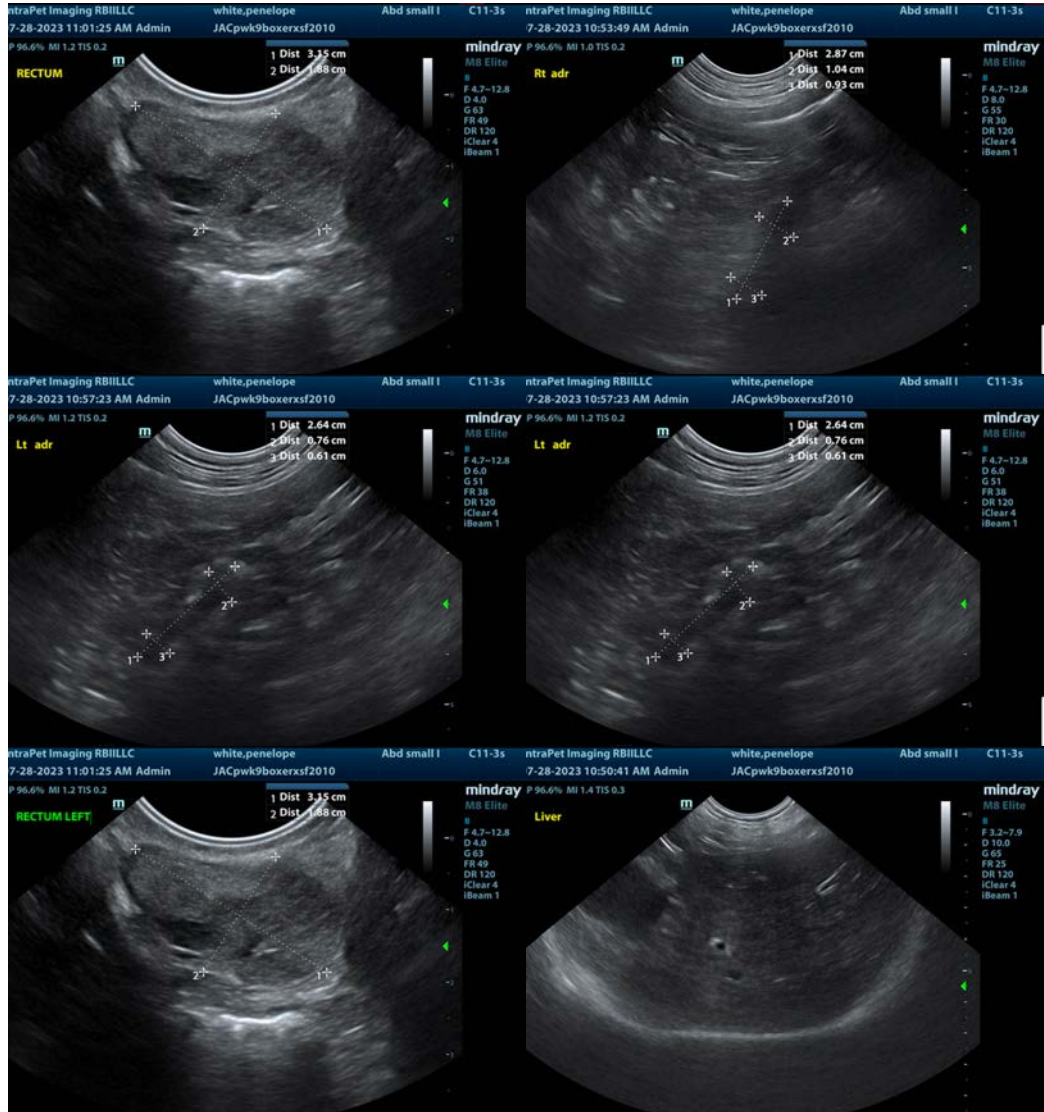
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass in the region of the left anal gland
- Minor micronodular splenic changes
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of suspected rectal/anal gland mass indicated for further definition. The margins around the mass were somewhat ill-defined. CT evaluation would be ideal. No evidence of metastatic disease.





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.

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