



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Titan St John	History: Pre-sx AUS for anal gland adenocarcinoma sx clearance. Current meds: Prednisone, Cytoint Abnormal PE/Chem/CBC/UA Results: Elevated ALKP
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Pitbull	The <b>urinary bladder</b> , 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 was noted. Ureteral papillae were normal.
<b>SEX</b>	
Neutered male	The <b>kidneys</b> 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 7.01 cm. The left kidney measured 6.73 cm.
<b>AGE</b>	
8 years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	Both <b>adrenal glands</b> 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 1.89 x 0.47 cm at the cranial pole and 0.82 cm at the caudal pole. The right adrenal gland measured 3.08 x 0.81 cm at the cranial pole and 0.47 cm at the caudal pole.
Not provided	<b>Spleen</b>
<b>INTERPRETED BY</b>	The <b>spleen</b> revealed an isoechoic parenchymal mass that measured 5.4 cm.
Eric Lindquist, DMV DABVP, Cert. IVUSS	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The <b>liver</b> 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.
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	
Shohola VH	
<b>REFERRING VET</b>	
Dr. DeMeo	
<b>INVOICE</b>	
42356	
<b>DATE</b>	
11/5/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Titan St John	There was some residual chyme and gas was noted in the <b>stomach</b> , yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Pitbull	The base and limbs of the <b>pancreas</b> 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.
<b>SEX</b>	
Neutered male	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
8 years	The right anal gland was irregular in contour and measured 1.76 x 1.73 cm. The right anal gland revealed nodular change that expanded medially. The nodular change measured 1.17 cm. Left anal gland is unremarkable and uniform with no evidence of pathology.
<b>WEIGHT</b>	The iliac trifurcation was unremarkable. There was no evidence of metastatic disease.
Not provided	
<b>INTERPRETED BY</b>	<b><i>Heart</i></b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Rapid view of the heart revealed no evidence of pathology in the right auricle or right atrium.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Shari Reffi, CVT	Nodular right anal gland, strong concern for carcinoma.  Splenic mass, no evidence of metastatic disease. Incidental finding, yet concerning for hemangiosarcoma.
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Shohola VH	Surgical removal of the right anal gland is recommended. There is no evidence of metastatic disease. Hyperplasia and round cell neoplasia is possible, yet less likely. Chest radiographs, splenectomy and right anal gland adenectomy is all indicated.
<b>REFERRING VET</b>	
Dr. DeMeo	
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**PATIENT**

Titan St John

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

Not provided

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Shohola VH

**REFERRING VET**

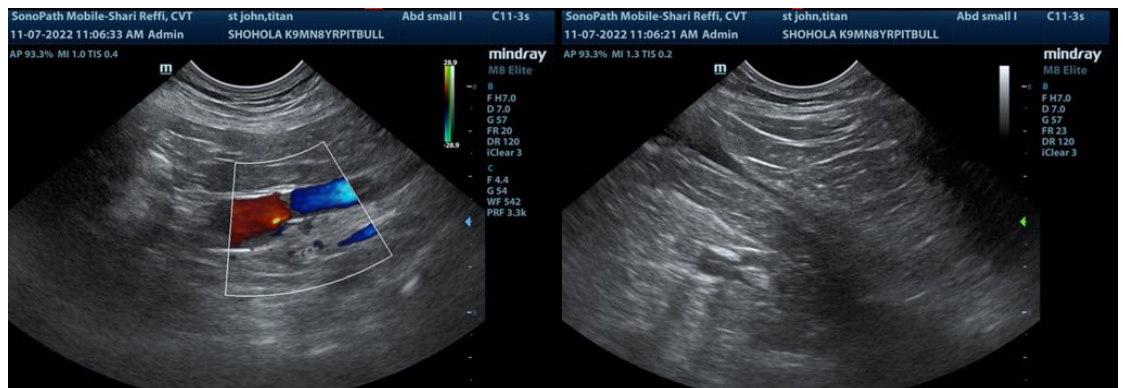
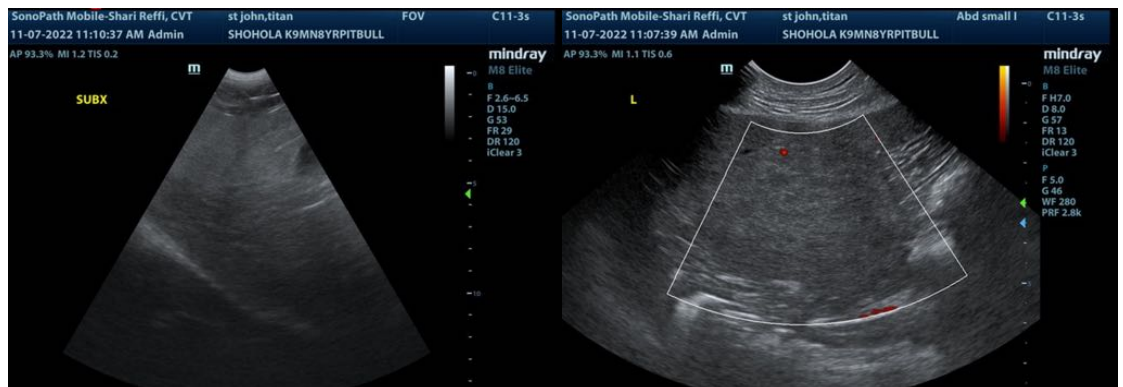
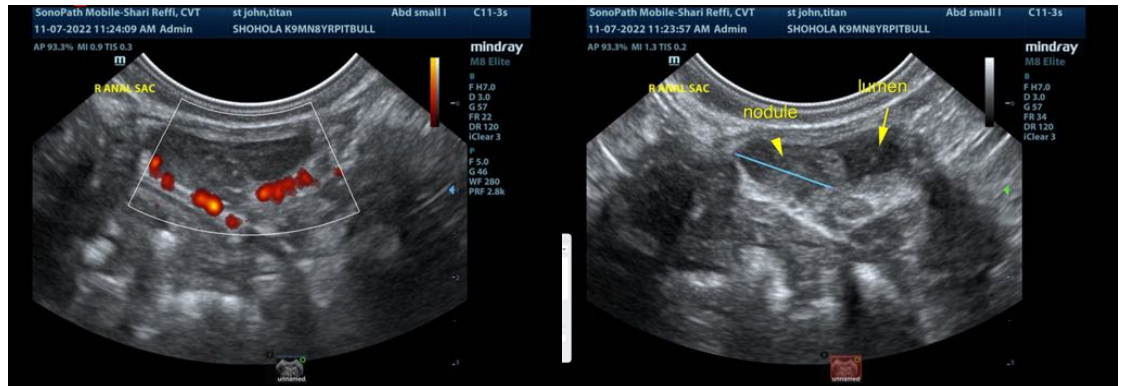
Dr. DeMeo

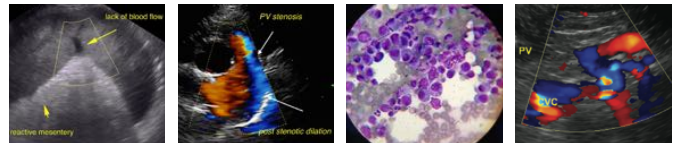
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Titan St John

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**AGE**

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**WEIGHT**

Not provided

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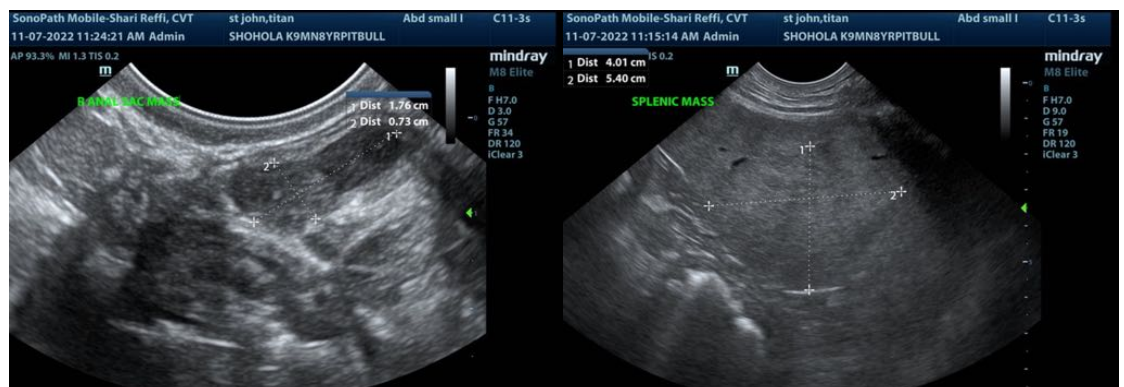
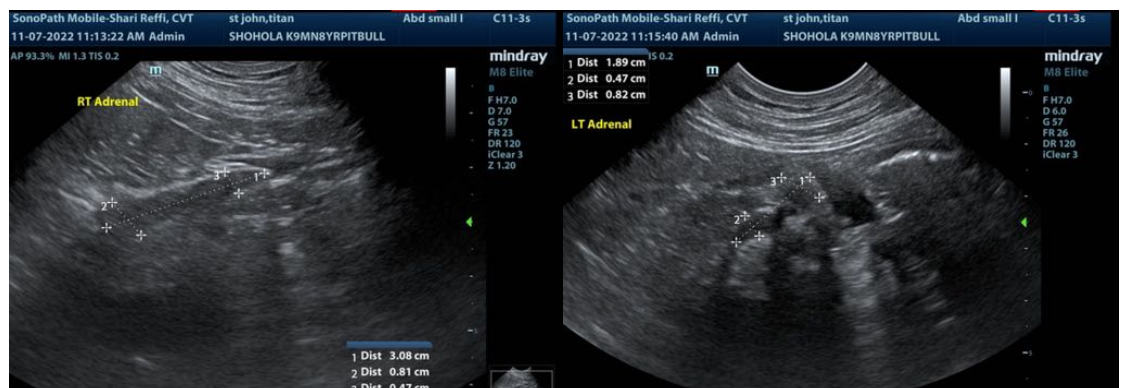
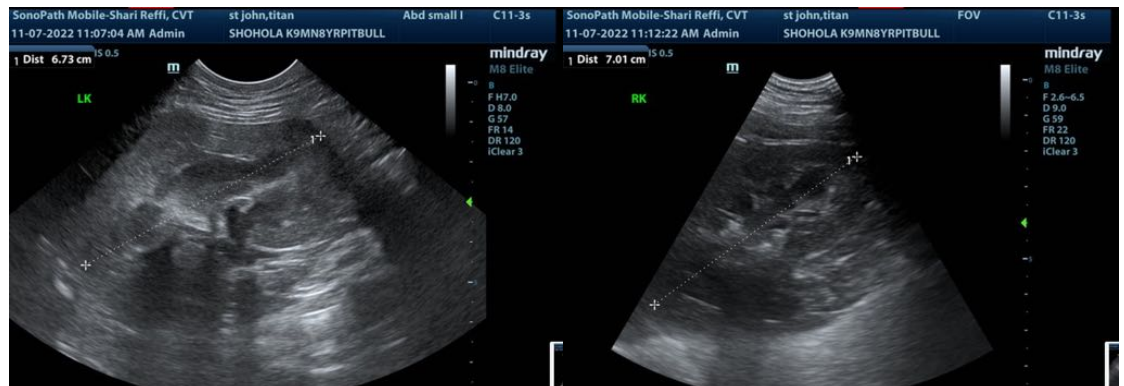
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com