



**PATIENT**

Duncan Wirth

**SPECIES**

Canine

**BREED**

Rottweiler Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

91 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Blachak

**INVOICE**

32380

**DATE**

8/17/22

**PRESENTING CLINICAL SIGNS**

History: Met check, new rectal growth-suspect colonic carcinoma vs AGASALA. Current meds: Baytril

Abnormal PE/Chem/CBC/UA Results: ALP 194, remainder wnl

**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 was 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 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 6.68 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 right adrenal gland measured 2.62 x 0.49 cm. The left adrenal gland measured 2.81 x 0.57 cm at the cranial pole and 0.61 cm at the caudal pole.

**Spleen**

The **spleen** revealed slight, heterogenous parenchymal changes with isoechoic nodule that measured 0.65 cm.

**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.



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**Gastrointestinal**

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There was some residual chyme and gas was noted in the **stomach**, 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. The colon revealed normal wall thickness with minor soft stool. There was no evidence of pathology. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**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.

**AGE**

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**Free Abdomen**

The left anal gland revealed a 3.05 x 2.6 cm encapsulated mass with mild, regional inflammatory pattern. The mass was mildly vascular on Power Doppler assessment.

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The right anal gland was empty and measured 1.0 cm.

The iliac lymph nodes are slightly enlarged and reactive measuring up to 0.5 cm in width. There was no obvious metastatic disease.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

Left anal gland mass, appears resectable. Mild edema pattern was noted around the left anal gland mass.

**IMAGING PERFORMED BY**

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Slight iliac lymphadenopathy, reactive pattern. Metastasis is not suspected.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no obvious evidence of metastatic disease. Surgical approach is recommended.

**REFERRING VET**

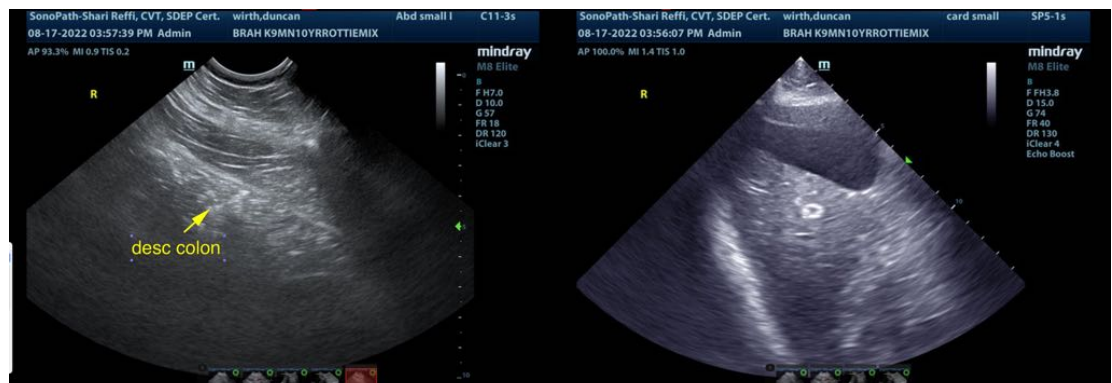
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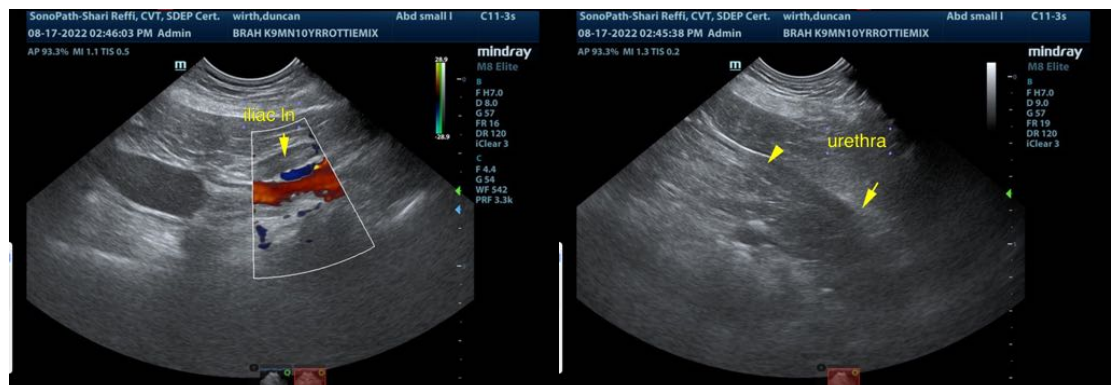
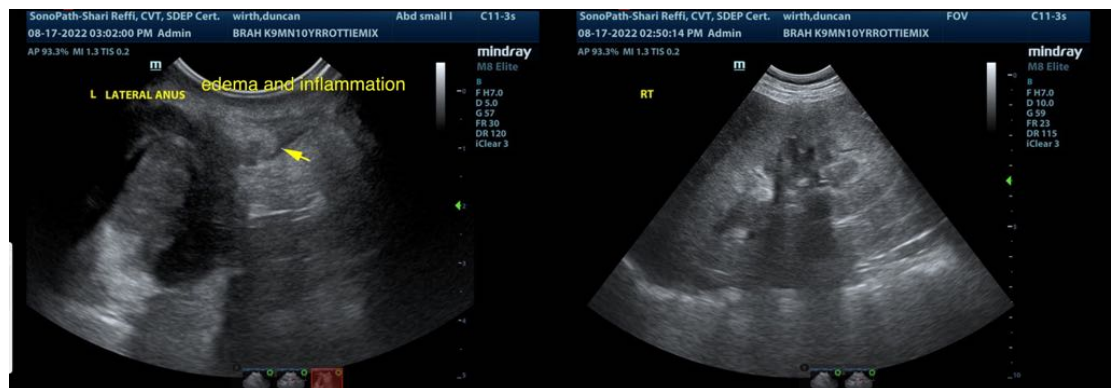
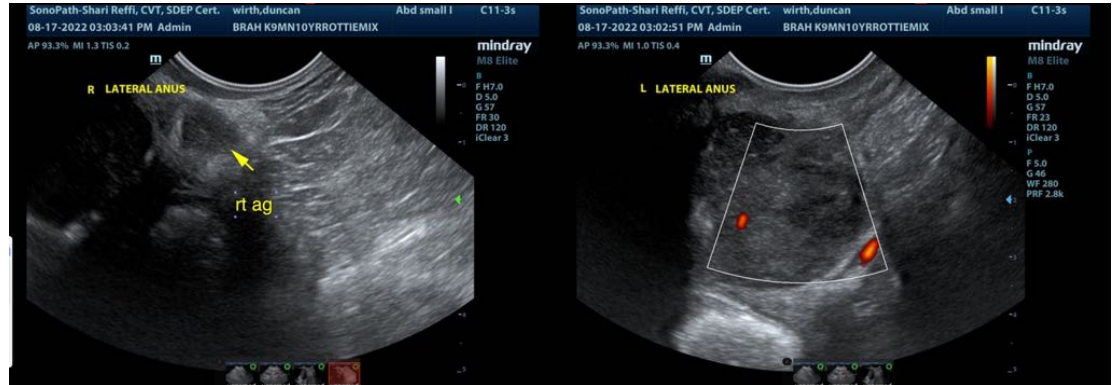
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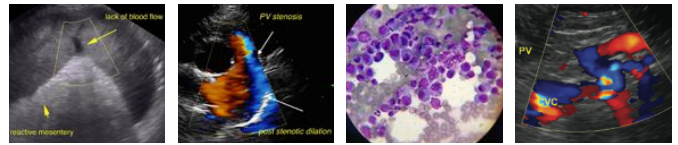
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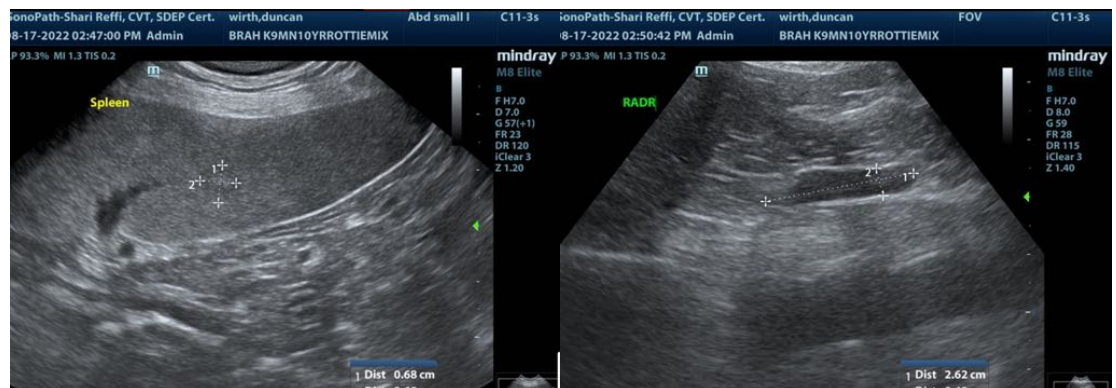
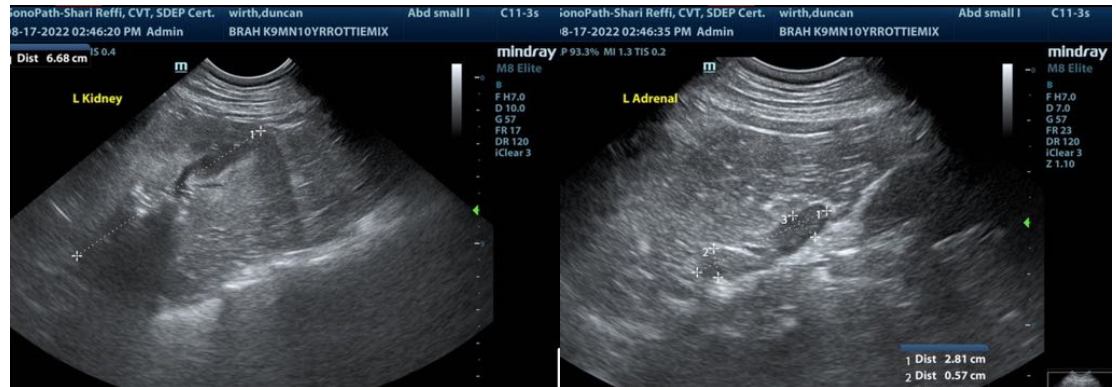
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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