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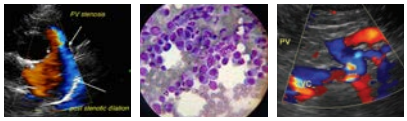

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DATE

10/13/21

PATIENT

Buddy Minton

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

8/6/08

WEIGHT

13.8 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Westminster VH

REFERRING VET

Dr. Hall

INVOICE

26253

PRESENTING CLINICAL SIGNS

History: Long term diabetic, first noticed anal gland issue in August but diagnosed 10.9.2021 with anal gland tumor, surgeon is requiring US (including sub lumbar lymph nodes prior to surgery). Blind/cataracts.

Current Medications: Novolin N 3.5 U BID, Cytopoint 20mg/ml PRN, Trazodone PRN for vet visit and grooming.
Lab Results: Labs to be sent on day of US. January 2021 results attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: utilized for AUS
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, varying in thickness from 0.5-0.26 cm. The mucosa is somewhat irregular, and there is a large, shadowing calculus evident in the dependent portion of the urinary bladder, measuring 1.47 cm. The area of the trigone, ureteral papillae and proximal urethra (to a depth of 2cm) appear normal with no evidence of a mass effect.

The prostate is normal in size (0.93 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.58 cm) with mild pyelectasia at 0.35 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A non-obstructive nephrolith is visualized 0.43 cm. Small cortical cysts are also present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.85 cm) with pinpoint non-obstructive nephroliths, pyelectasia at 0.29, and numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and

biliary tract appear normal. The hepatic parenchyma is diffusely coarse with too numerous to count ill-defined, hypoechoic nodules varying in size from 0.25-1.0 cm. A discreet hypoechoic nodule is visualized at 2.4 cm x 1.17 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.4 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The left and right anal glands are visualized. The right anal gland contains sa 1.4 cm x 1.4 cm hypoechoic mass effect, which is partially cystic. This could be consistent with a tumor or a chronically inflamed/abscessed anal gland. The left anal gland appears normal.

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, nodular liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia, non-obstructive nephroliths, and cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left and right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

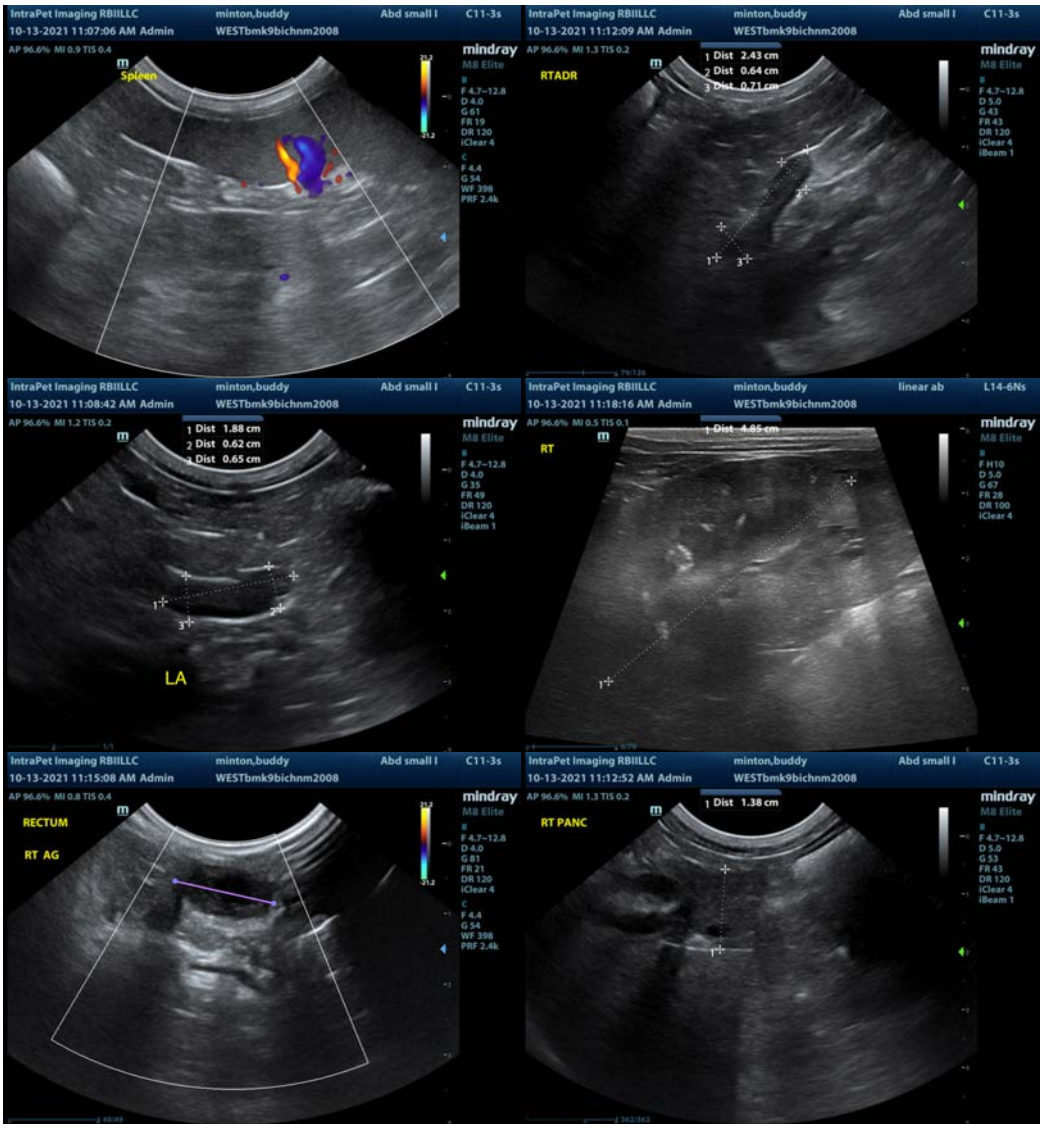
- Irregular, thickened bladder mucosa with a large bladder stone – recommend urinalysis and culture.

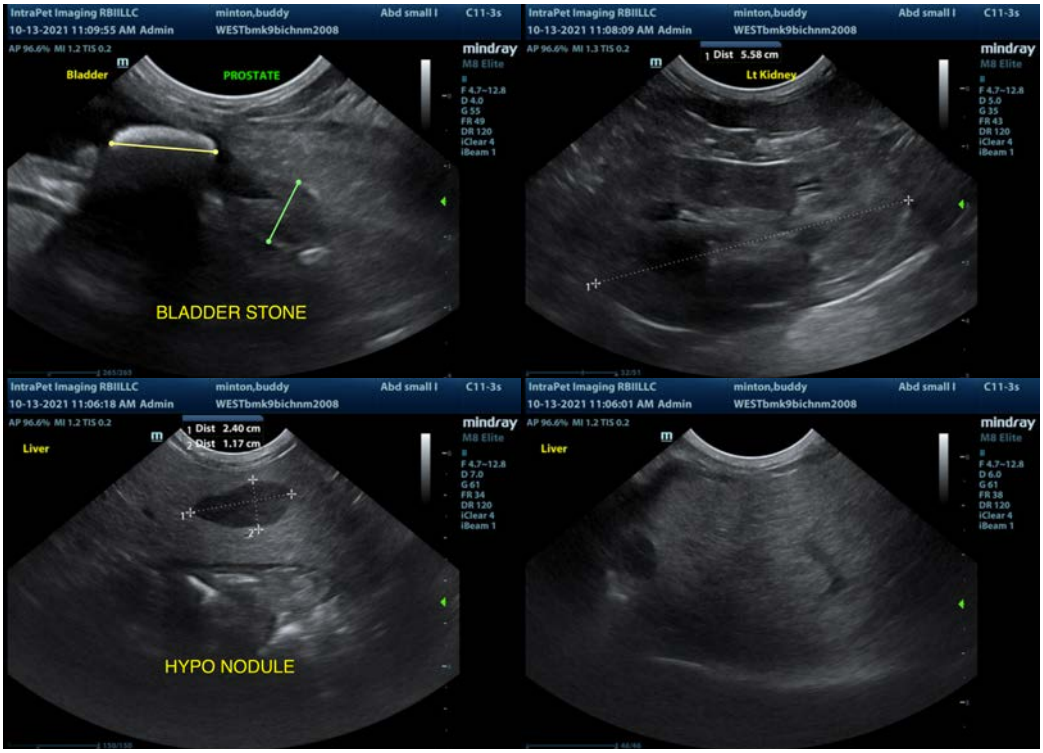
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Enlarged, abnormal right anal gland – findings consistent with a tumor or chronically inflamed anal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of metastasis from the abnormal right anal gland. Many of the changes observed are common changes observed in this breed and in a diabetic patient. This is a large bladder stone. Recommend urinalysis and culture, and consider cystotomy at the time of anal gland mass removal with urinalysis and culture. Additionally, there are chronic changes to the kidneys and liver, which I suspect are age related and associated with the diabetes. Urinalysis and culture would be helpful to rule out pyelonephritis. Recommend blood pressure evaluation. Recommend 3-view thoracic radiographs and consider a GI panel with quantitative PLI level to look for any evidence of active pancreatic inflammation.





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.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com