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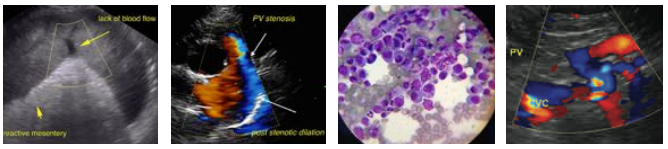


PATIENT

Mylie Rodrigues

SPECIES

Canine

BREED

Boxer mix

SEX

Female

AGE

8 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dallas Reynolds RVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

92746

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: P was initially seen on 10/22 for of pinkish eye discharge. O also reports that p has been having difficulty walking and seems stiff. O reports one episode of vomiting last week but no more seen since. P drinking excessive amounts of water and having accidents in the house. Diet consists of Hill's metabolic. Uveitis was present OS and started p on ketorolac, ofloxacin, and Gabapentin. During recheck on 10/27 - small ~0.5cm raised pink cutaneous mass on R ventral rectum with possible calcification palpated internally near R anal gland. P was scheduled for abdominal US today. CBC/Chem/UA (10/22): CBC - wnl Chem - elevated ALT - 151, elevated ALP - 245, normoglycemia 96, BUN 12, CRE 0.9 UA - USG 1.014 otherwise wnl Radiographic Findings: (10/22) Lateral and VD radiographs of the abdomen are included. The liver size is normal. The spleen is within normal limits. The kidneys and urinary bladder normal. The stomach and small intestine are normal in diameter. There is increased opacity identified in the sub lumbar region. Detail in the abdomen is adequate. There is spondylosis present at L4-L5. There is an irregular mineralization noted extending from L6 through the lumbosacral junction. The caudal thorax is within normal limits. Radiographic Conclusions/Recommendations: 1) increased opacity in the sub lumbar region with irregular mineralization noted at the ventral aspect of L6 and L7. This is concerning for lymphadenopathy and spondylitis. This is usually metastatic in origin. Careful evaluation with the perineal region is indicated to look for evidence of a perianal mass. If this is normal, abdominal ultrasound is recommended to further evaluate the caudal abdomen and aided sampling the lymph node for cytologic confirmation. The abdomen is otherwise within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

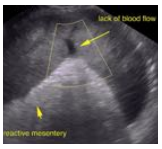
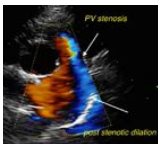
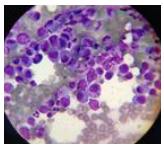
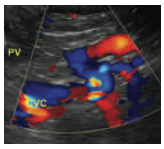
The left kidney has a normal shape and size (6.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 1.21 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. The duodenum measured as normal (0.45 cm) and the jejunum measured as normal (0.3 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 hypoechoic as 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. There is a severe sublumbar and iliac lymphadenopathy with the medial iliac lymph node measuring 3.14 x 5.42 cm. The sublumbar lymph node measured at 2.18 x 2.64 cm. The omentum is of normal uniform echogenicity.

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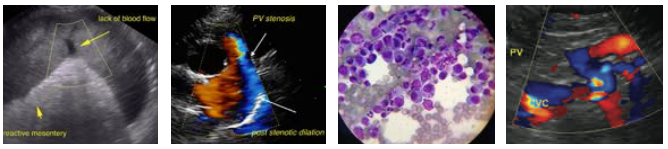

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Severe enlargement of the sublumbar lymph nodes. The findings are concerning for a severe lymphadenopathy. This focal, severe lymphadenopathy is concerning for a metastatic process related to the peri-anal mass described.
- Heterogenous 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.

SECONDARY FINDINGS:

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent left adrenal gland. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are very large, caudal abdominal lymph nodes. This area drains the pelvic limbs and the rectal area. Based on the physical exam history there is concern for a metastatic anal gland tumor. Consider FNA of the anal gland or surgical excision and consultation with a veterinary oncologist if diagnosis is obtained. Confirm that the calcium levels are normal and I recommend three view thoracic radiographs.

Additionally the left adrenal gland is enlarged. The significance of this is unclear. If hypercalcemia is not present then there is a potential for adrenal dependent disease causing PU/PD. You can consider these options:

- If signs of Cushing's are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent Cushing's is suspected and supported by adrenal function testing consider medical therapy with Lysodren or Trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of Cushing's are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.

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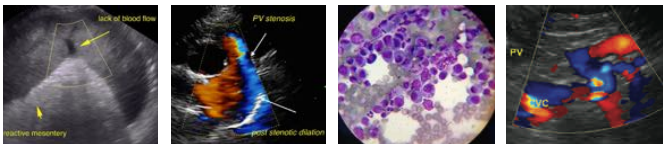

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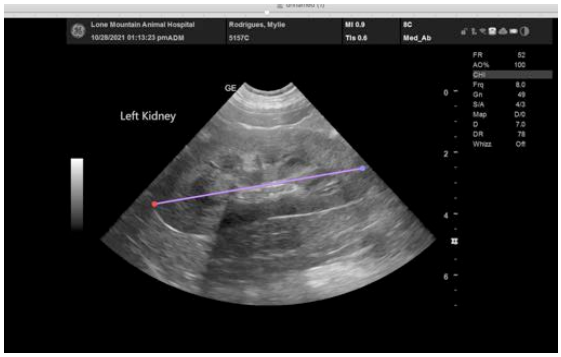

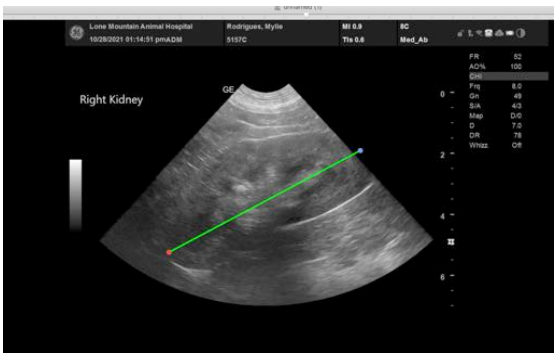

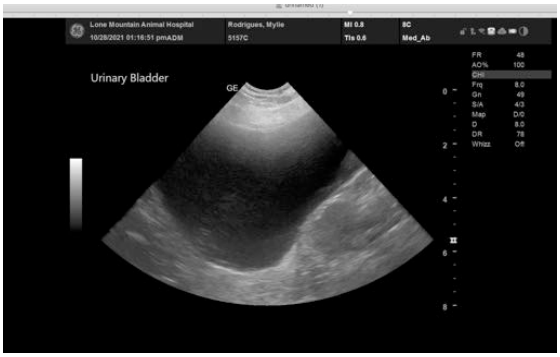

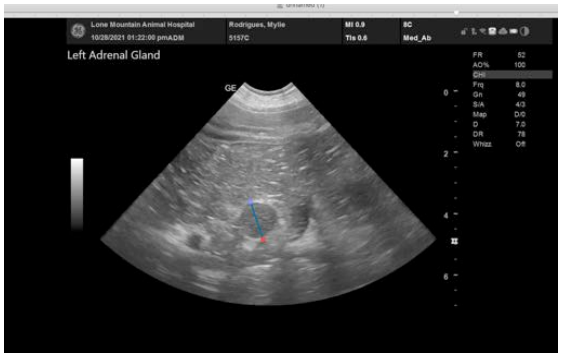

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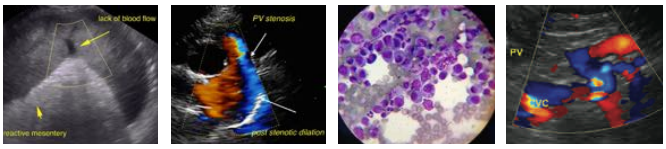

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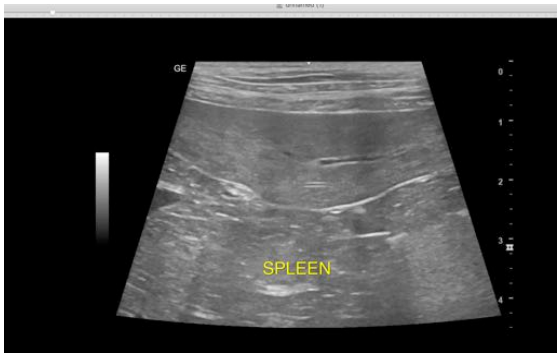

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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