



## PATIENT

Cooper Spangler

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

No Meds. Current Problem List: Apocrine gland adenocarcinoma (right anal gland) 2/10/22  
Presenting Complaint: Px presenting for staging, diagnosed with right - AGASACA. Pertinent  
Diagnostic Results: 2/10/22 Cytology - Apocrine gland adenocarcinoma of the anal sac 1/17/22 -  
Total Body Function: Total Body Function ALP 155 Ca++ 10.5 (N) PSL 161 PLTs 709  
Normocalcemic, mild ALP elevation, thrombocytosis likely breed related

## BREED

King Charles Spaniel

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Neutered Male

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.

## AGE

11 Years

The prostate is normal in size (0.8 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.

## WEIGHT

23.4 Pounds

The left kidney has a normal shape and size (5.24 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.

## INTERPRETED BY

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

The right kidney has a normal shape and size (5.35 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 0.49 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.

## HOSPITAL NAME

Truckee Meadows VH

### 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. There is a very small hypoechoic nodule visualized in the parenchyma of the spleen measuring 0.49 cm x 0.55 cm.

## REFERRING VET

Dr. Rachel Kuester

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## INVOICE

35891

## DATE

2/24/22



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**SPECIES**

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**BREED**

King Charles Spaniel

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

23.4 Pounds

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**IMAGING BY**

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The gallbladder lumen is minimally distended. The wall of the gall bladder appears relatively normal with some adherent mineralized debris/stones in the dependent portion/neck of the gallbladder. There is no surrounding inflammation or fluid.

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.45 cm 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. Jejunum wall measured 0.26 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 normal and isoechoic to surrounding 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. No significant mesenteric lymphadenopathy. The area of the sublumbar lymph nodes is visualized. The left sublumbar lymph node is small enough to not be clearly seen. The right sublumbar lymph node is isoechoic, normal in shape, and measures 0.69 cm. The omentum is of normal echogenicity.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

- Small hypoechoic nodule within the splenic parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous 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. If liver enzymes are normal, this could be age related change.
- Mineralized debris and stones within the gallbladder lumen – No evidence of an obstruction at this time, but continued monitoring is warranted.



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**SPECIES**

Canine

- Normal left sublumbar lymph node, slightly prominent right sublumbar lymph node – This could be normal for this individual, or could be consistent with mild reactive change, less likely metastatic neoplasia. Recommend continued monitoring.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

King Charles Spaniel

Many of the changes observed on today's scan are likely incidental findings.

**SEX**

Neutered Male

There is a small nodule in the spleen. I would recommend continued monitoring of this for progression of the lesion. Fine needle aspirate could be considered, but this small and would be challenging to sample.

**AGE**

11 Years

The liver is somewhat heterogeneous, and there are mineralized stones visualized within the gallbladder lumen. If liver enzymes are normal, continued monitoring of the gallbladder would likely be sufficient. If there is significant liver enzyme elevation, consider treatment for cholecystitis (possibly without using Ursodiol, as this could prompt passage of stones), a liver function test, and possibly a fine needle aspirate of the liver.

**WEIGHT**

23.4 Pounds

There is no overt evidence of metastatic disease present. The right sublumbar lymph node is slightly more prominent than the left, so continued monitoring is warranted.

**INTERPRETED BY**

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

**IMAGING BY**

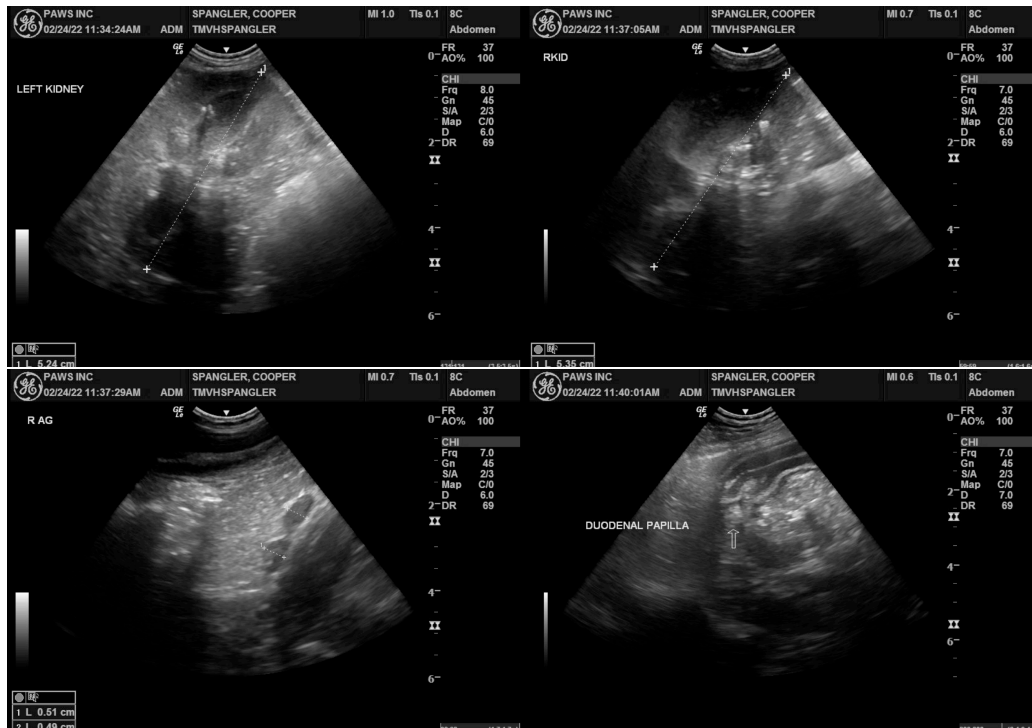
Loetitia Saint-Jacques,  
LVT

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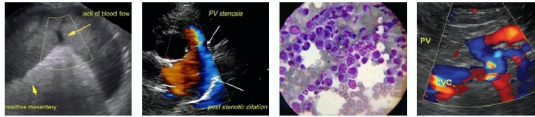


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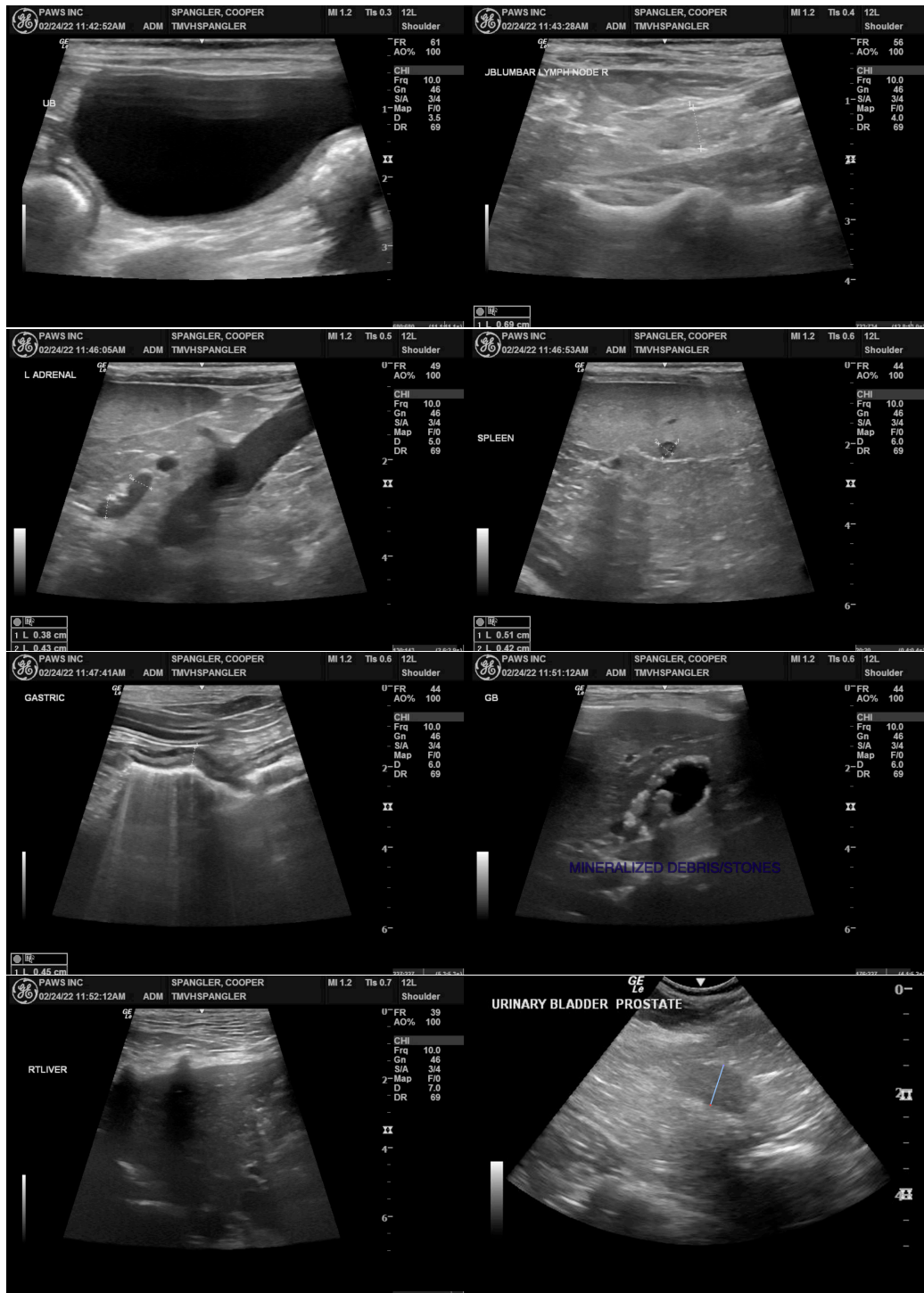
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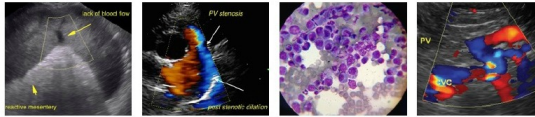
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

King Charles Spaniel

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

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

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