

PATIENT

Lola Coleman

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

8 Years

WEIGHT

57.8 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

36365

DATE

3/22/22

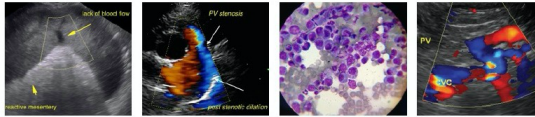
Medication Strength Dosing Instructions Last given Benadryl 50mg BID Prednisone 10mg SID - **started 3/15/21, stopped on 3/17/21 in prep for U/S Procedure: Abdominal ultrasound, perineal ultrasound Current Problem List: Soft, right-sided perineal swelling - Suspect perineal MCT, rule out perineal hernia Suspected mild sublumbar lymphadenopathy - DDx reactive vs metastatic disease Chronic hip dysplasia Severe DJD both stifles - suspect chronic CCL disease Presenting Complaint: Presented 3/15/22 for O suspected to be an anal gland abscess. They noted 4 days of swelling on the right side of anus / perineum and patient had been licking at the area, no scooting noted. On examination and rectal the anal glands were normal, there was no connection between the swelling and the right anal gland. The gland was mildly full and easily expressed, material was normal. The swelling can be palpated ventral to the anal gland, but the rectum is smooth and normal. The swelling is soft, and the margins are not apparent, it feels like it goes deep into the subcutaneous tissues. An FNA and in house cytology was performed and numerous mast cells were noted. Patient was sedated for abdominal and pelvic radiographs for further evaluation (report below). A quick focal ultrasound was performed - no fluid filled structures (bladder) or peristalsis noted in the area indicating herniation of intestine or bladder, the area appears homogenous. While final rad report was pending, I did not think it appeared consistent with a perianal hernia. High concern for MCT. Started px on Benadryl and Pred. But discontinued Pred on 3/17 in preparation for AUS and possible FNA/cytology of sublumbar LNs. Pertinent Diagnostic Results: Radiology report 3/15/22 Radiographic Findings: Radiographs of the caudal abdomen, pelvis and portions of the rear limbs were submitted. There is moderate subluxation of both coxofemoral joints. The acetabular rims are slightly shallow and cover less than one half of each femoral head. There are also osteophytes associated with the femoral necks on both sides, more severe on the left. The pelvis and sacroiliac joints are otherwise normal. There are several sites of spondylosis in the lumbar spine and at L7 S1. No lytic changes are seen in the spine. The viewable abdomen is normal. There is severe chronic DJD of both stifle joints. The colon is minimally distended. There is mild swelling in the perineal region seen best on the VD view. There is also equivocal mild sublumbar lymphadenopathy. Radiographic Conclusions/Recommendations: Suspect mild swelling in the perineal region consistent with the history. There is no evidence of constipation/obstipation. There is suspect mild sublumbar lymphadenopathy. A reactive node or possibly metastatic disease is possible. I cannot rule out soft tissue neoplasia, or perineal hernia. A careful digital rectal exam is recommended along with an ultrasound of the region of the sublumbar nodes, caudal abdomen and perianal region. The appearance of the coxofemoral joints is consistent with chronic hip dysplasia. The severe DJD of both stifle joints is consistent with chronic cranial cruciate disease.

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 (6.2 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.



PATIENT

Lola Coleman The right kidney has a normal shape and size (6.59 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.

SPECIES

Canine

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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.

BREED

Pit Bull

The right adrenal gland is normal in size measuring 0.82 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.

SEX

Spayed Female

Spleen

The spleen is normal/borderline large 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.

AGE

8 Years

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.

WEIGHT

57.8 Pounds

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.

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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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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 0.50 cm. Jejunum wall measured 0.32 cm. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Lola Coleman **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumber lymph nodes are prominent with th left sublumber lymph node measuring 0.71 cm in width and the right measuring 0.76 cm. The omentum is generally of normal echogenicity.

SPECIES

Canine **Other**

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

BREED

Pit Bull There is a large mass visualized in the perianal region. This mass lesion is hypoechoic and of mixed echogenicity, largely solid, but there are occasional more cystic-appearing areas. The mass measures greater than 0.4 cm x 3.7 cm.

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female • Borderline large spleen – The spleen appears relatively normal but is borderline large in size. Given the history of possible mast cell disease, a fine needle aspirate could be considered.

AGE

8 Years • Large perianal mass – Recommend ultrasound guided fine needle aspirate.
• Sublumber lymphadenopathy-these could represent reactive or metastatic disease.

WEIGHT

57.8 Pounds There is a large perianal mass visualized intrapelvically. The origin of this mass lesion is unclear. Recommend contrast CT scan to better image the intrapelvic structures and assess the lesion for surgical removal. Based on the results of CT scan and cytology, consultation with a veterinary oncologist and surgeon can determine a plan of action.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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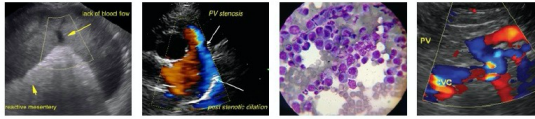
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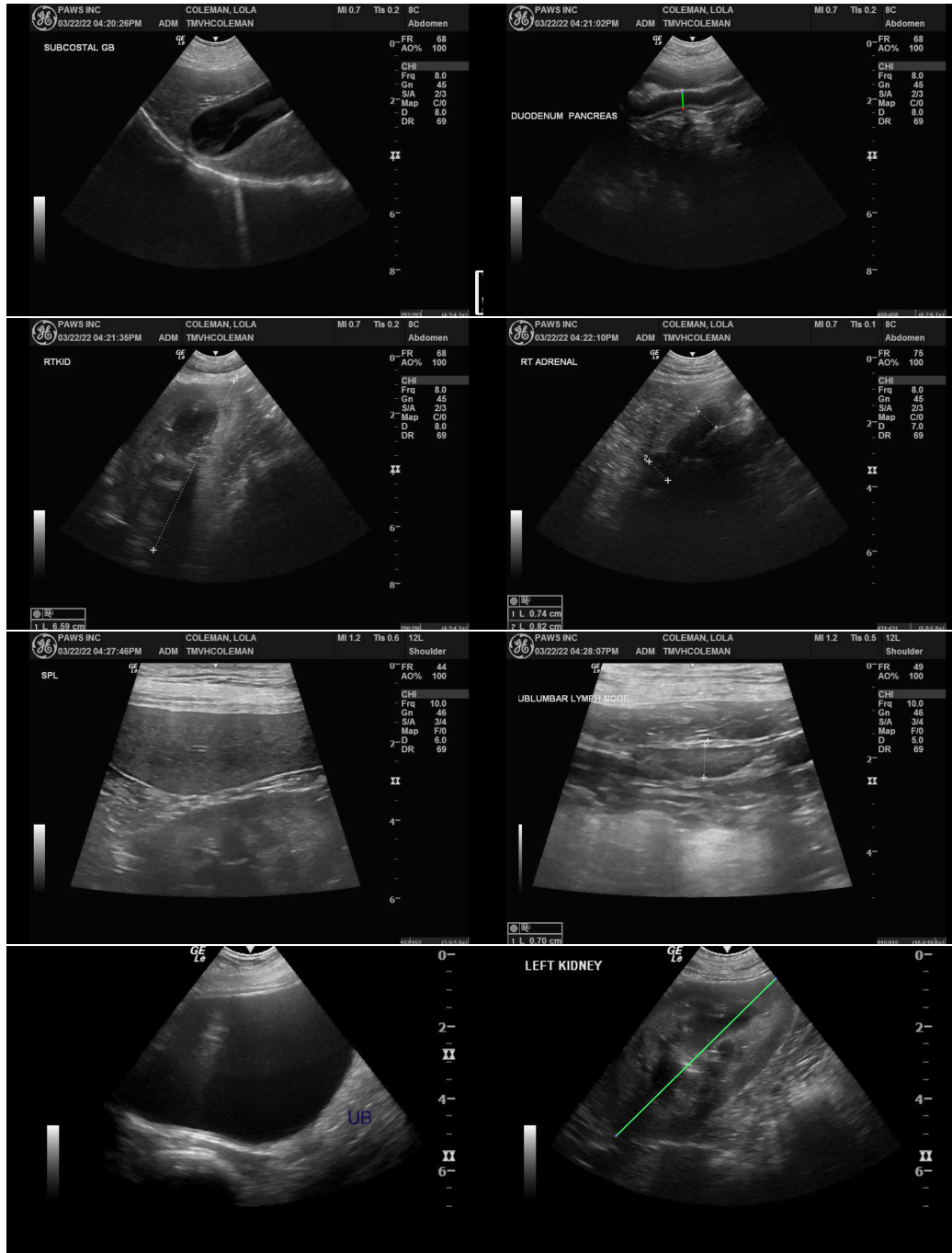
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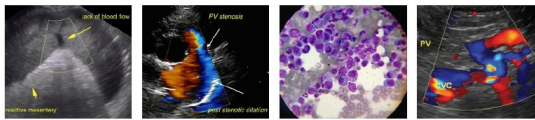
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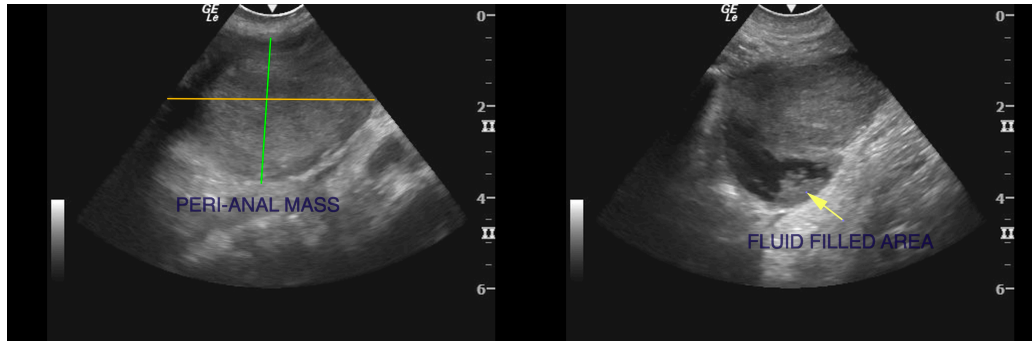
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Spayed Female

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.

AGE

8 Years

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.

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