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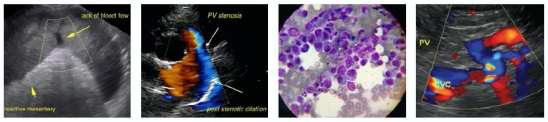

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jack Keeble

SPECIES

Canine

BREED

Bearded Collie

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

63.1 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

36604

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History Positive Heartworm test on 1/25/22 during routine wellness exam. No symptoms of HWDz. Xrays for pretreatment workup were suspicious for pulmonary nodules. Repeat xrays 3/28/22 showed nodules had become larger although no all that radiodense. HWTx postponed. Physical Exam Findings BARH BCS5/9. Heart/lungs WNL. Abdomen benign. 3 x 3 cm SQ mass on right ventral torso (feels like a lipoma). Abnormal CBC Values WNL Abnormal Chemistry Values ALP 600 Abnormal UA Values N/A Radiograph Findings (Email if Available) See radiology report ATTACHED Reason for Ultrasound Stage for neoplasia
Abnormal PE/Chem/CBC/UA Results: rad report attached- nodular mass on right anal gland noted on rectal exam

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 (6.54 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 (6.87 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 normal in size measuring 0.58 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 large in size measuring 1.06 cm at the cranial pole, 0.89 cm at the caudal pole, and 2.67 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat abnormal in appearance in that it is large and there is a hyperechoic nodule in the cranial pole measuring 0.68-0.61 cm. this nodule does not deform the shape of the adrenal. The vasculature appears normal.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hypoechoic nodule visualized within the parenchyma, measuring at 1.01 cm.

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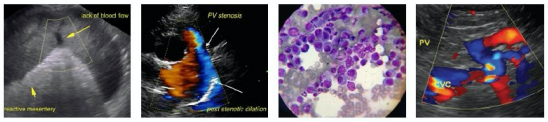

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Liver

The liver is subjectively normal in size, and 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. There is a distinct hyperechoic nodule visualized within the parenchyma, measuring 0.73 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a scant amount of free fluid around the sublumbar lymph nodes. There is a severe focal lymphadenopathy involving the sublumbar lymph nodes. There is a cluster of very enlarged, hypoechoic nodes. The right lymph node measures 6.71 cm x 3.77 cm. In cross section, there is a cluster of lymph nodes with diameters and 4.27 cm, 2.8 cm, and 3.0 cm. The omentum is of increased echogenicity around the enlarged sublumbar lymph nodes.

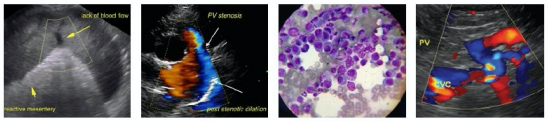
Other

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

A subcutaneous mass is imaged measuring approximately 3.5 cm x 6.5 cm. This lesion is solid, and likely fat echogenicity. Recommend fine needle aspirate.

ULTRASONOGRAPHIC FINDINGS

- Small, hypoechoic splenic mass – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis,



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infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Heterogeneous liver with hyperechoic nodule – 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. The hyperechoic nodule has a somewhat benign appearance. Recommend continued monitoring.

- Large right adrenal gland with hyperechoic nodule in the cranial pole – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

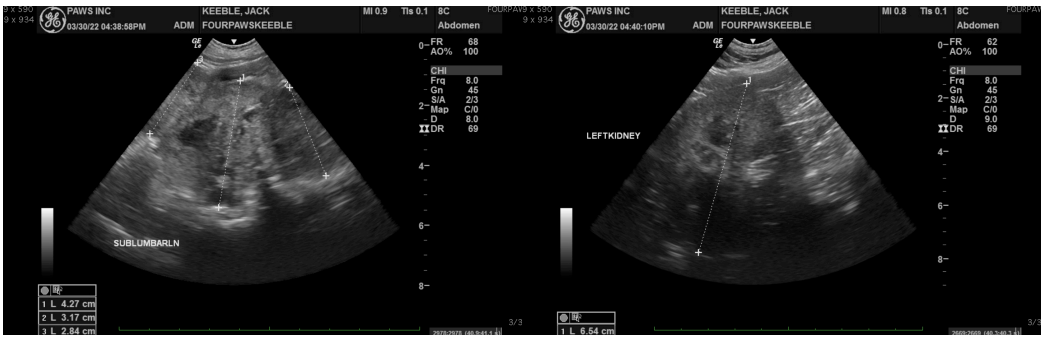
- Severe sublumbar lymphadenopathy – Findings are concerning for a metastatic lesion arising from the anal gland mass reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a severe sublumbar lymphadenopathy present. This combined with the anal gland mass reported is concerning for a possible metastatic lesion. Recommend fine needle aspirate with cytology of the anal gland mass and consultation with a veterinary oncologist regarding prognosis and treatment options, given the possible concurrent pulmonary nodules.

There is a small hypoechoic nodule within the spleen. Due to its current location, a fine needle aspirate would likely be difficult. Recommend continued monitoring. Additionally, there is a hyperechoic nodule within the hepatic parenchyma. This is likely an incidental finding, but continued monitoring is warranted.

The right adrenal gland is enlarged with a hyperechoic nodule at the cranial pole. If signs of Cushing's are present, you could consider adrenal function testing and medical therapy or surgery to remove the adrenal gland. This adrenal gland could be benign or cancerous, and the hyperechoic nodule could even represent a metastatic lesion. Recommend blood pressure evaluation. Given the concerning findings associated with the anal gland mass lesion, this finding may not be a priority. Recommend continued monitoring, as some adrenal gland mass lesions can grow and change rapidly.



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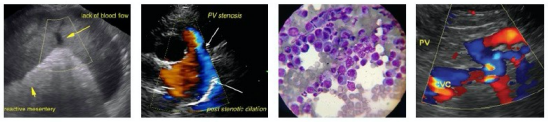

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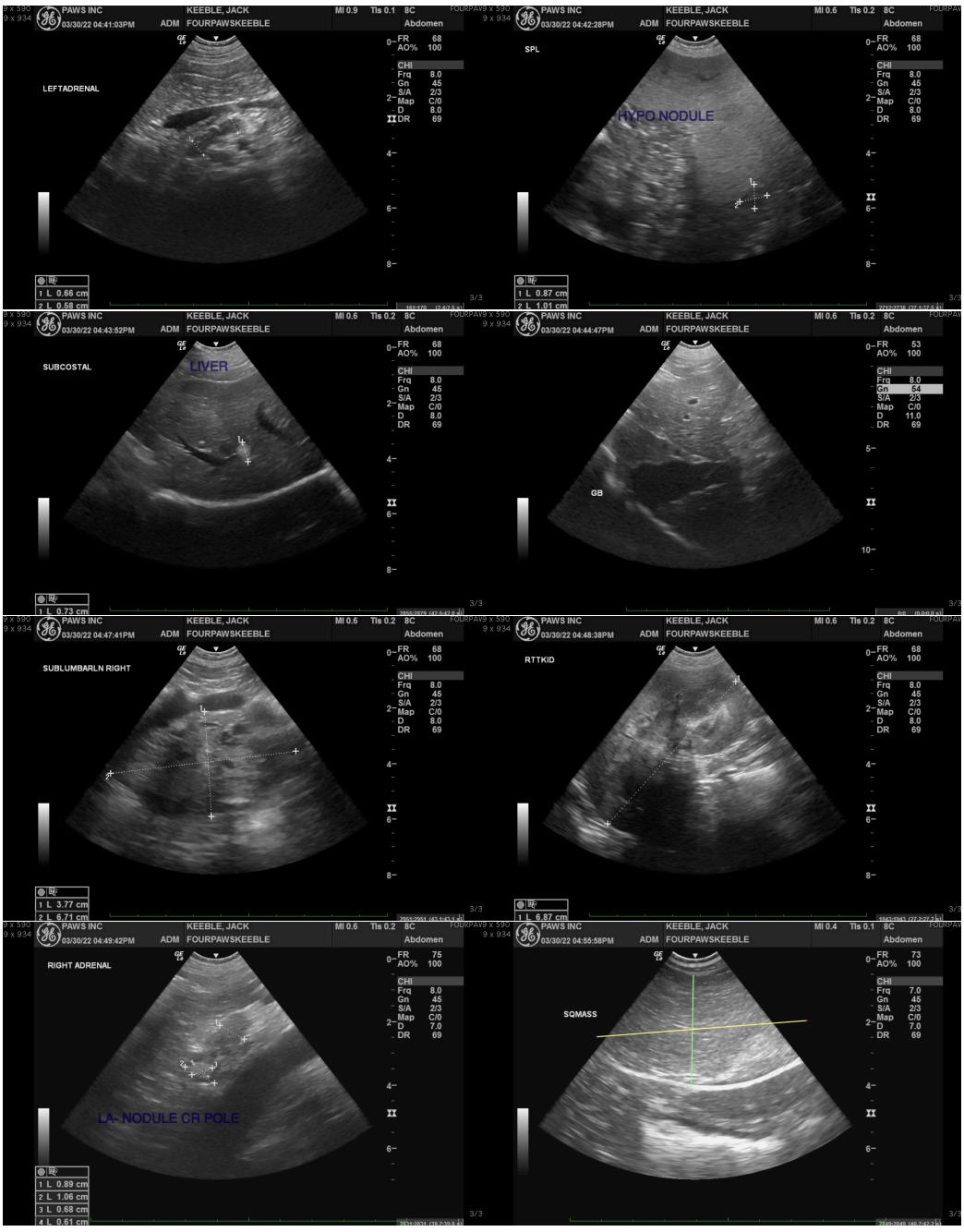

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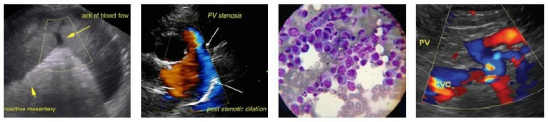

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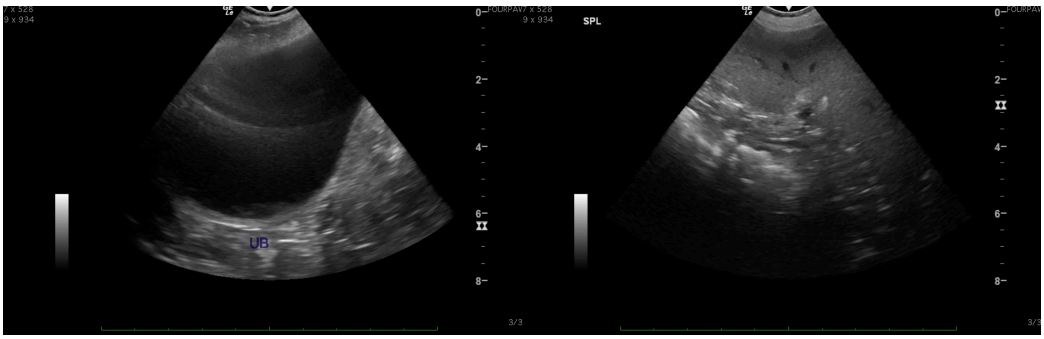

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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