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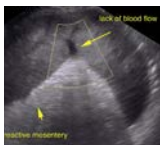
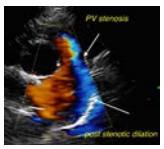
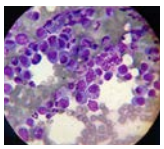
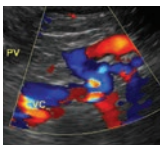

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Glory Laden

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
11 Years

WEIGHT
60 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
New Bridge VP

REFERRING VET
Dr. Abina Glennon

INVOICE
46315

DATE
3/30/23

PRESENTING CLINICAL SIGNS

History of LEFT anal gland adenocarcinoma 1 year ago. Recently aspirated SQ mass along caudal most side of right mammary chain revealed: "Significant atypia suspected and malignancy is of concern. Radiology report findings: Soft tissue swelling/mass ventral L7&sacrum • Spondylosis deformans • No evidence of pulmonary metastatic disease. The appreciated soft tissue swelling ventral to L7/the sacrum in combination with the history of anal sac adenocarcinoma is highly suggestive for lymphadenopathy of the hypogastric lymph nodes due to metastatic disease. A rectal exam can be tried with focus on the sublumbar region, ultrasound can be used to confirm the diagnosis including FNA sampling.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: all WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears of normal thickness with a smooth mucosal surface, but there are two small, raised projections visualized on the dorsal wall. One is more apical measuring 0.46 cm x 0.71 cm. The other is more caudal measuring 0.40 cm x 0.59 cm. The region of the trigone, ureteral papillae and proximal urethra appear normal and free of any calculi or mass lesions. These findings could be consistent with inflammatory polyps or early neoplastic disease.

The left kidney has a normal shape and size (5.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.81 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 0.74 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. There is a small ill-defined hypoechoic nodule visualized within the parenchyma measuring 0.53 cm.

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.

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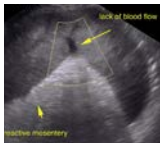
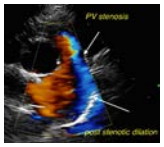
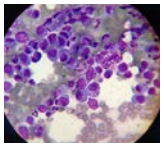
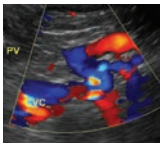

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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 (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 area of 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. There is a significant sublumbar lymphadenopathy with enlarged hypoechoic iliac lymph nodes measuring 2.4 cm x 4.93 cm and 2.09 cm x 5.25 cm. There is a smaller adjacent node measuring 0-.69 cm x 2.32 cm. The omentum is of normal echogenicity.

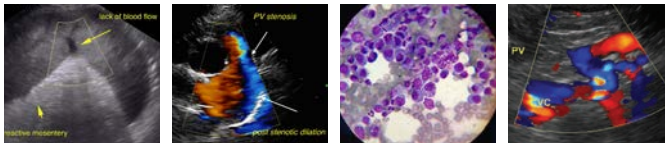
Other

The right anal gland is imaged and appears within normal limits. The region of the left anal gland (previously removed) appears normal.

There is a hypoechoic, slightly ill-defined subcutaneous mass lesion visualized on the right side, which I suspect is most consistent the suspected mammary mass described. This measures 2.01 cm x 1.05 cm.

ULTRASONOGRAPHIC FINDINGS

- Two small mass effects visualized in the dorsal wall of the urinary bladder – These lesions could be consistent with polypoid type lesions, early mass lesions, etc. Recommend urinalysis and culture.
- Ill-defined hypoechoic nodule visualized in the spleen – 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.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.



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- Severe sublumbar lymphadenopathy – Findings would be most concerning for possible metastatic disease from previously removed anal gland carcinoma.

- Subcutaneous hypoechoic mass lesion – Findings would be most consistent with the described mammary mass. Recommend a fine needle aspirate if not already done.

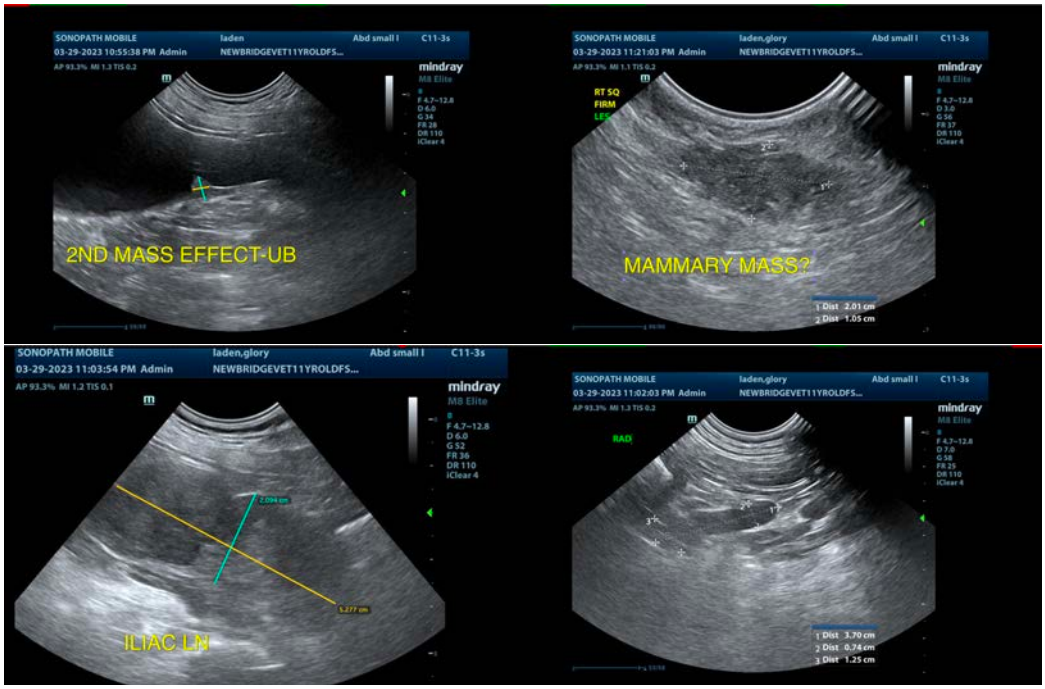
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged sublumbar lymph nodes are very concerning for possible metastatic disease to the sublumbar lymph nodes from the previously removed anal gland carcinoma. Cytologic evaluation (if possible) is recommended, and I believe a fine needle aspirate was obtained at the time of this scan. Recommend consultation with veterinary oncologist once cytologic results return to discuss prognosis and treatment options.

There are two small mass effects on the dorsal wall of the urinary bladder. These could represent benign inflammatory type polyps or early neoplastic disease. Recommend urinalysis and culture. If there is evidence of infection, recommend treatment and consider reevaluation of the urinary bladder with ultrasound after therapy. If no evidence of a urinary tract infection is present, then consider traumatic catheterization or cystoscopy to biopsy these samples. Additionally, a urine BRAF test could be performed. if this test is positive, the likelihood for a transitional cell carcinoma is much higher. If this test is negative, it is non-diagnostic and additional evaluation would be necessary.

There is a small, somewhat indistinct, hypoechoic nodule visualized in the spleen. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate.

Recommend consultation (as recommended above) with a veterinary oncologist to recommend the best possible treatment plan for this patient with possible multiple concurrent neoplastic processes.



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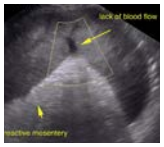
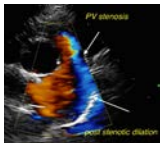
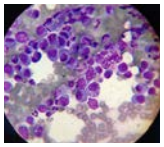
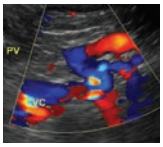

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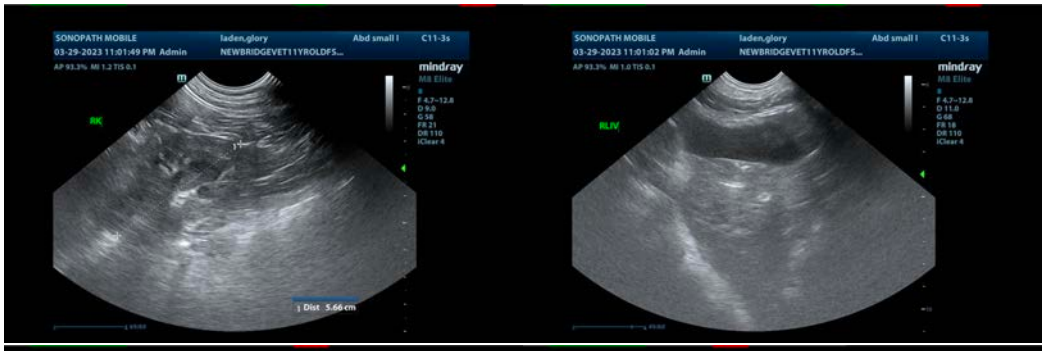

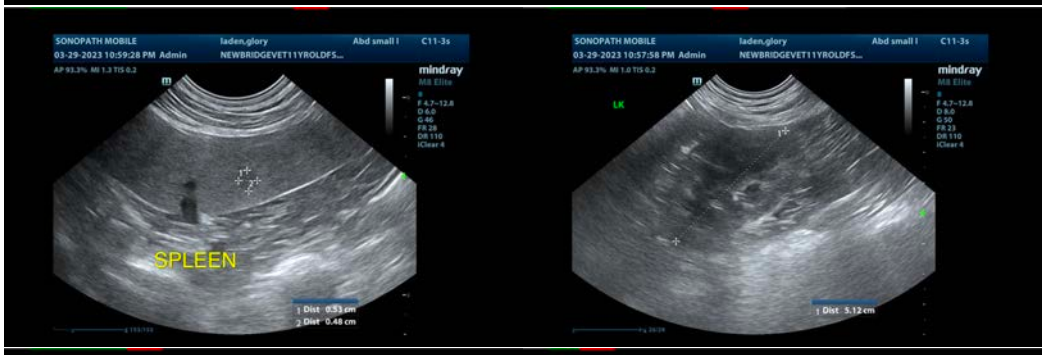

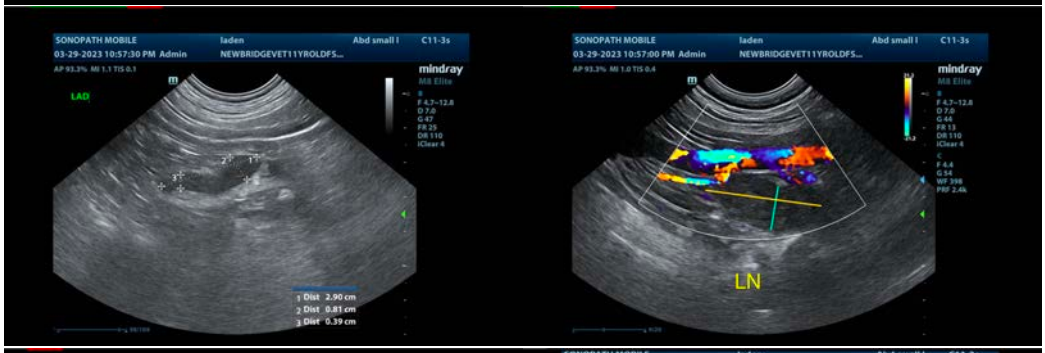

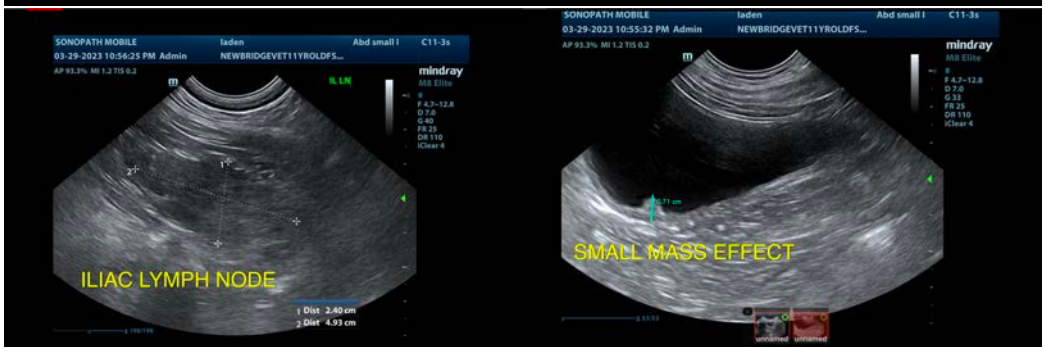

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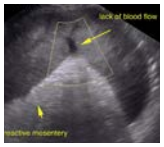
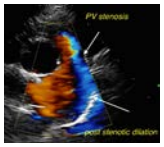
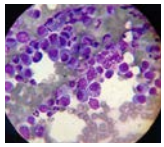
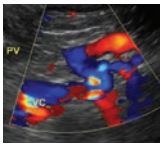

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com