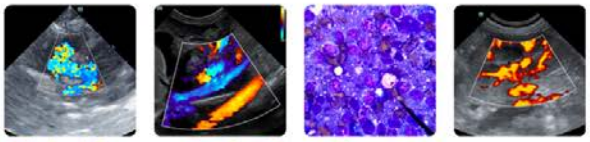

PATIENT

Wally Arnold

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Glamorgan Animal Clinic

REFERRING VET

Glamorgan Animal Clinic

INVOICE

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3/4/26

PRESENTING CLINICAL SIGNS

Anal sac adenocarcinoma - based on cytology. AUS for staging. Chest rads pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Much of the bladder wall appears of normal thickness with a smooth mucosal surface. In the apical region there is focal thickening and a polypoid-like lesion/mass effect measuring approximately 0.75 cm x 1.24 cm. In the region of the cystourethral junction/proximal/pre-prostatic urethra there are focal mineralizations most consistent with stones or clumps of stones measuring 0.85 cm and 0.66 cm. Additionally, distal in the prostatic urethra there is a small mineralization/stone measuring 0.43 cm.

The prostate is normal in size (0.59 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. There is a small stone/mineralization visualized in the prostatic urethra.

The left kidney has a normal shape and size (3.69 cm) with occasional small cortical cysts and cortical mineralizations. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.06 cm) with occasional small cortical cysts and cortical mineralizations. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.56 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.

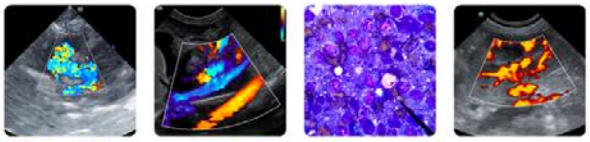
The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of 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 hypoechoic nodule visualized measuring 0.39 cm.

Liver

The liver is large in size, and slightly hyperechoic with rounded margins. The parenchyma is 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.



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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains moderate fluid/ingesta. It measures at a normal thickness of 0.35 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.35 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, hypoechoic and mottled. 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 no evidence of a diffuse lymphadenopathy. The left iliac lymph node is prominent measuring 0.29 cm x 1.49 cm. The right measures 0.38 cm in width. The omentum is normal in echogenicity.

PRIMARY FINDINGS

- Irregular apical mass effect/polypoid mass effect visualized in the urinary bladder – Findings could be consistent with an inflammatory polyp or early TCC.
- Numerous stones or clumps of stones visualized in the cystourethral junction, pre-prostatic urethra, and prostatic urethra. Correlate with urinalysis, culture and radiographs.
- Small, hypoechoic nodule 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.
- Large gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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- Prominent but not enlarged iliac lymph nodes – At this time the appearance is most consistent with mildly reactive lymph nodes. Early metastatic disease cannot be ruled out. Recommend continued monitoring.

SECONDARY FINDINGS

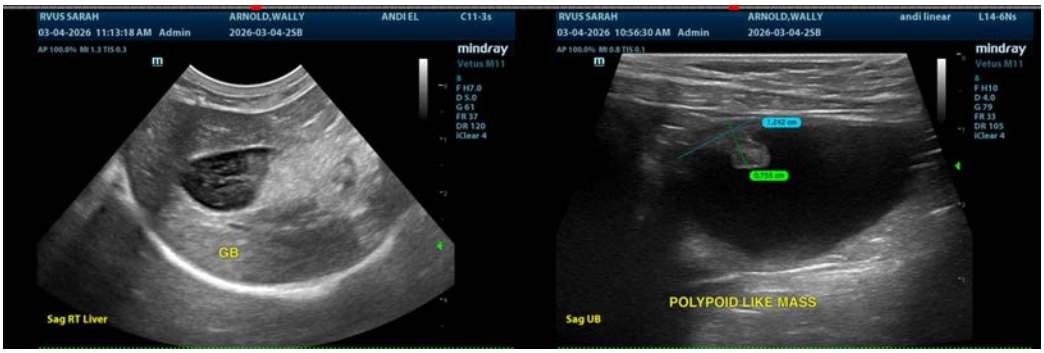
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous, slightly hyperechoic, rounded liver – Correlate with current lab work. Findings could be consistent with mild vacuolar hepatopathy or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of metastatic disease on today's exam. The iliac lymph nodes are somewhat prominent but not overtly enlarged. Recommend close continued monitoring with ultrasound (recheck in 2-3 months.

There are numerous shadowing stones visualized in the urinary bladder. I suspect some of these "stones" represent clumps of stones. Recommend radiographs to better evaluate the number and size of stones present. Additionally, in the apical region of the urinary bladder there is a "mass effect". This could represent an inflammatory type of polyp or an early neoplastic lesion. Correlate with urine culture, urinalysis. If an infection is present, you could consider repeat imaging after treatment to see if the lesion is improving. Ultimately cystotomy may be warranted to remove the stones and to biopsy. If this is done, recommend catheterization to try to retrograde flush stones back into the urinary bladder. Also recommend radiographs of the urethral region, looking for a more distal stone.

There is a small hypoechoic nodule in the spleen. This could represent a benign or early neoplastic lesion. Options moving forward could include a fine needle aspirate and continued monitoring with ultrasound.



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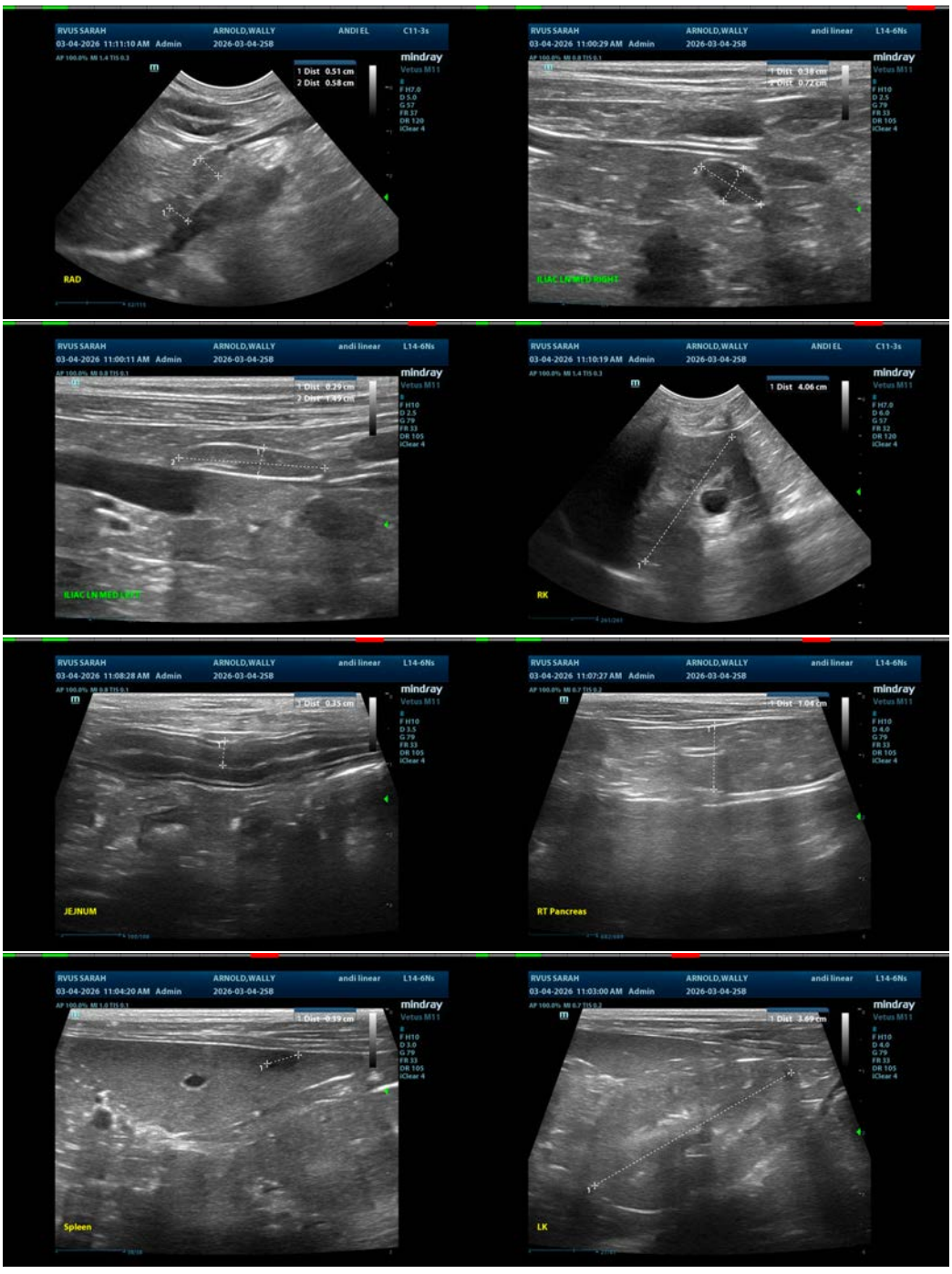

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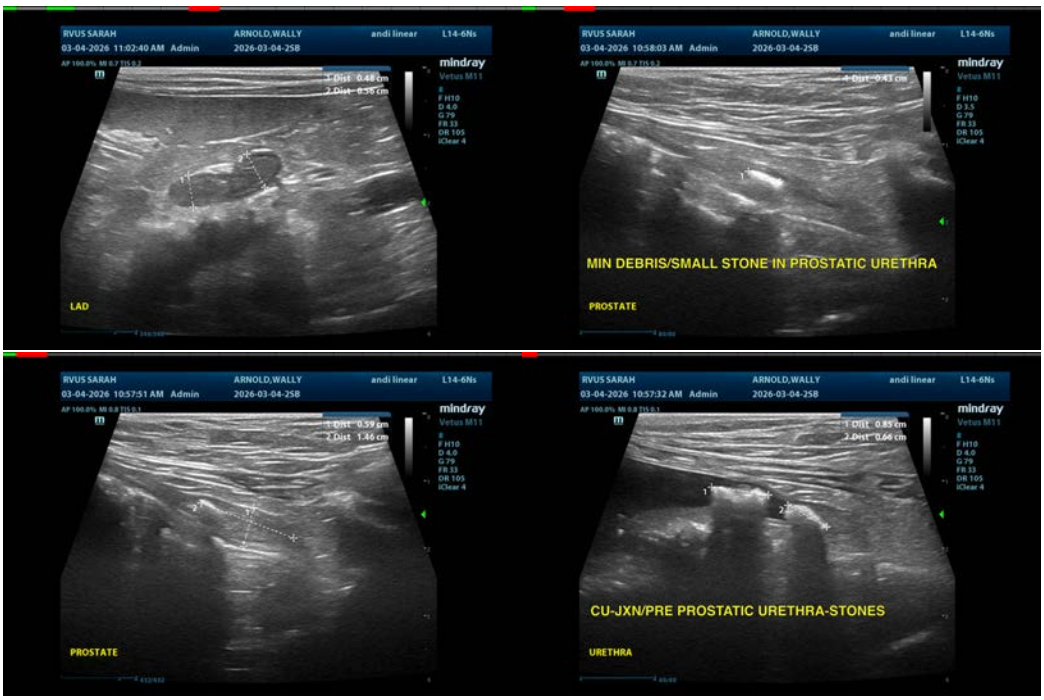

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com