



PATIENT PRESENTING CLINICAL SIGNS

Billy McCafferty

P presented for annual exam - no clinical signs at home - eating, drinking normally, no scooting or licking at hind-end. Hypercalcemia found on chemistry. 25mm mass felt on r. anal gland. Checking for metastasis.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Ca 12.2mg/dl Chloride 107 TP 8 Albumin 4.2 ALT 440 AST 66 ALP 1538 Cholesterol 351 Triglycerides 936 (not a fasting sample) Cytology of R. anal gland mass consistent with AGASACA.

BREED

Jack Russell

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

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

12 Years

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

32.9 Pounds

The left kidney has a normal shape and size (6.24 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.12 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.

IMAGING PERFORMED BY

Adrenal Glands

Dr. Danielle Lanz

The left adrenal gland is normal in size measuring 0.71 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.

HOSPITAL NAME

New Holland VH

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

REFERRING VET

Spleen

Dr. Danielle Lanz

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. No focal parenchymal abnormalities are visualized.

INVOICE

43359

Liver

DATE

6/21/23

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The liver appears diffusely nodular with too numerous to count expansile hypo- to isoechoic nodules varying in size from approximately 1-2 cm. There is a larger nodule visualized on the right caudal portion of the liver measuring 2.66 cm x 2.43 cm.



PATIENT

Billy McCafferty

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

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.

BREED

Jack Russell

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 0.44 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

12 Years

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.

WEIGHT

32.9 Pounds

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Diffusely irregular, nodular liver – There is no “normal” appearing liver visualized. These changes could be consistent with severe regenerative nodules, less likely neoplastic change, etc.

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REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver is severely nodular and irregular. Significant areas of normal parenchyma are not clearly visualized. These changes could be consistent with severe regenerative nodules secondary to chronic liver disease, or less likely could be consistent with metastatic change. Additional testing will be necessary to further evaluate. I suspect this is less likely associated with the anal gland nodule, but I cannot say this definitively.

DATE

6/21/23

Recommend a liver function test and current bloodwork, looking for liver enzyme elevations. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal). A fine needle aspirate may help to rule out obvious metastatic lesions. A contrast CT scan for a more global view of the liver and a liver biopsy may be necessary to evaluate the appearance of the liver more definitively, particularly if liver function and liver enzyme abnormalities are present. This appearance could be consistent with cirrhotic type change, but the liver appears adequate in size at this time.



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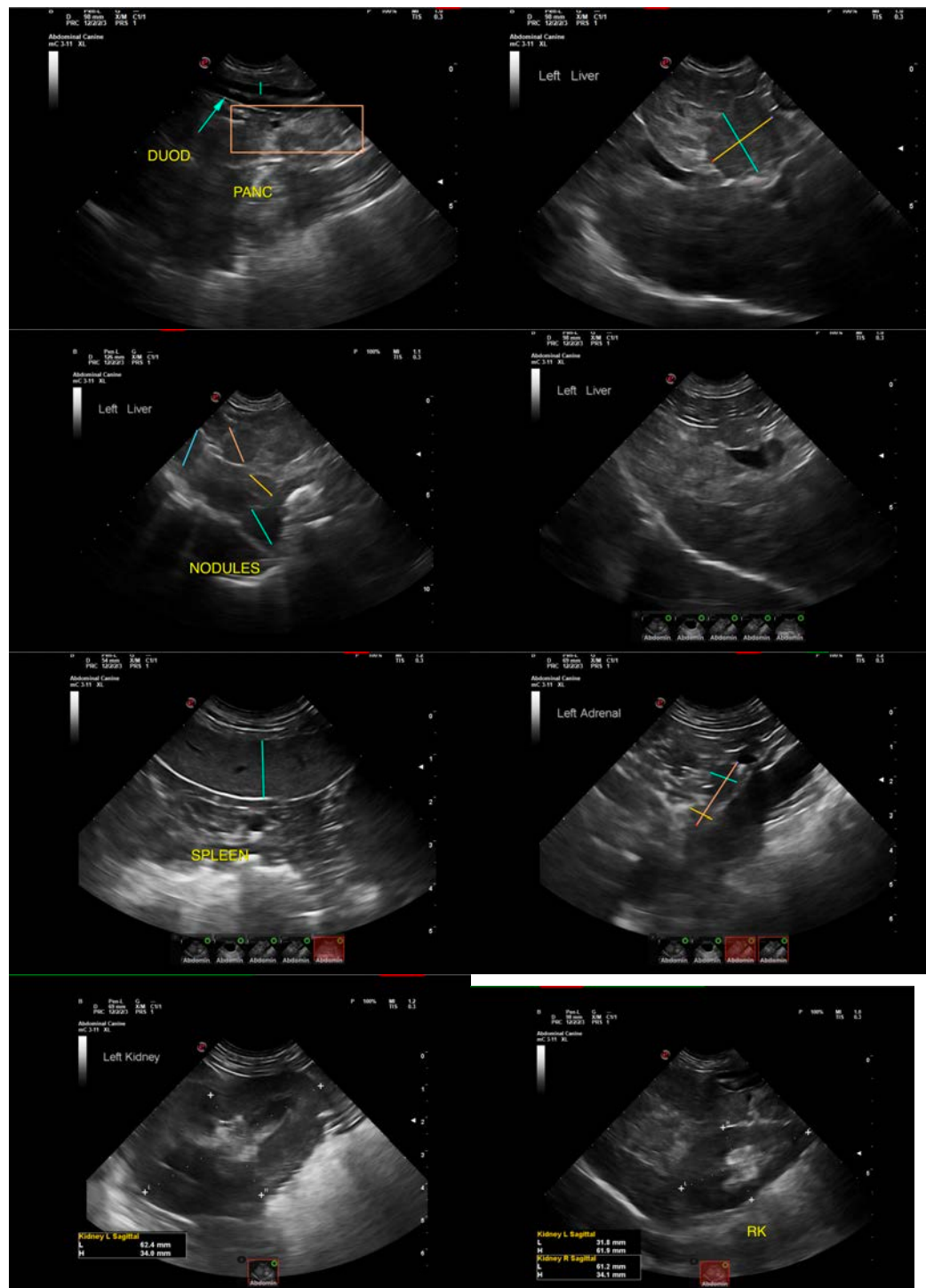
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DATE

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Other than the hepatic changes, there is no significant lymphadenopathy present, or other signs consistent with metastasis from the anal gland nodule.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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)

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