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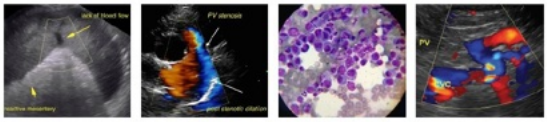


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jagger Jarding

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

05/05/2010

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alex Hazelwood

INVOICE

10348

DATE

7/18/2023

PRESENTING CLINICAL SIGNS

Several year duration of chronic digital dermatitis - has not been fully treated. O reports she had tried many medications prior to moving here and nothing fully worked. He chews his paws constantly, worsening in Spring/Summer. Performed skin biopsy for culture on 7/3/23 and based on results, started 4-week duration of Clavamox. SQ mass over R shoulder appears to be lipoma on FNA/Cytology. While sedated for biopsy, performed AGE, and unfortunately found very large mass, suspected to be associated with right anal gland. Attempted FNA but did not exfoliate well. Jagger also has grade III heart murmur - radiographs taken of chest today for met check and cardiac size; rads done 02/2022 showed normal heart size & moderate tracheal collapse. Popliteal LN are enlarged and more firm Working diagnosis concern for right anal gland AGASACA- met check.

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 prostate is normal in size (0.65 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.37 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 (4.58 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

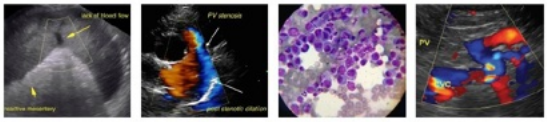
The left adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.45 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. No focal parenchymal abnormalities are visualized.

Liver



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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. There is a hypoechoic nodule visualized within the parenchyma measuring 1.9 cm x 3.15 cm on the left side.

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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 (0.33 cm), and the jejunum measured as normal (0.3 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

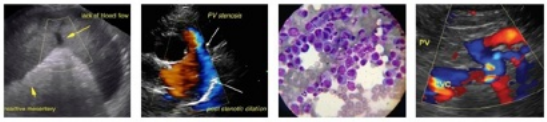
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sub lumbar lymph nodes are slightly prominent. The right sub lumbar lymph node measures at 4.44 cm in width the left measures 0.57 cm. Additionally, a mesenteric lymph node is slightly prominent at 0.4 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Large, hypoechoic nodule visualized on the left side of the liver. The appearance of this nodule trends toward benign lesion but it is large. Continued monitoring is warranted.
- Mild gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, or cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Small amount of shadowing ingesta is visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction. (non-observed)
- Prominent but not overtly enlarged sub lumbar lymph nodes. The general appearance at this time is consistent with reactive lymph nodes but these should be closely monitored for



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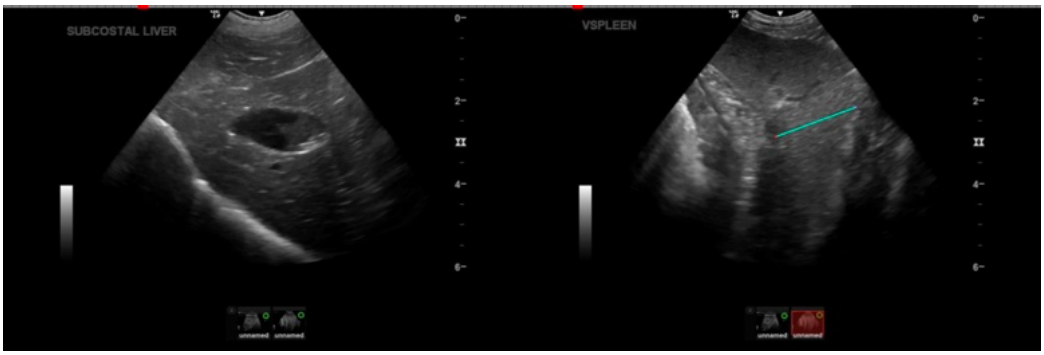
further enlargement which could indicate metastasis.

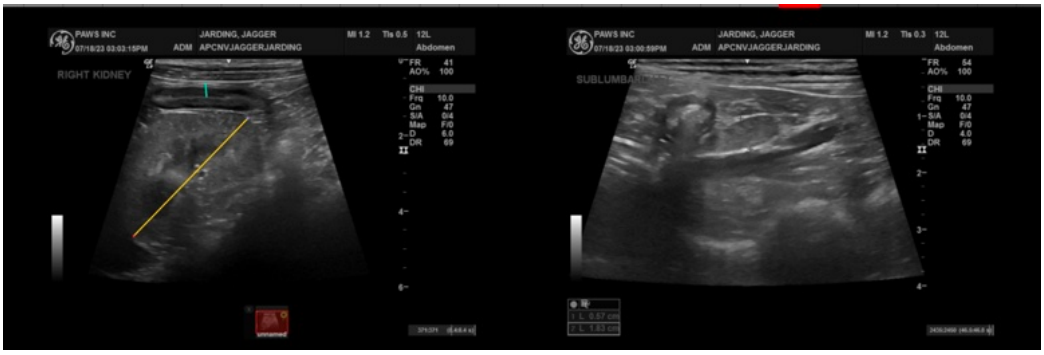
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of metastasis on todays scan. The sub lumbar lymph nodes are slightly enlarged and prominent, but this could be consistent with reactive lymph nodes due to the mass effect in the region. Continued monitoring of these lymph nodes is strongly recommended as further enlargement would increase suspicion for possible metastatic process.

There is a large hypoechoic nodule visualized within the liver. The general appearance of this nodule trends toward a more benign process. If possible, a fine needle aspirate should be consider but I suspect this would be changeling so continued monitoring with ultrasound may be warranted.

Recommend consultation with a veterinary oncologist regarding additional possible diagnostics and therapies.





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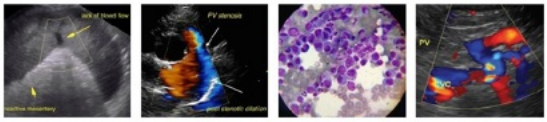

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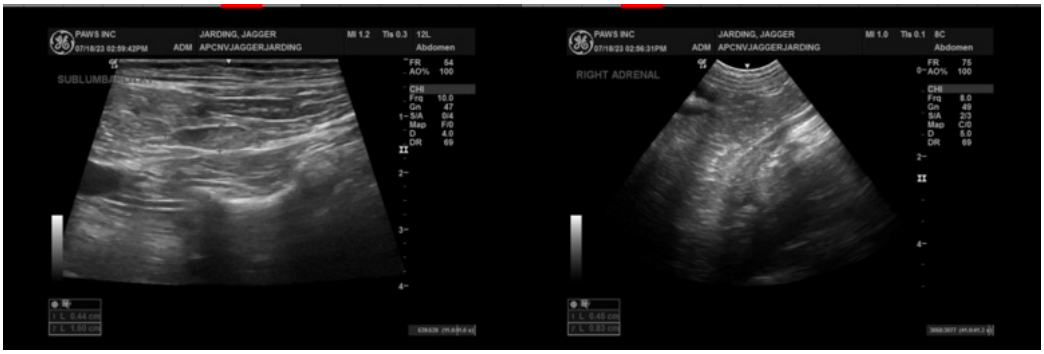

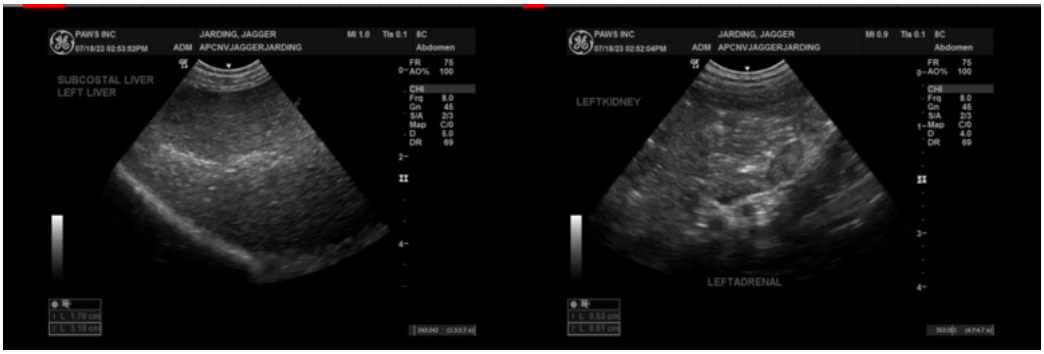

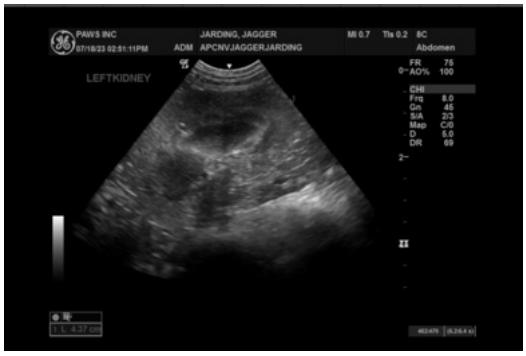

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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