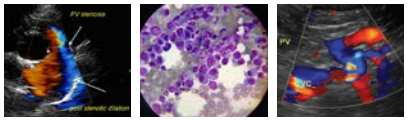
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/26/21

PATIENT

Maesie Schumacher

SPECIES

Canine

BREED

Cavalier

SEX

Spayed Female

AGE

2011

WEIGHT

18.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. DeLozier

INVOICE

24978

PRESENTING CLINICAL SIGNS

Stranguria and Pollakiura and palpable mass; anal sac carcinoma removed 2 years ago.
Labs: pending
Radiographs: mineralized mass like density around bladder
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened with slightly irregular mucosa and dependent mineralized sandy debris, which is extending into the urethra. The trigone, ureteral papillae and visible urethra appear much less thickened with minimal mucosal irregularity and no evidence of a mass effect.

The left kidney has a normal shape and size (4.39 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. Mild pyelectasia noted at 0.15 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.26 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. Rare pinpoint, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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 0.60 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. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 0.7 cm hypoechoic lesion visualized toward the tail of the spleen. This does not appear to be deforming the capsule, and there is no surrounding inflammation.

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. No focal nodules or cystic lesions are observed.

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

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.

Other

There is a large intrapelvic mass visualized. This appears to be located dorsal and to the right of the urinary bladder and is extending into the pelvic canal. This mass appears to be impinging on the distal colon and other intrapelvic structures. This mass likely represent recurrence of the previously repoted anal gland mass.

PRIMARY FINDINGS

- Large right-sided intrapelvic mass – there appears to be subsequent partial obstruction of the distal colon. This likely represents recurrence of the previously reported anal gland tumor.
- Sandy debris in the urinary bladder and urethra – recommend urinalysis and culture.
- Hypoechoic nodule visualized within 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.

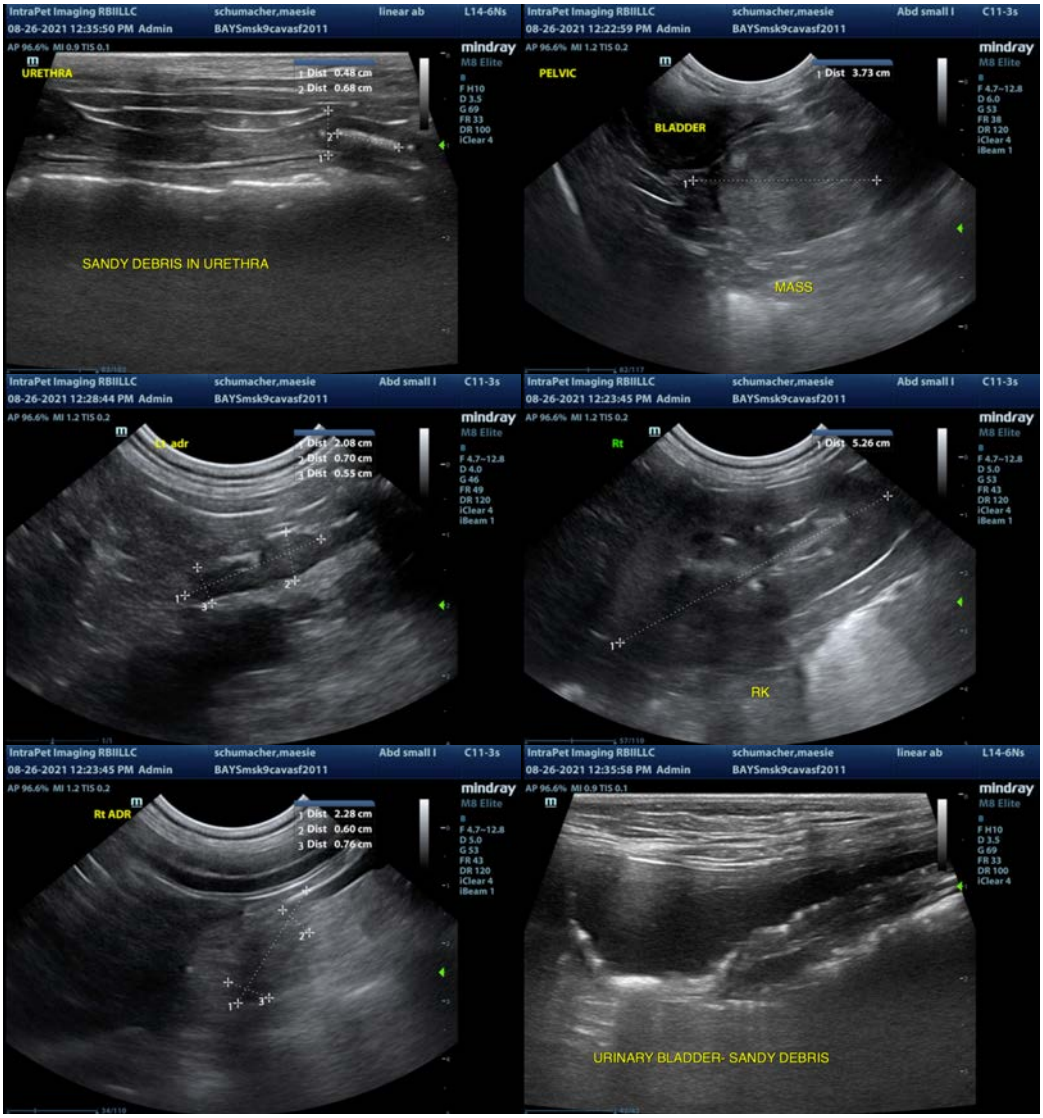
SECONDARY FINDINGS

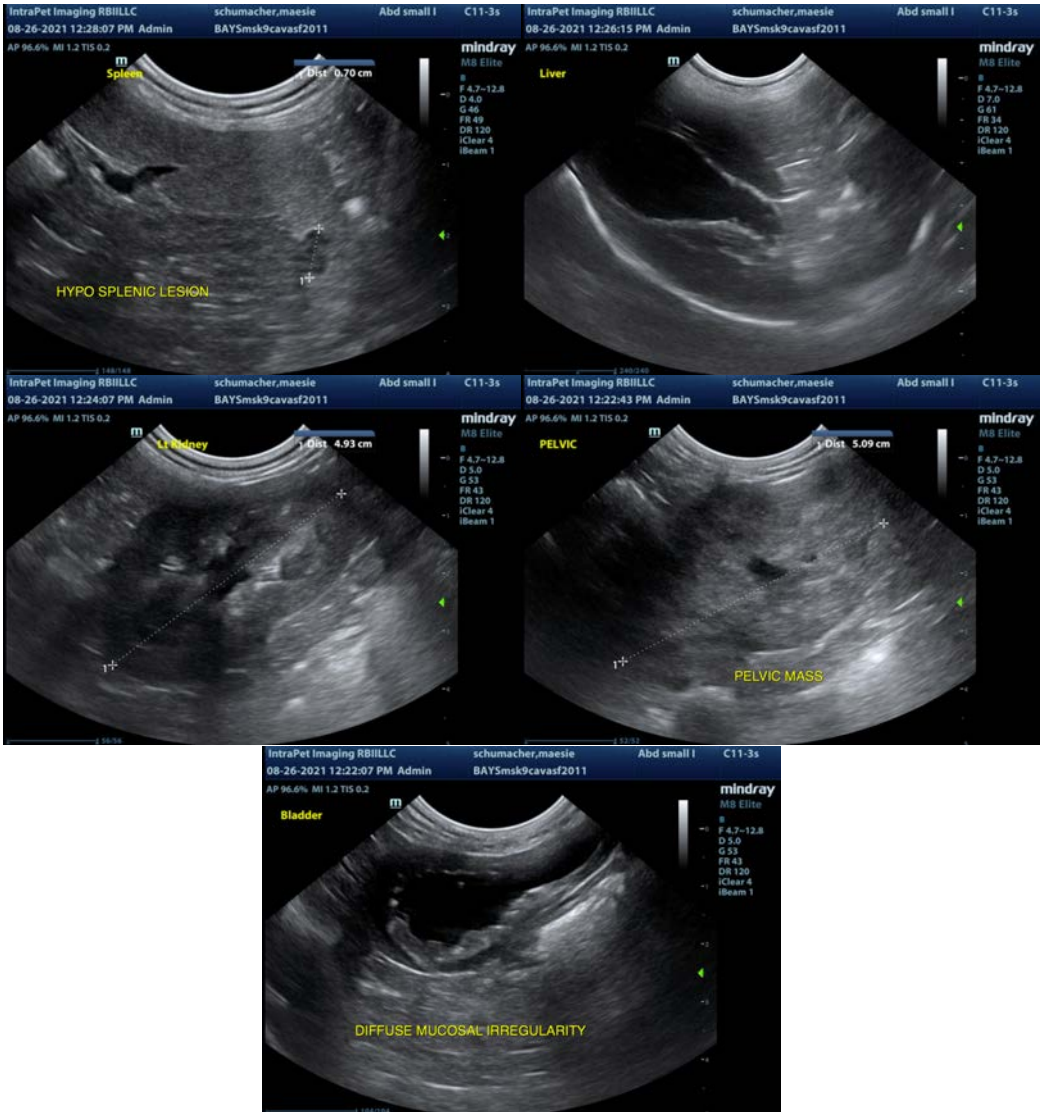
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, a large intrapelvic mass is present, which likely represents recurrence of the previously reported anal gland tumor. Recommend fine needle aspirate and cytology to confirm. This mass is unlikely to be surgically resectable, and I suspect recommendations would be to consider radiation +/- chemotherapy.

Recommend consultation with a veterinary oncologist for more definitive recommendations. I believe this mass is starting to cause a partial obstruction. Consider stool softeners. I suspect the sandy debris in the urinary bladder is exacerbated by difficulty eliminating urine, although the urinary bladder is not overly distended. Recommend 3-view thoracic radiographs if not recently done, and urinalysis and culture of the urine.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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