



**PATIENT PRESENTING CLINICAL SIGNS**

**Darve Sticka**  
Presenting for ribbon like stool followed by diarrhea followed by straining. - Hx of AGASACA / left anal gland removal 3/2021 at OVRA in Springfield. - Hx of heart murmur - Rectal exam: R anal sac full - expressed. Mass dorsal to rectum, ~2 cm and cranial from anus. - BAR  
**Abnormal PE/Chem/CBC/UA Results:** 11/13/2021: CBC/Liver Chem/SDMA - WNL

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9.12 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. The urethra was subjectively mildly displaced ventrally owing to large mass in the area of the iliac trifurcation and distal colon to colorectum. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.5 cm. Mild dystrophic mineralization noted associated with both kidneys. The left kidney measured 3.6 cm.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length x 0.46 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.52 cm at the caudal pole.

**Spleen**

The spleen exhibited a cranial, mildly expansive, ovoid, echogenic to focally cystic mass measuring approximately 3.0 cm in diameter. The mass appeared to distort the splenic capsule, yet without evidence of parenchymal escape.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Delta Oaks AH

**REFERRING VET**

Dr. Samuel

**INVOICE**

34250

**DATE**

1/14/22



**PATIENT** *Pancreas*

Darve Sticka The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Maltese

Large, non-homogeneous mass to potentially coalescing masses in the area of the iliac trifurcation noted as well the distal colon to colorectum. Secondary impingement and ventral displacement of the distal colon and colorectum secondary to this mass or masses was present. Example of mass in the area of the iliac trifurcation measured 3.8 cm in diameter. These masses are suspected to be of lymphatic origin and consistent with metastatic disease given the patient's history of anal gland adenocarcinoma.

**SEX**

Neutered Male

No evidence of peritoneal effusion.

**AGE**

12 Years

Sonographic assessment in the area of the anal sacs revealed suspect recurrent in the labeled area of the left anal sac, measuring 2.2 cm x 2.2 cm.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.12 Pounds

- Expansive, non-homogeneous mass to potential coalescing masses in the area of the iliac trifurcation and distal colon/colorectum
- Non-specific splenic mass
- Suspect recurrent anal sac mass

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound guided FNA of the mass to masses in the area of the iliac trifurcation and distal colon to colorectum with potential for oncology consult recommended. The splenic mass was non-specific with benign etiologies (hyperplasia, hematopoiesis, myelolipoma, etc.), or neoplastic/metastatic neoplasia. Concurrent ultrasound guided FNA of the splenic mass for cytology, further clarification, and potential staging may be considered. Unfortunately, probable unfavorable long-term prognosis indicated.

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**PATIENT**

Darve Sticka

**SPECIES**

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Neutered Male

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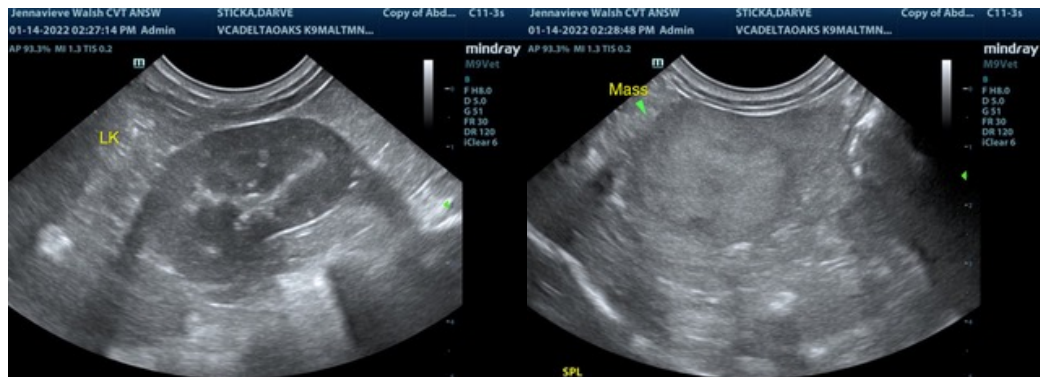
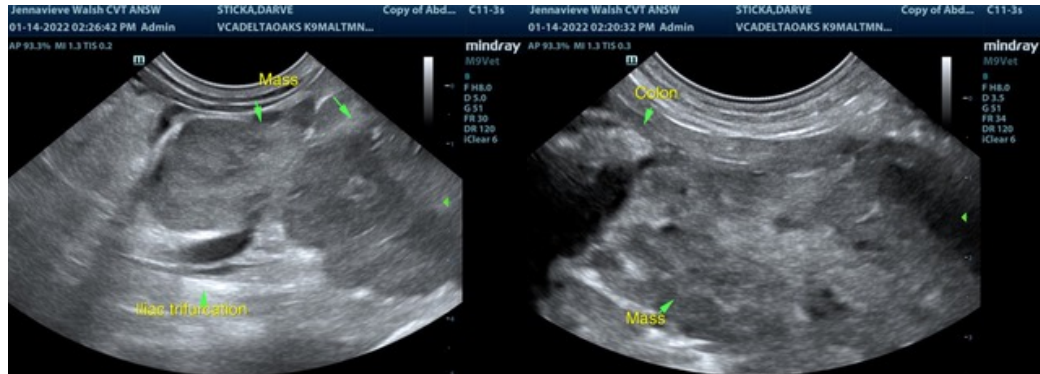
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**PATIENT**

Darve Sticka

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.

**SPECIES**

Canine

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.

**BREED**

Maltese

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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Neutered Male

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