



PATIENT

ZsuZsu Studnicki-Gizbert

SPECIES

Canine

BREED

Medium mixed breed

SEX

Spayed female

AGE

14 years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Corey Pinel

INVOICE

10060ag

DATE

02/22/2022

PRESENTING CLINICAL SIGNS

History: Anal gland mass. Assess abdomen for lymphadenopathy / metastasis.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. 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 was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was overtly normal without evidence of sub lumbar or medial iliac lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.53 cm width at the cranial pole. Suspect moderately expansive echogenic to mildly nonhomogeneous nodule to small mass associated with the right adrenal gland. Overall, the right adrenal gland subjectively measured 3.2 cm in length, 0.85 cm width at the caudal pole and 2.5 cm width at the cranial pole. The suspect right adrenal nodule primarily occupied the mid to cranial right adrenal gland and subjectively measured 2.5 cm by 2.2 cm. No evidence of parenchymal escape or overt parenchymal mineralization was noted, the possibility of vascular invasion i.e., phrenic abdominal vein invasion could not be definitively ruled out.

Spleen

The spleen exhibited overall subjectively normal size with subtle areas of asymmetrical medial splenic capsule contour with generalized parenchymal heterogeneity exhibiting intermittent discrete hypoechoic nodules. An example of a splenic nodule measured 1.8 cm in diameter.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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.

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Pancreas

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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Suspect right adrenal nodule vs small mass-functional vs nonfunctional adenoma, hyperplasia, lipogranuloma, primary vs metastatic neoplasia possible.
- Generalized splenic parenchymal heterogeneity exhibiting intermittent discretely hypoechoic nodules-age related splenic changes, hematopoiesis, areas of lymphoid hyperplasia, small hematomas, splenitis or primary vs metastatic neoplasia possible.
- Mild bilateral chronic renal changes.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Assuming normal clotting status an ultrasound guided FNA of the splenic parenchyma and hypoechoic nodule if accessible using a 25g needle would be warranted for screening cytology. The splenic changes may represent benign etiologies, although given the patient's history, potential for primary vs metastatic neoplasia cannot be excluded.

Screening BP recommended to assess for evidence of hypertension associated with the suspect right adrenal nodule vs small mass.

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Sonographic reassessment and monitoring of the right adrenal gland with initial recheck in 4 weeks to assess for evidence of progression is recommended.

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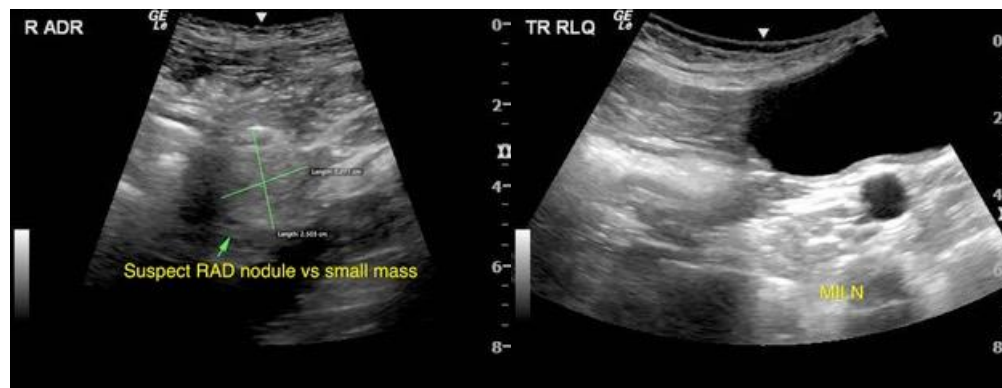
Overt evidence of lymphatic metastasis, specifically sub lumbar or medial iliac lymphadenopathy associated with the anal gland mass was not noted.

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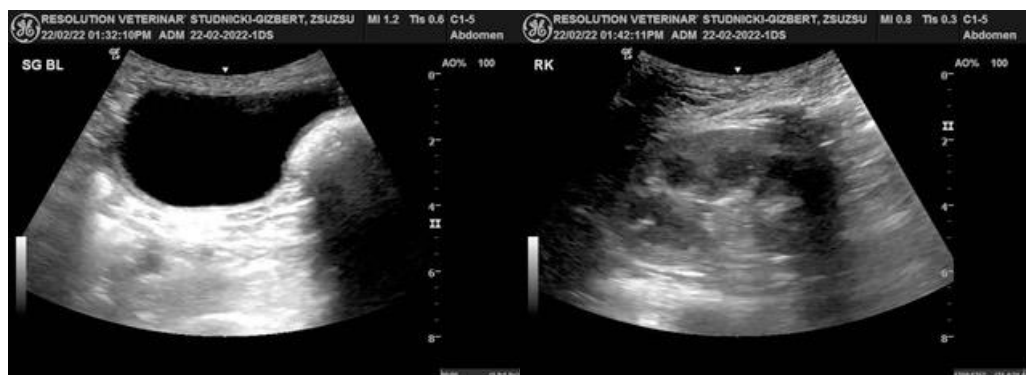
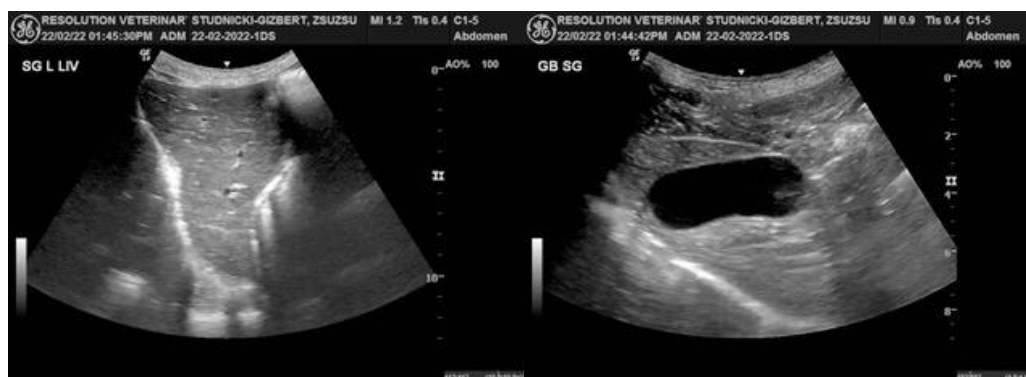
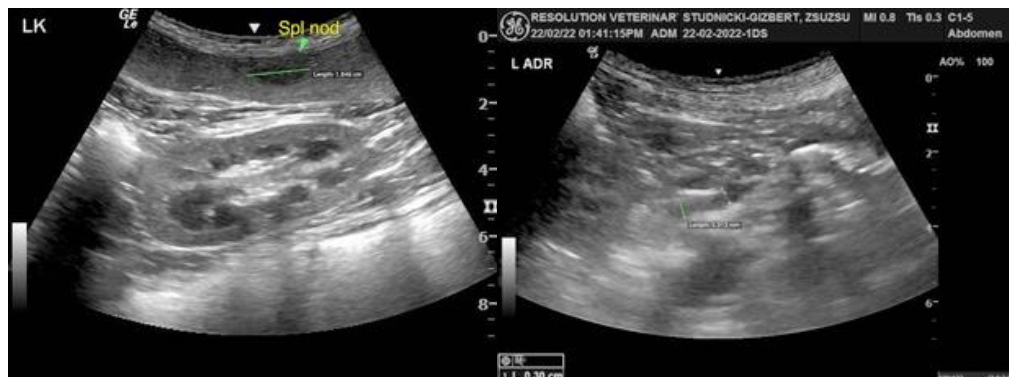
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com



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