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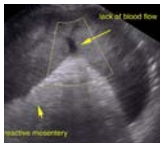
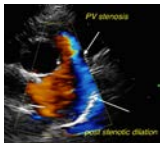
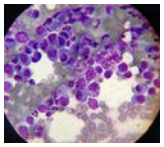
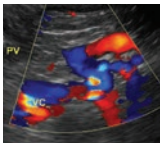

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shorty Goodenow

SPECIES

Canine

BREED

Border Collie X

SEX

Intact Male

AGE

14 Years

WEIGHT

26 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP, (Canine/Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

46480

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Presented on 3/25 for annual exam.
Abnormal PE/Chem/CBC/UA Results: PE: Intact male - left testes in 25% increased in sized compared to right. Rectal exam: R sided anal gland mass palpable. CHEM: Elevated calcium (12.6) and normal Phos. ALP 300, ALT 237. Elevated BUN 41 with Creat of 1.3. CBC: Lymphocytosis (7.3K)- smear confirms lymphocytes- cytology shows population of mono-morphic lymphs of intermediate size. Loose chromatin, 1-2 nucleoli per lymphocyte.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Small intraparenchymal cysts noted. The prostate measured 4.5 cm x 3.3 cm.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia noted. The left kidney measured 4.2 cm. The right kidney measured 4.9 cm. Pinpoint dystrophic medullary mineral noted in both kidneys.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm long x 0.66 cm at the caudal pole. The left adrenal gland measured 2.3 cm long x 0.69 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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. Mild non-organized echogenic debris present. The cystic and common bile ducts were normal.

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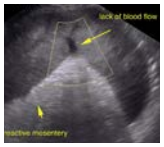
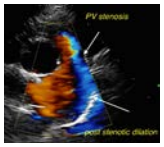
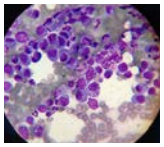
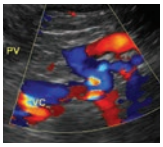

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Gastrointestinal

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.

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.

Free Abdomen

The left testicle was enlarged in size compared to the right, primarily secondary to moderately sized, non-homogeneous left testicular nodule measuring approximately 2.4 cm x 1.7 cm. Overall left testicle measured 3.2 cm in diameter. By comparison, the right testicle measured 2.4 cm in diameter. Concurrent non-disruptive isoechoic nodule noted in the mid right testicle measuring 1.0 cm in diameter.

Confirmed non-homogeneous cystic appearing mass in the area of the right anal sac, measuring 2.3 cm in diameter.

No omental masses, lymphadenopathy, or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Right anal sac/perianal mass
- Bilateral nodular testicles, more prominent left testicle – benign versus neoplastic etiology possible.
- Moderate chronic degenerative kidneys with mild pyelectasia.
- Benign prostatic hyperplasia with intraparenchymal cyst, potential for prostatitis.
- Chronic hepatopathy with parenchymal remodeling – subjectively benign. Mild chronic vacuolar hepatopathy, inflammatory/immune mediated disease, or other hepatopathy with infiltrative or metastatic neoplasia considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intraabdominal or visualized lymphatic metastasis secondary to the anal sac mass. The hypercalcemia is suspected to be secondary to the anal sac mass with primary concern for anal sac adenocarcinoma. Oncology and/or surgical consult may be considered. 3-view chest radiographs suggested if not already done. Flow cytometry may be considered for further assessment of the lymphocytosis.

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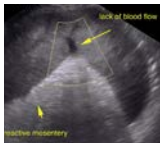
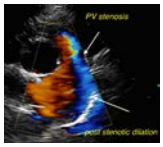
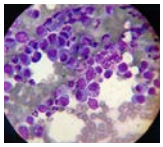
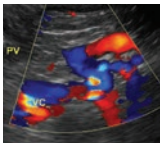

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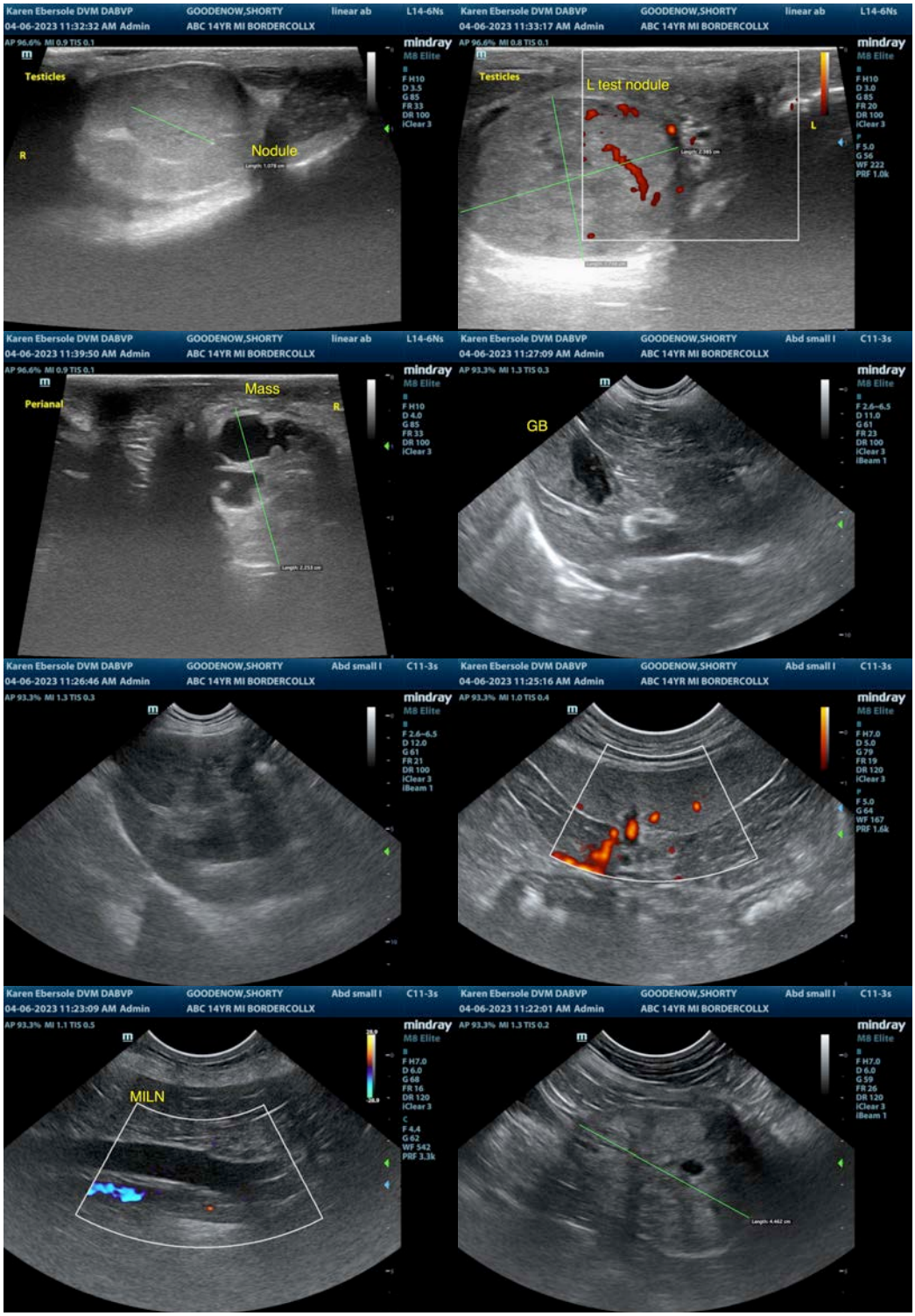

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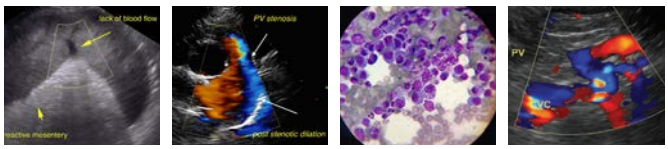

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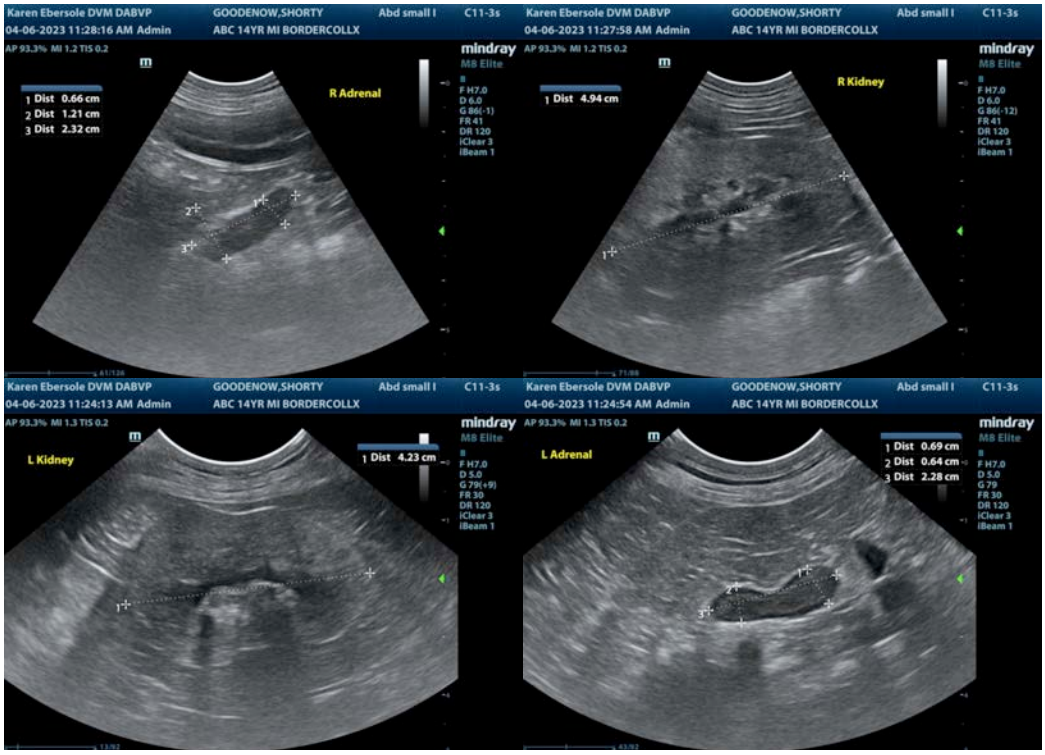

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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