



PATIENT	PRESENTING CLINICAL SIGNS
Tucker Riedman	6/10/23: -- Patient presented for re-check anal sac for possible mass. Incidental mass appreciated on anal sac at the time of dental cleansing on 5/30/23. -- No discomfort or other clinical signs associated with the anal sac mass. -- AUS arranged prior to surgery for anal saccullectomy with surgeon, planned for 6/27/23 Butorphanol used to facilitate AUS today
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: PE: -- not provided; anal sac mass reported. Blood work (5/30/23): -- CBC: unremarkable -- CHEM-10: unremarkable; no calcium level evaluated to date 6/10/23 -- Fecal O&P/giardia: NEG -- FNA of anal sac: results not provided 6/20/23: -- Thoracic rads: pending (initial evaluation reported unremarkable)
BREED	
Maltese Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
MN	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minor 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.
AGE	
9yr	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.
WEIGHT	
6.5kg	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology measuring 0.8 cm in diameter.
IMAGING PERFORMED BY	Adrenal Glands
Patti Mayfield DVM	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 1.8 cm length.
HOSPITAL NAME	Spleen
Broken Top Veterinary Clinic	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Two visualized well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
REFERRING VET	
Jessica Herrig DVM	Liver/Gallbladder
INVOICE	
14164ag	The liver was mildly enlarged with generalized non-uniform hyperechoic parenchyma. Multifocal variably sized hypoechoic nodules were present, an example measured 0.8-1.2 cm in diameter. Subtle areas of minor asymmetric capsule contour were noted. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The
DATE	
06/20/2023	



PATIENT

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gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic sediment. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

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.

BREED

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

Pancreas

SEX

MN

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.

AGE

9yr

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.5kg

- Sonographically unremarkable urinary bladder/residual prostate/area of medial iliac and sublumbar lymph nodes.
- Benign splenic nodules-consistent with myelolipomas.
- Hepatomegaly with mildly hyperechoic/nodular parenchyma-vacuolar hepatopathy, inflammatory disease, hematopoiesis, hyperplasia, fibrosis or infiltrative/metastatic neoplasia all potentials.
- Mild gallbladder sediment (non-mucocele)

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, a hepatic parenchyma and hepatic nodule FNA for screening cytology is warranted for further assessment given potential for anal sac neoplasia. No overt evidence of caudal abdominal or retroperitoneal lymphatic metastasis.

IMAGING PERFORMED BY

Patti Mayfield DVM

Reassessment of hepatic enzyme levels is recommended. Hepatic core surgical biopsy may be required for a definitive diagnosis. Assessment of Ca levels is recommended with potential for surgical/oncology consultation.

HOSPITAL NAME

Broken Top
Veterinary Clinic

REFERRING VET

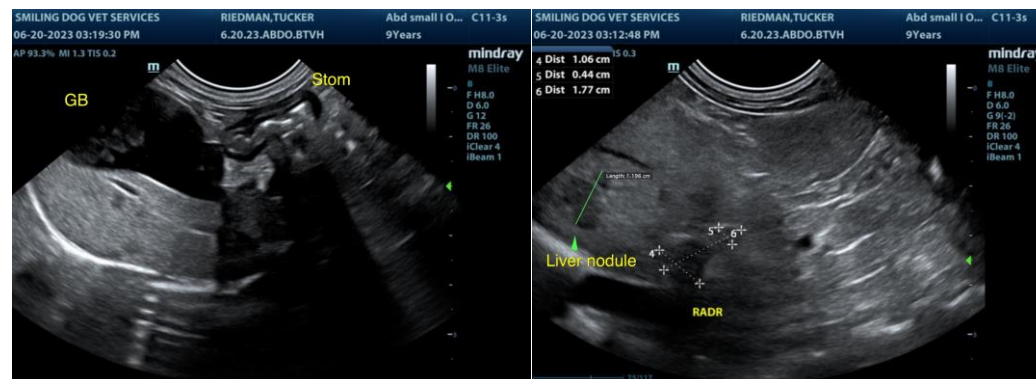
Jessica Herrig DVM

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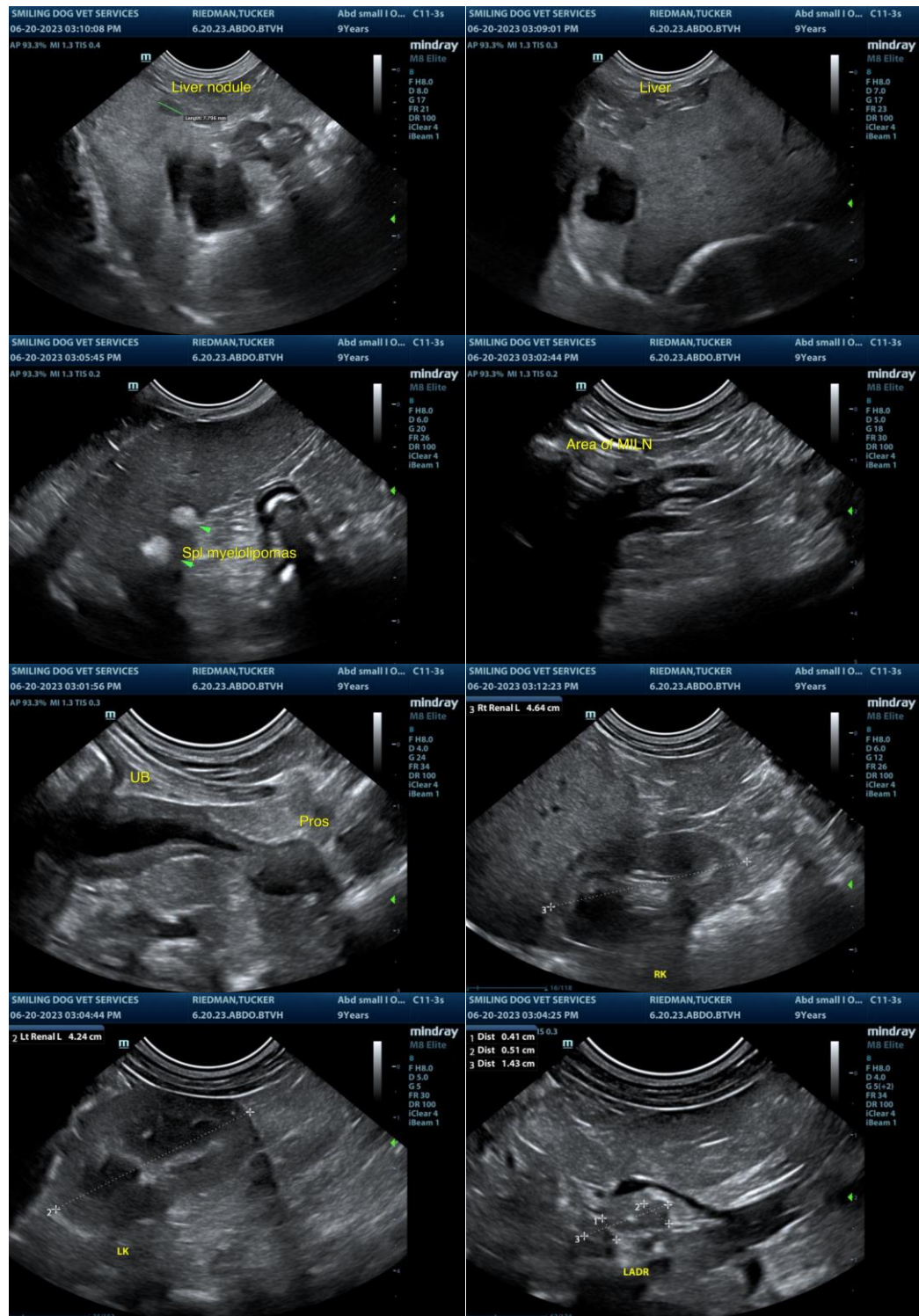
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

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