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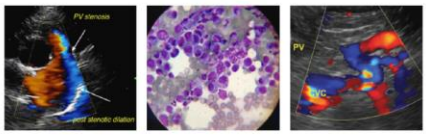
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Red Oosting

SPECIES
Canine

BREED
Golden Retriever

SEX
MN

AGE
10 yrs

WEIGHT
73.8 lbs

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Wixom Family Pet Practice

INVOICE
14896

DATE
9-15-22

PRESENTING CLINICAL SIGNS

Current Medications: None Patient History: Had an episode of coughing on 8.26.22 that improved with Doxycycline, prednisolone and cough tabs. Has only eaten one meal in 5 days, lethargic, vomited green bile yesterday. Weight loss of 7lb since 8.26.22. 3 view chest rads on 8.26.22 had NSF, maybe some age related fibrosis.

Abnormal PE/Chem/CBC/UA Results: Thin over top of skull and spine, soft tissue swelling in sublumbar region with walnut sized anal gland mass left side. CBC-NSF Chem-hypercalcemia 15.7 (9-12.2 mg/dl), azotemia: BUN 45.7 (9-29 mg/dl) and creatinine 2.3 (0.4-1.4mg/dL) Concern for anal gland adenocarcinoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

Several to multiple enlarged swollen to asymmetrical nonhomogeneous medial iliac lymph nodes were present adjacent to and surrounding the iliac trifurcation. An example measured 4.6 cm x 3.8 cm. Another example of a medial iliac lymph node measured 5.1 cm x 2.8 cm. The enlarged medial iliac lymph nodes exhibited abnormal width: length ratio (>0.5).

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted in both kidneys. The left kidney measured 7.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole and 0.80 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

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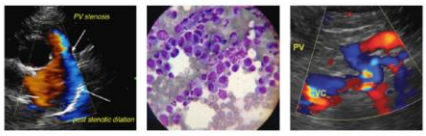

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild gallbladder debris, likely incidental, potentially secondary to fasting. 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.

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 were evident.

Free Abdomen

No overt omental lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Marked nonhomogeneous medial iliac lymphadenopathy
- Sonographically unremarkable urinary bladder and residual prostate
- Mild chronic renal changes exhibiting pinpoint medullary mineral
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the marked nonhomogeneous medial iliac lymphadenopathy is consistent with neoplastic / metastatic criteria, likely secondary to anal gland neoplasia. Assuming normal clotting status, ultrasound-guided FNA of the enlarged medial iliac lymph node is warranted for screening cytology and further staging. No overt evidence of intraabdominal metastatic or neoplastic criteria was noted.

Continued as-needed gastrointestinal support is warranted. Assessment of serum cobalamin and folate levels may be considered to rule out occult small intestinal disease as a contributing factor, yet no evidence of gastrointestinal pathology.

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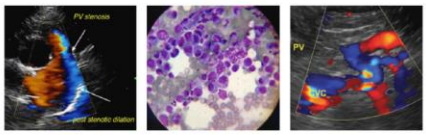

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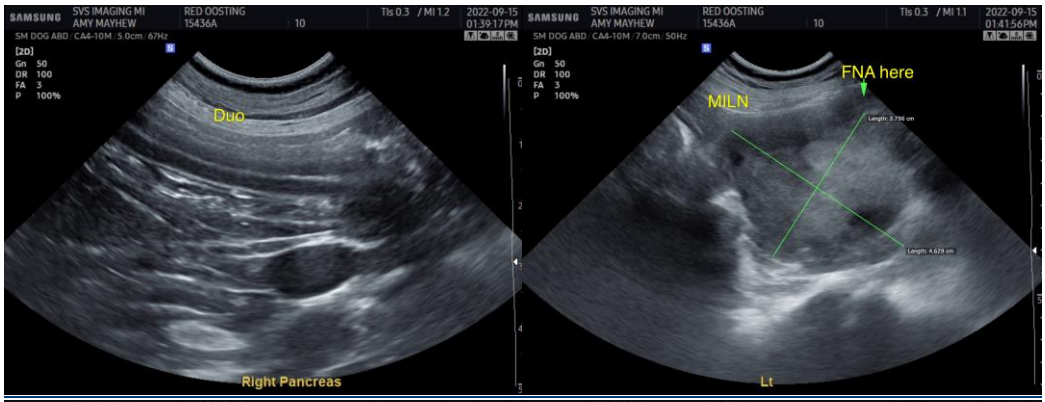

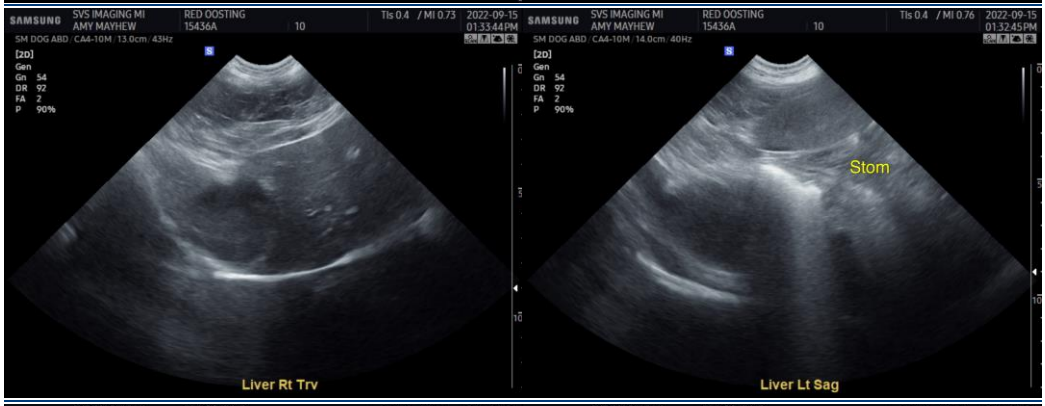

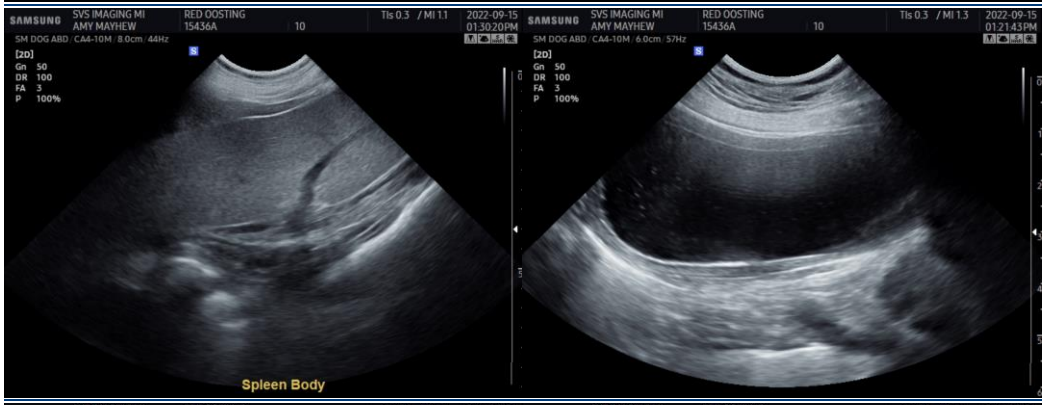

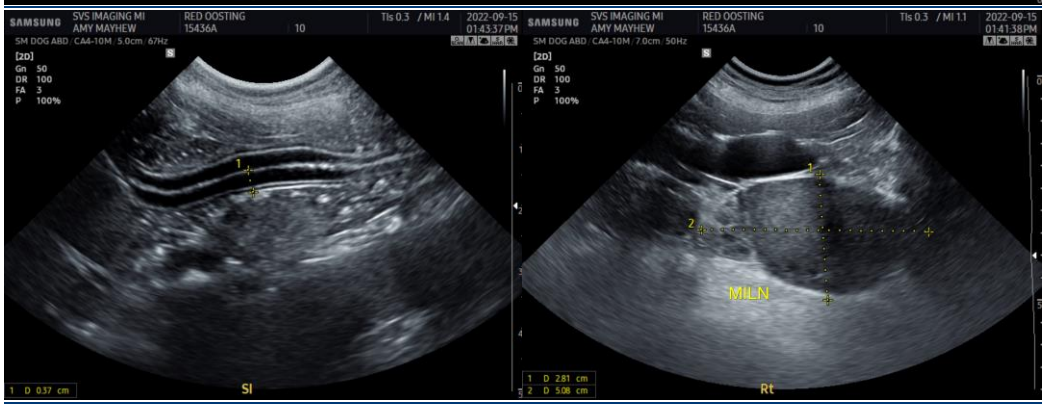

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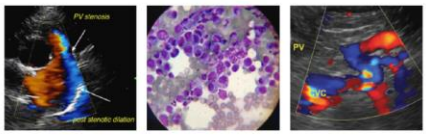

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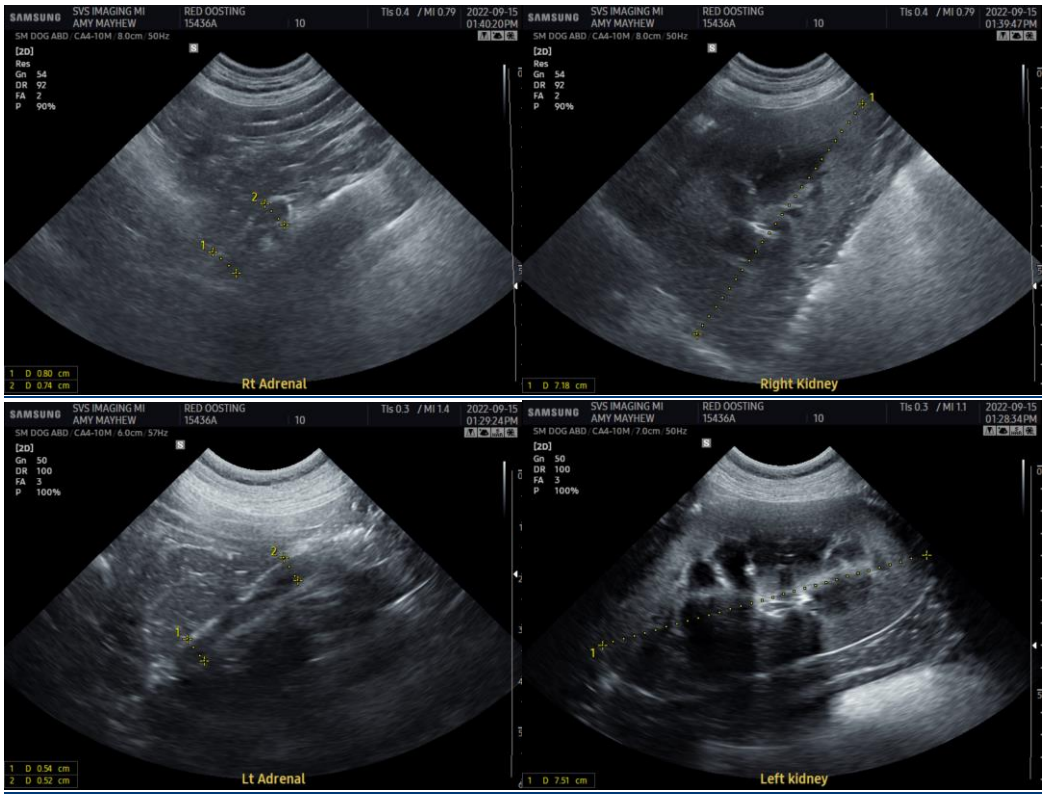

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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