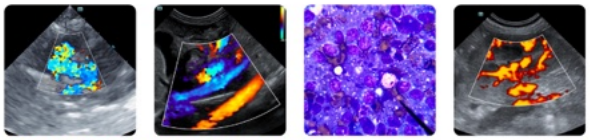


PATIENT

Luna Lively

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed female

AGE

10 ½ years

WEIGHT

14.5 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Crawford

INVOICE

73800

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Follow-up US, met check evaluation: history of R anal sac ACA excised with ACVS diplomat 7/17/25.
- Recheck exam and focal follow-up US done 10/25 (3 months post-op) to evaluate only sublumbar region—nsf, LN wnl. No palpable R ag tissue.
- Today presents for biannual recheck: firm 1 cm mass in rectum, ventromedial to site of previous R ag.
- Dog initially presented June 2025 for intermittent bloody anal discharge. 2-3 cm firm irregular mass in R anal sac.
- Chest rads/met check clear, chem and CBC all wnl, no hypercalcemia.
- Excised entire mass and gland, histopath: Apocrine adenocarcinoma of the anal sac gland
- Mitotic count (per 2.37 sq mm): 16
- Histologic tumor-free margins: Clear; the nearest peripheral margin is 0.05 mm.
- Vascular invasion: Not present.
- Very close margins.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (right measured 0.2 x 0.5 cm, left measured 0.3 x 0.7 cm in size). Ureters not visualized, which can be considered a normal finding.

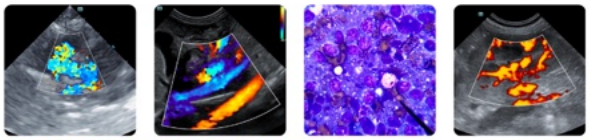
Normal renal size (left measured 5.0 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normla color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.55 cm and 0.59 cm in width. The right adrenal gland measured 0.5 x 0.47 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The stomach measured 0.29 cm, small intestine measured up to 0.44 cm, and colon measured 0.18 cm.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious evidence of intraabdominal metastatic disease.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be urinalysis, possibly urine culture and FNA cytology of the nodule.

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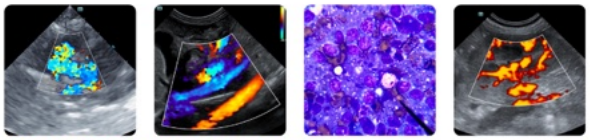

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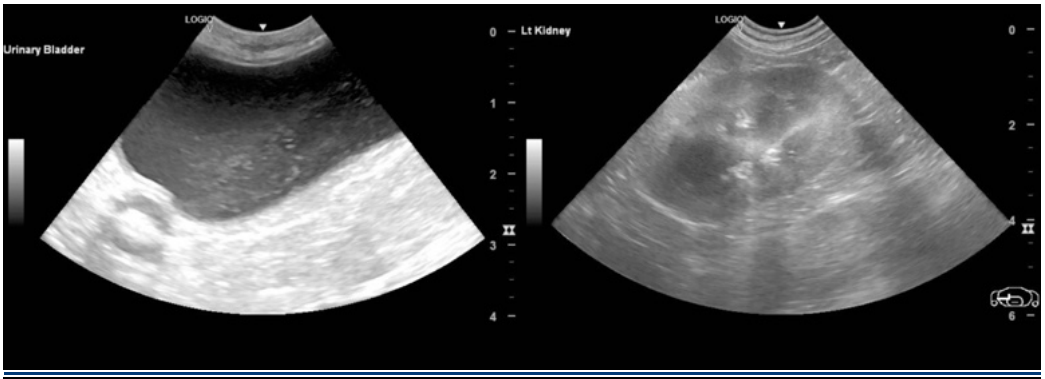

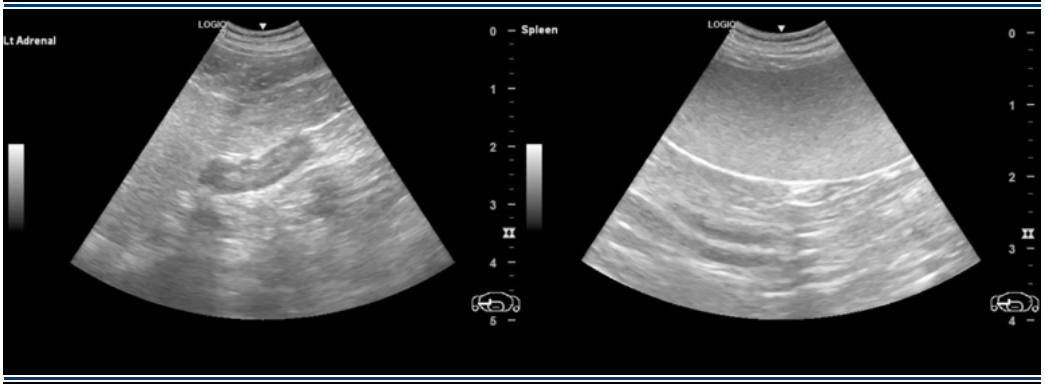

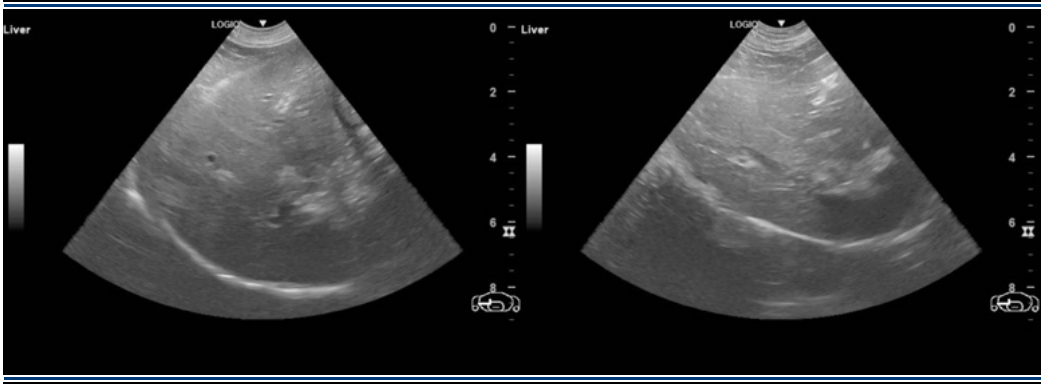

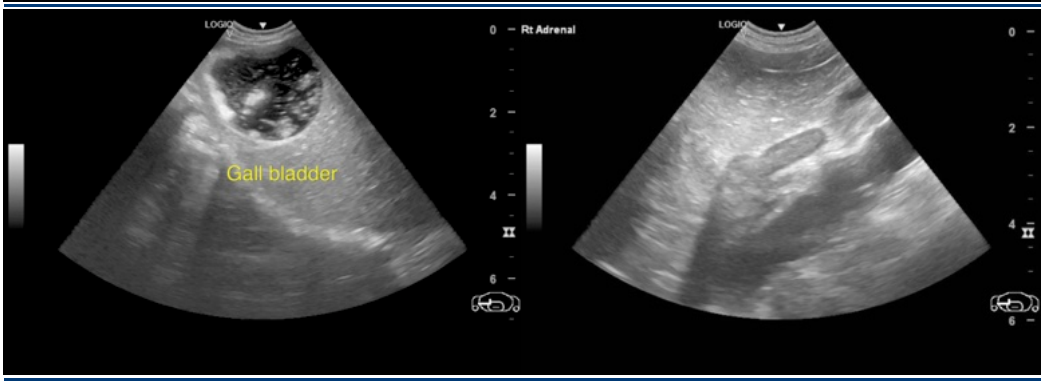

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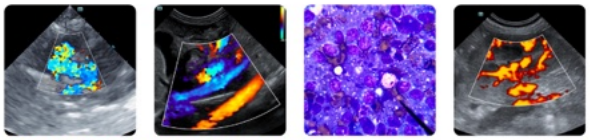

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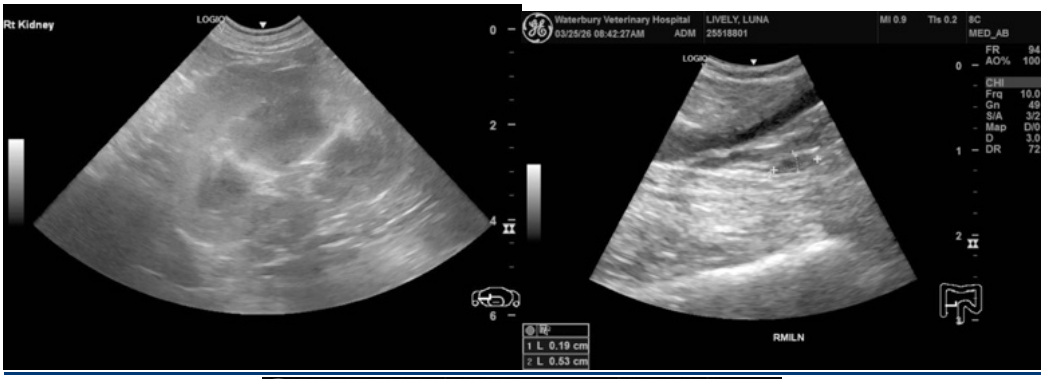

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com