



PATIENT

Ellie McKeith

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed female

AGE

12 ½ years

WEIGHT

46.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Jimerson

INVOICE

74731

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Ellie is a 12-year-old FS Springer Spaniel with a significant oncologic history. She underwent a splenectomy in March 2023 (performed elsewhere) and left anal sac adenocarcinoma (AGASACA) excision in March 2023.

She presented recently for recurrent anal sac issues. After inflammation of the right anal gland was medically managed, a palpable mass became apparent. Given her prior AGASACA, this is highly suspicious for contralateral AGASACA or recurrence.

We are requesting a comprehensive abdominal ultrasound under sedation to evaluate for:

- Regional lymph node metastasis (sublumbar, medial iliac, sacral, inguinal)
- Abdominal organ metastasis (liver, kidneys, adrenal glands, pancreas)
- Post-splenectomy abdominal architecture
- Concurrent disease that may impact prognosis or treatment planning

This imaging will accompany fine-needle aspiration (FNA) of the right anal sac mass and any abnormal lymph nodes or organs identified, to be performed by the attending veterinarian while Ellie is sedated.

Abnormal PE/Chem/CBC/UA Results: Bloodwork (March 2026) • CBC and chemistry largely within normal limits • No evidence of systemic inflammation or cytopenias • Cholesterol elevated (405 mg/dL) – consistent with stress, endocrine variation, or neoplastic processes • SDMA and creatinine normal – no evidence of impaired GFR • No biochemical evidence of: • Hypercalcemia of malignancy • Systemic inflammatory disease • Widespread neoplasia Endocrine Panel (MSU) • Normocalcemia with elevated PTH • PTHrP not performed; however, findings do not support paraneoplastic hypercalcemia • AGASACA can be normocalcemic in ~50% of cases • Labs alone are insensitive for localized or regionally metastatic disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Enlarged iliac lymph nodes with a rounded shape and hypoechogenic appearance. The left iliac lymph node measured 1.1 x 2.2 cm and the right iliac lymph node measured 0.9 x 2.7 cm. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.6 cm, right measured 5.1 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm and 0.39 cm in width. The right adrenal gland measured 0.46 cm and 0.39 cm in width.



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Spleen

The spleen is absent (previous splenectomy). Normal appearance of the anatomical area of the spleen.

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 normal anechoic bile. 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. A small amount of ingesta and a shadowing foreign body is present in the stomach with no obvious pyloric obstruction evident.

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

- Iliac lymphadenomegaly.
- Gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's history the most likely etiology for the iliac lymphadenomegaly would be infiltrative neoplasia with lymphadenitis a possible differential diagnosis and reactive hyperplasia a less likely differential diagnosis.



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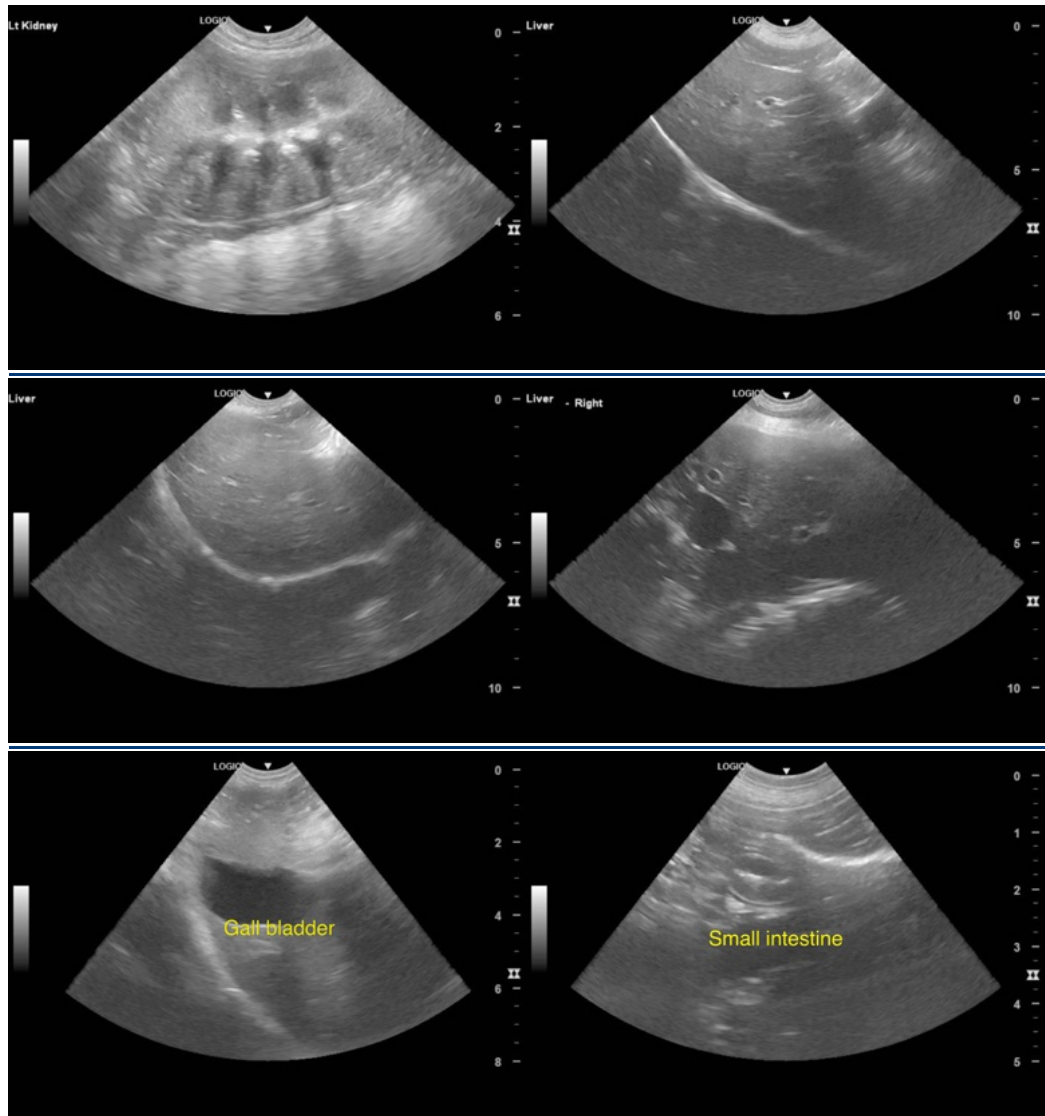
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Further assessment would be FNA cytology of the iliac lymph nodes, monitoring of the gastric foreign body would be recommended and if there is no improvement or evidence of pyloric or small intestinal obstruction then a laparotomy would be indicated.

Specific therapy would be dependent on an etiological diagnosis.





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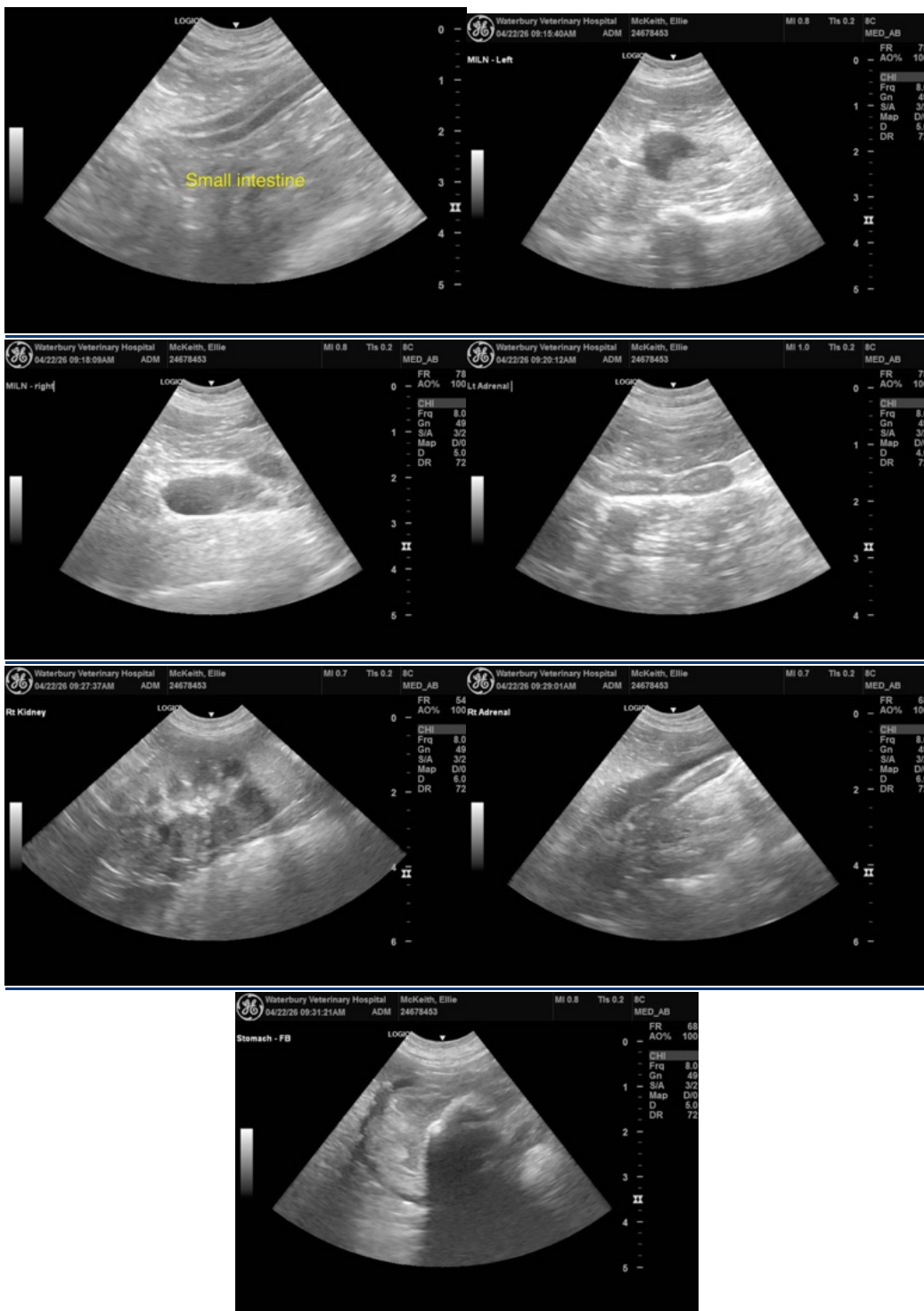
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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)

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