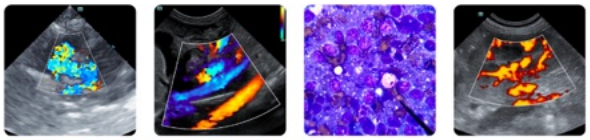


PATIENT

Lennox Villareal

SPECIES

Canine

BREED

Border Terrier

SEX

Neutered male

AGE

4 years

WEIGHT

10 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar Veterinary Sonography

REFERRING VET

Dr. Robinson

INVOICE

69281

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Rectal mass/ abnormal tissue palpated on dorsal aspect of inner rectum noted on PE 11/24/25 No diagnostics /imaging done Straining to defecate for 4 days, thin nonsolid stools produced Fine Needle Aspirates may be needed dependent on findings
Abnormal PE/Chem/CBC/UA Results: 9/9/25 CBC- WNL 9/9/25 Chem ALB 4.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.28 x 2.60 cm, and the thickness of the cortex is 0.46 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 4.38 x 2.25 cm, and the thickness of the cortex is 0.40 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The prostate revealed a 1.49 x 0.75 cm, small hypoechoic area compatible with atrophy following orchiectomy.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.33 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures couldn´t be fully measured at the cranial pole, but it measures 0.44 cm at the caudal pole.

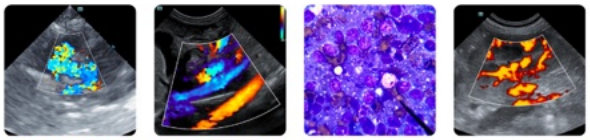
Spleen

Splenic thickness is 0.73 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is semi-distended, with food remnants, mural thickness (1.75 mm), and preserved wall layering. The pylorus (3.58 mm). Duodenum: 3.33 mm. Jejunum: 2.46 mm. Ileum: 1.12 mm. Normal wall layering. No signs of obstruction, ileus, or foreign material are identified. Colon: 0.79 mm, with abundant feces and distal acoustic shadowing in the descending segment.

Pancreas

The pancreas measured 8.31 mm thickness. The parenchyma of the pancreas is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 6.57 mm in thickness, with normal shape and echogenicity. The iliac trifurcation is normal. The medial iliac lymph nodes show no abnormalities in size, shape, or echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Abundant colonic fecal material with distal acoustic shadowing.
- Prostate post-orchiectomy atrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal abdominal ultrasound and absence of regional lymphadenopathy, there is no detectable intra-abdominal mass, metastatic pattern, or obstructive gastrointestinal lesion that would explain the patient's dyschezia or the previously palpated rectal abnormality. The normal appearance of the prostate also makes prostatomegaly-associated tenesmus unlikely. These findings increase the probability that the clinically appreciated lesion is confined to the distal rectum or anal canal, which is beyond the resolution of abdominal ultrasonography.

Differentials for a rectal or perirectal mass in a young neutered dog include:

- Benign mucosal or submucosal lesions (polyp, inflammatory granuloma).
- Early neoplastic processes such as adenoma, adenocarcinoma, or plasmacytoma (less common at this age but possible).
- Rectal wall thickening from localized inflammation not detectable cranially, or perirectal soft-tissue masses.

The production of thin, ribbon-like stools and recent straining to defecate are consistent with a mechanical narrowing of the rectal lumen, further supporting that the abnormality is extracavitary to the abdomen and best evaluated via rectal endoscopy.

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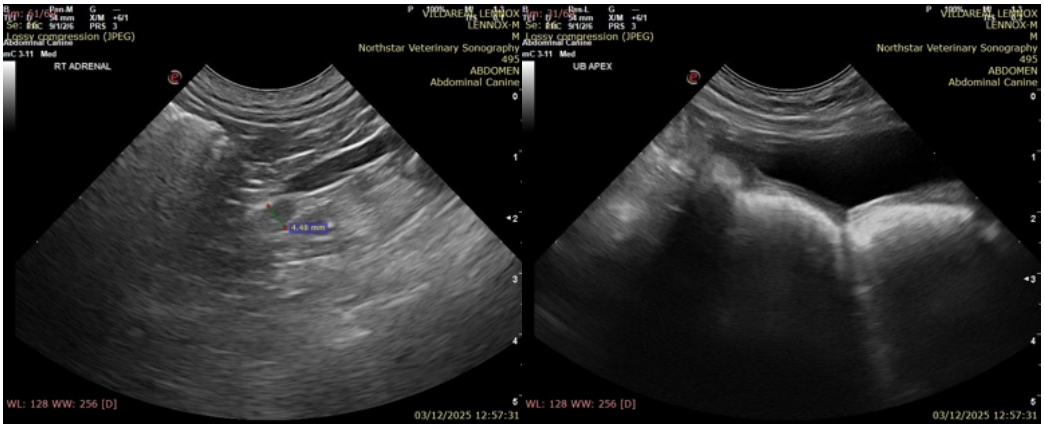
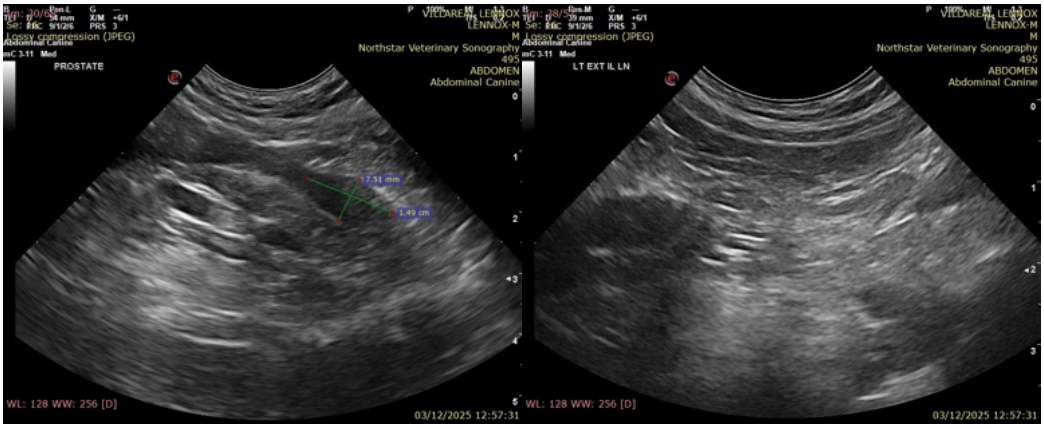
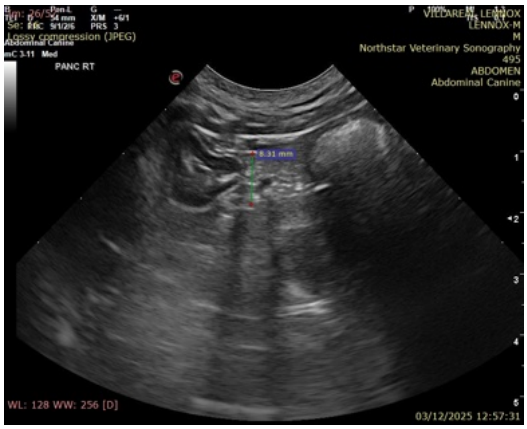
Recommendations

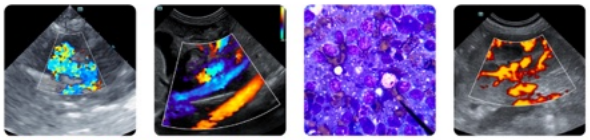
- Fine-needle aspiration or biopsy of the palpable lesion is recommended. Colonoscopy would improve visualization and guide sampling.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com