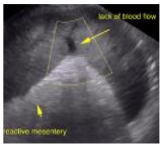
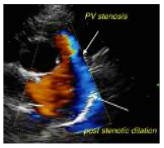
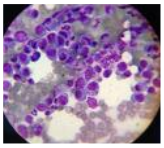
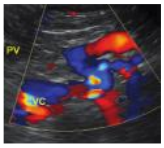
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT

Journey Farmer

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

55 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VC

REFERRING VET

Brita Kiffney

INVOICE

10862

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History: hematochezia x 3 weeks, straining to defecate. no response to metronidazole and probiotic
Abnormal PE/Chem/CBC/UA Results: fecal : neg, fecal PCR:neg

PRESENTING CLINICAL SIGNS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The prostate is normal in size (1.64 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.72 cm at caudal pole) (2.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.45 cm at cranial pole) (0.85 cm at caudal pole) (3.02 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.90 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is mildly heterogenous in appearance, and there is a folded contour. An approximately 5 cm swelling is observed approximately mid-spleen. In addition, and ill-defined 0.86 cm hypoechoic nodule/area is observed at the caudal aspect. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. There is questionable 0.77 cm hypoechoic lesion/structure arising from the luminal surface of the colon. The remaining colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

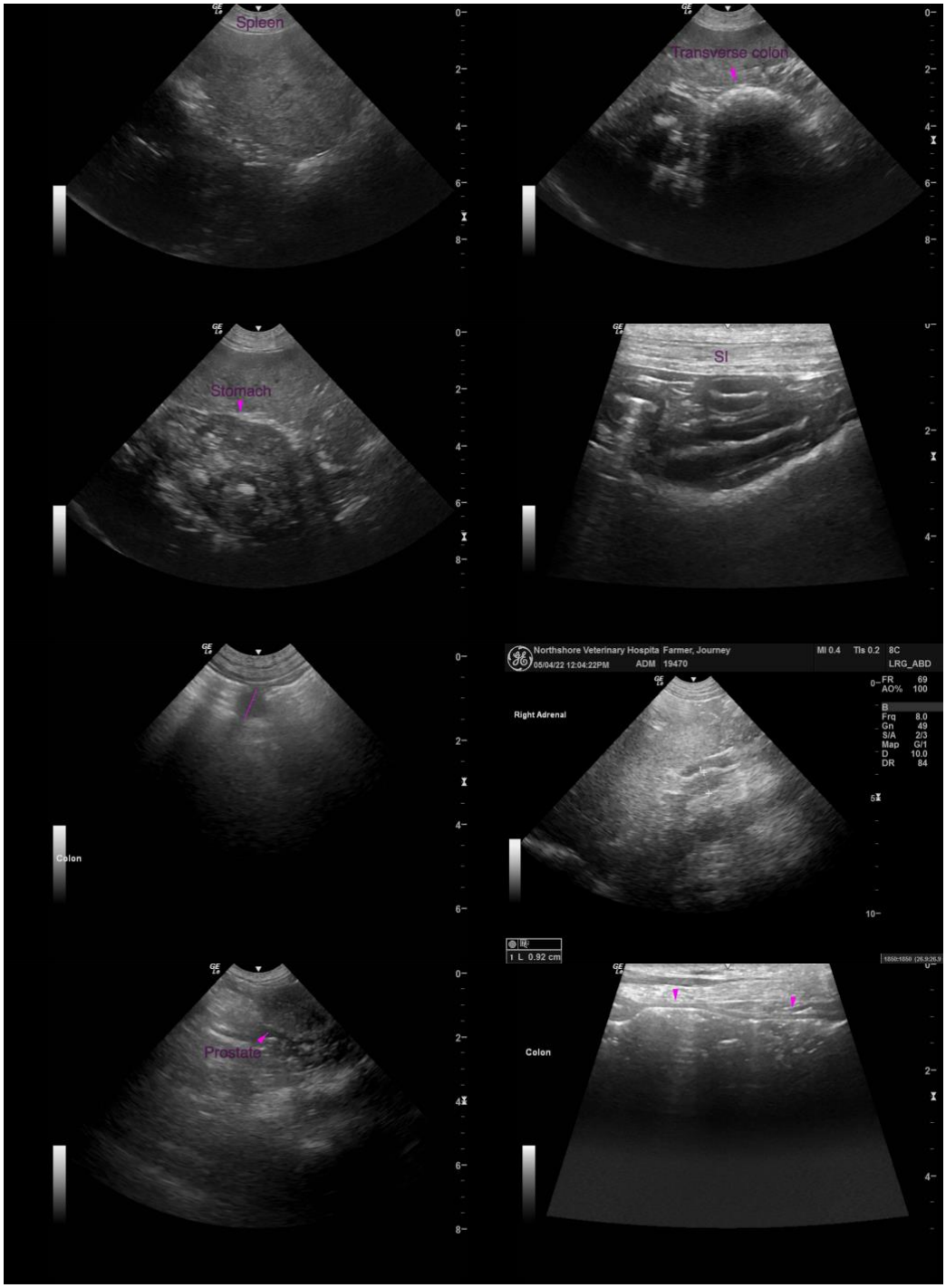
ULTRASONOGRAPHIC FINDINGS

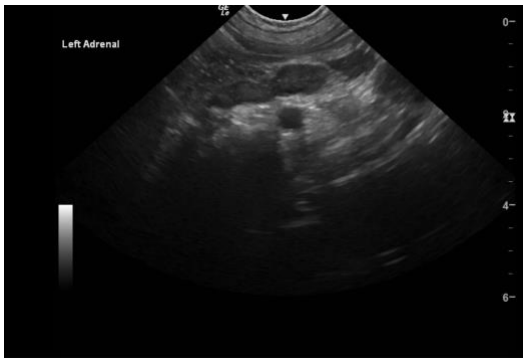
Primary Findings

- Questionable hypoechoic structure arising from the luminal surface of the colon. This may represent a polyp, emerging tumor, or may be an imaging artifact due to fecal material within the colonic lumen.
- Minor geriatric hepatic and renal changes.
- Splenic parenchymal changes, including the swelling, could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation. Alternatively, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the spleen if clotting status is appropriate. This will help to further investigate for round cell neoplasia. A colonoscopy is recommended as a next step. Biopsies of normal and any abnormal tissues should be obtained at the time of the procedure. Thoracic radiographs are recommended prior to anesthesia to evaluate cardiopulmonary status.


Spleen
Transverse colon
Stomach
SI
Colon
Northshore Veterinary Hospita Farmer, Journey
05/04/22 12:04:22PM
ADM 19470
MI 0.4 TIs 0.2 8C
LRG_ABD
FR 69
AO% 100
B
Frq 8.0
Gn 49
S/A 2/3
Map G/1
D 10.0
DR 84
Right Adrenal
1 L 0.92 cm
Prostate
Colon



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com