

**DATE PRESENTING CLINICAL SIGNS**

6.27.2022

Owner first noted anal inflammation late Jan, AN-6-27-22-Kobe-Jordan-00000dc-abd-IILLC-NEXUS progressed to apparent constipation and painful defecation. On lactulose now and stool is softer and passing, but he screams each time. rDVM has noted external anal inflammation on exam. Additional history of "sensitive stomach" and chronic ear infections.

**PATIENT**

Kobe Jordan

Current Medications: Lactulose 6mL q8h, Metronidazole 250mg BID, Trazodone and gabapentin prior to vet visits.

**SPECIES**

Canine

Lab Results: Unremarkable CBC/chem in April at AEH.  
 Radiographs: At AEH showed stool in rectum/colon but no other significant findings.

**BREED**

Pit Mix

Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Patient sedated with Dexdomitor.  
 Stat Report: Not requested.

**SEX**

Neutered Male

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

6/9/2017

**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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**WEIGHT**

23.58kg

The **prostate** is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

The **left kidney** is 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Nexus Veterinary  
 Specialists

The **right kidney** is normal size (5.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**REFERRING VET**

Dr. Steele

**Adrenal Glands**

The **left adrenal gland** is normal size (0.53 cm at cranial pole) (0.59 cm at caudal pole) (2.64 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.

**INVOICE**

11155

The **right adrenal gland** is normal size (0.93 cm at cranial pole) (0.71 cm at caudal pole) (2.33 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 normal in size (1.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris/sludge is observed within the lumen. 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 pyloric outflow tract is patent. 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. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious 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. A 1.96 x 0.66 cm sublumbal lymph node is visualized. In addition, a 2.89 x 0.62 cm mesenteric lymph node is seen. The nodes are normal in shape and echogenicity.

## ULTRASONOGRAPHIC FINDINGS

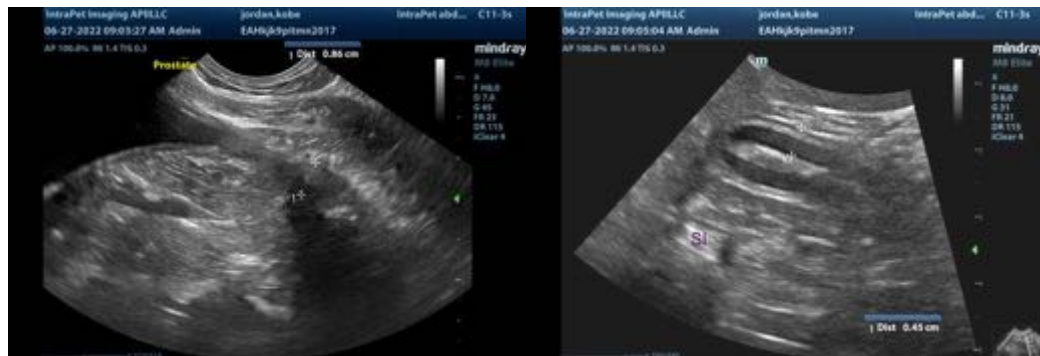
### Primary Findings

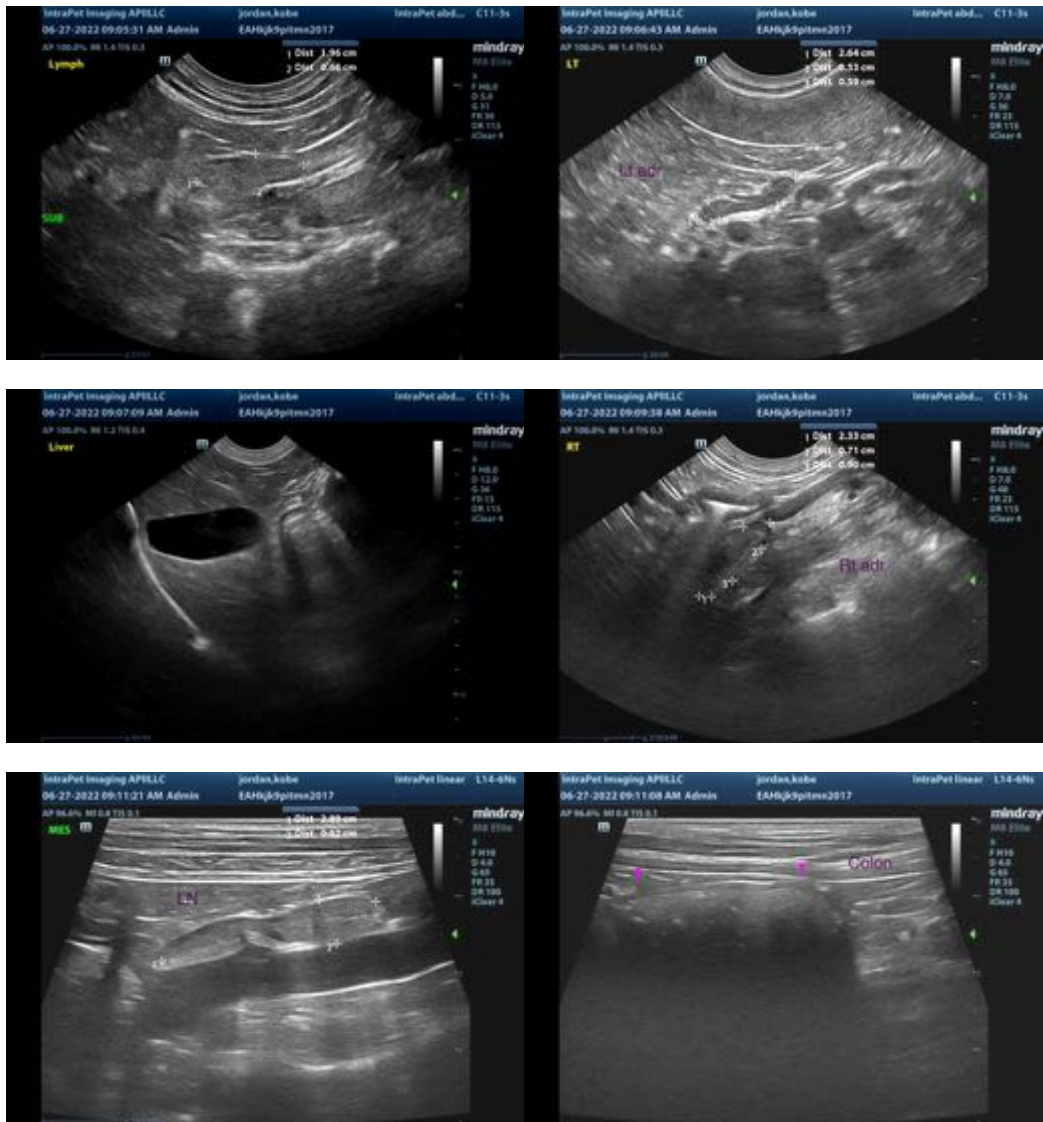
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

\*An obvious cause for the patient's clinical signs is not identified in this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostics and treatment recommendations to be implemented by Dr. Cara Steele.





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](mailto:info@SonoPath.com)