



PATIENT PRESENTING CLINICAL SIGNS

Lola Chasis The patient has chronic hematochezia, previously had diarrhea but stools are formed on Hills W/D. Has drops of fresh blood at the end of bowel movements. Patient has lost weight but that was intentional.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab mix

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is 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 3-4 cm, are normal.

SEX

Female, spayed

The left kidney is normal size (7.78 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. Renal vasculature is normal.

AGE

10 Yrs.

The right kidney is normal size (8.11 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. Renal vasculature is normal.

WEIGHT

102 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.78 cm at cranial pole) (0.79 cm at caudal pole) (2.91 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 (1.19 cm at cranial pole) (0.63 cm at caudal pole) (2.18 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.

INTERPRETED BY

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Spleen

The spleen is normal in size (2.32 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.

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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. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. A 2.50 cm hard shadowing curved structure is also observed within the lumen. 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

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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

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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.

BREED

Lab mix

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 mesenteric lymph nodes are visible, the largest measuring 0.72 cm in length.

SEX

Female, spayed

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's hematochezia is not identified in this study. Considerations include colonic mucosal polyp, tumor, inflammatory bowel disease, infectious/parasitic disease, coagulopathy, other.

Secondary Findings:

- The shadowing structure within the gastric lumen is most consistent with a foreign body. It appears non-obstructive at the time of the study.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hematochezia, consider the following:
 1. Repeat fecal evaluation for ova and Giardia
 2. Consider prophylactic deworming with Fenbendazole.
 3. Also consider a fecal PCR infectious disease panel.
 4. A limited antigen or hydrolyzed protein diet trial can also be considered to assess for food allergy/inflammatory bowel disease.
 5. Also consider a GI panel including serum cobalamin, folate, TLI and PLI to further assess for concurrent small intestinal and pancreatic disease.

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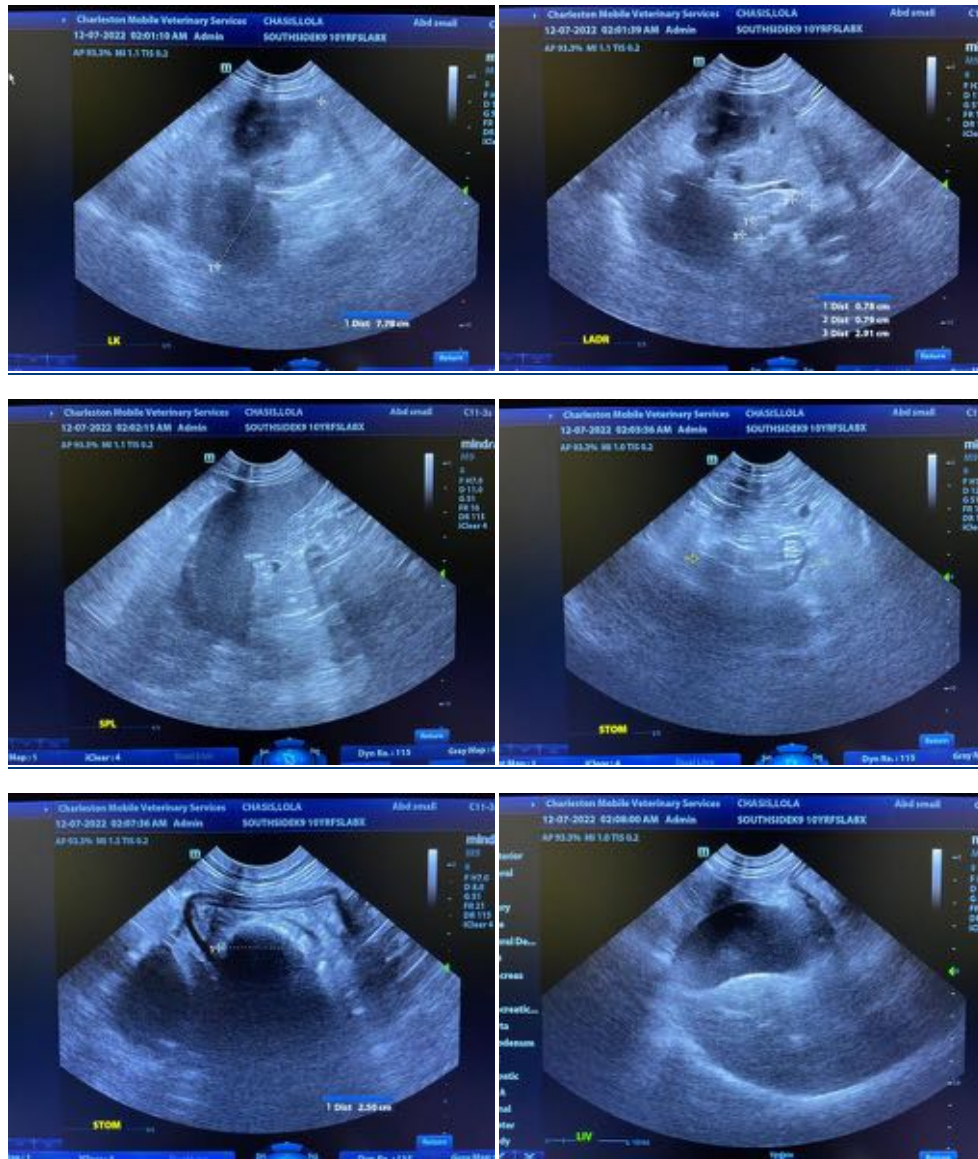
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6. Ultimately, a colonoscopy with biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.

- Regarding the suspected gastric foreign body, an upper GI endoscopy with retrieval can be considered, particularly if the patient develops associated clinical signs. A gastrostomy can also be considered if endoscopic retrieval is unsuccessful.





PATIENT

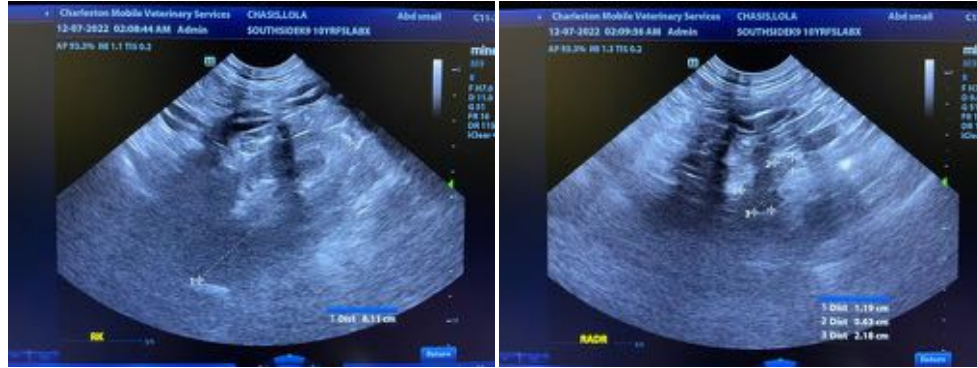
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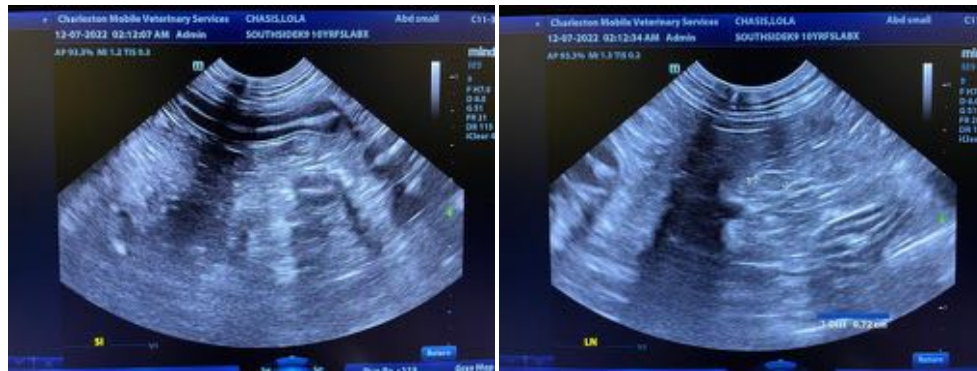
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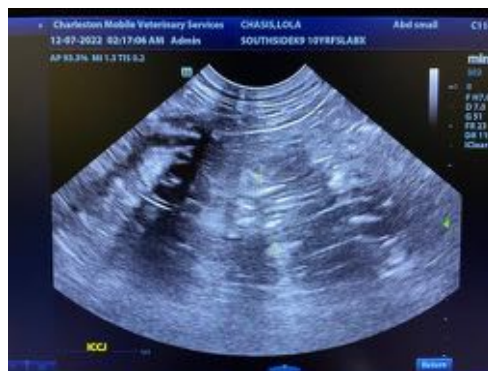
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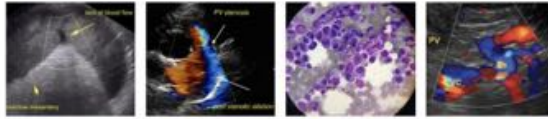
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



PATIENT in the image/video clips provided.

Lola Chasis 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.

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