PATIENT

Guinness Lobello

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

7/21/19

WEIGHT

87.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Waterway

REFERRING VET

Dr. Roland

INVOICE

13722

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Has been having bloody stool for about a week
Still e/d
No change in activity level
No V
Muscous-y material with blood & soft stool
Fecal test came back negative
Gave Diagel friday & saturday
On day 3 of pro-pectalin tablets - both not helping
O has been giving Hill's I/D dry food since it began
Defecating more frequently
Not straining
Does not commonly eat things he shouldn't
No new foods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.83 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape and 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 in size (0.98 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 (2.10 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 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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction is normal. An approximately 4.5-5 cm segment of descending colonic wall is severely thickened (up to 0.94 cm) and irregular with some loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining colonic wall is normal. Granular appearing fecal material is observed proximal and distal to the thickened segment.

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.

Lymph nodes

A cluster of prominent to enlarged, irregular hypoechoic lymph nodes are observed in the left mid to caudal abdomen, one of the nodes measuring 1.8 x 1.30 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

· Descending colonic wall thickening (4.5-5 cm segment). Neoplasia (i.e., adenocarcinoma, lymphoma) is of top concern with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous, other). Adjacent peritonitis is present.
· The regional lymphadenopathy could be consistent with metastatic disease or reactive change.

Secondary Findings:

· Mild bilateral nonspecific, age-related renal changes

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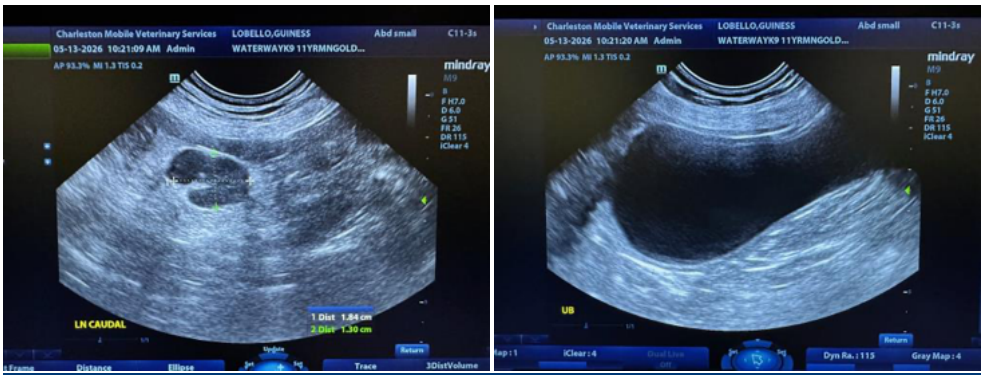
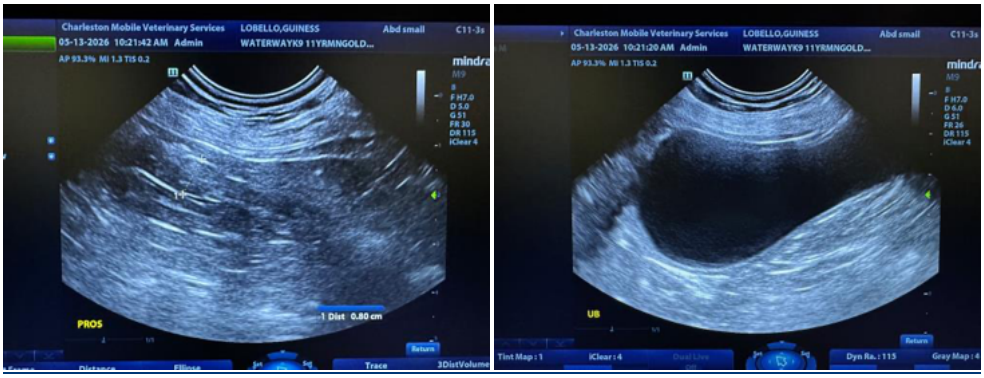
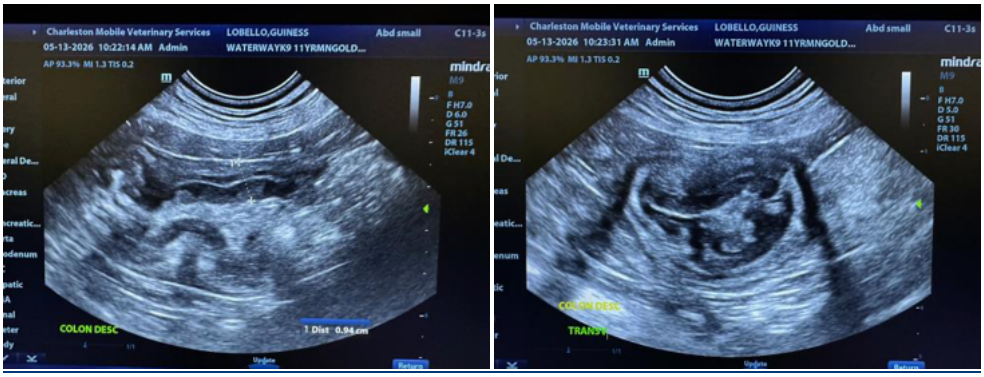
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the prominent abdominal lymph nodes assuming normal clotting status. 25-gauge needle should be used. Light sedation is recommended for the procedure. Depending on results, consultation with a board-certified oncologist and/or surgeon may be warranted. If further testing is not pursued, palliative care is recommended.







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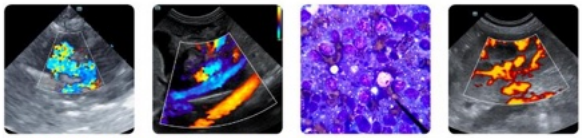

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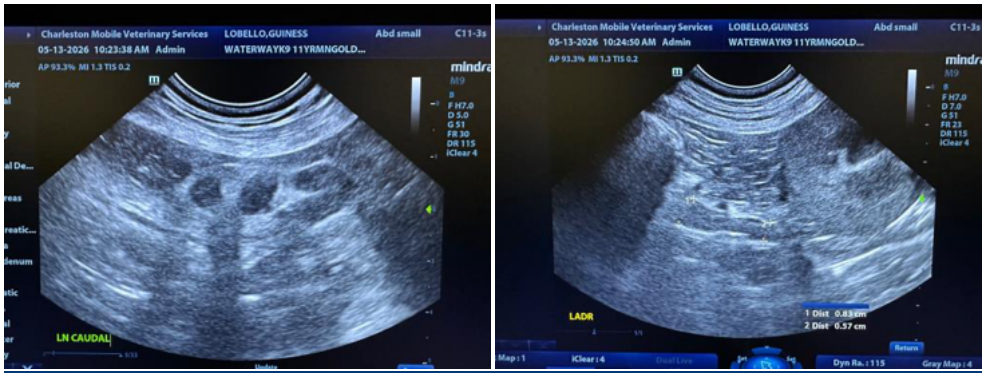

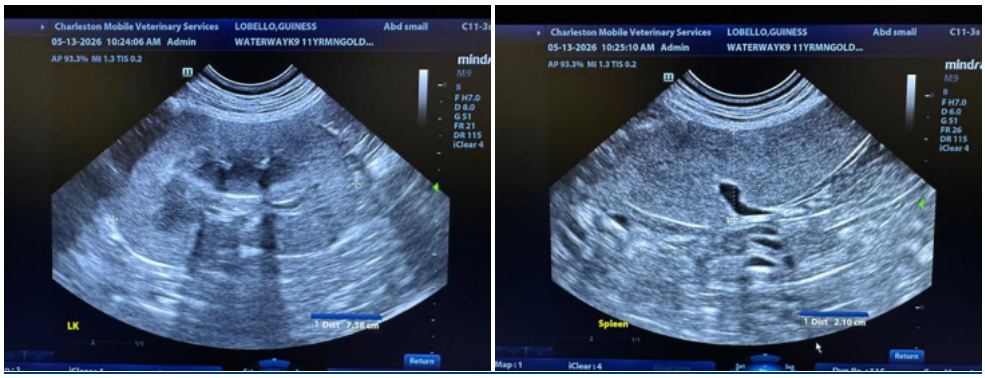

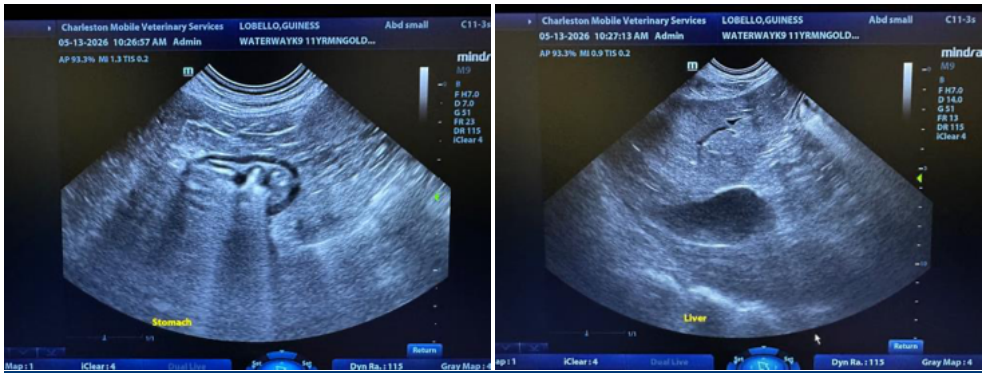

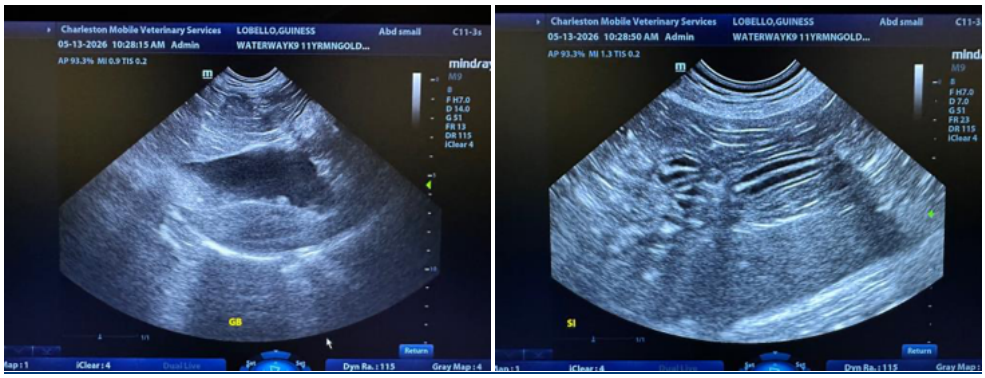

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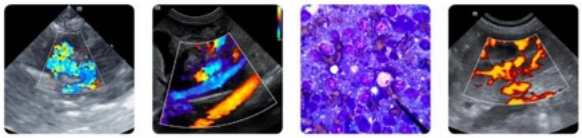

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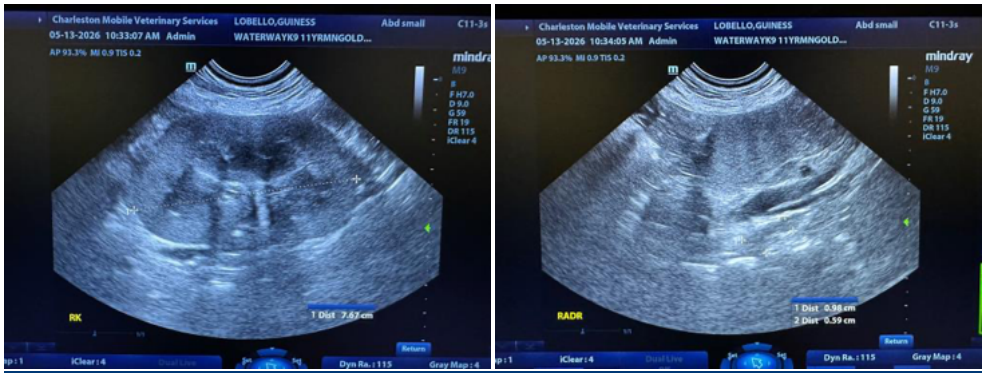

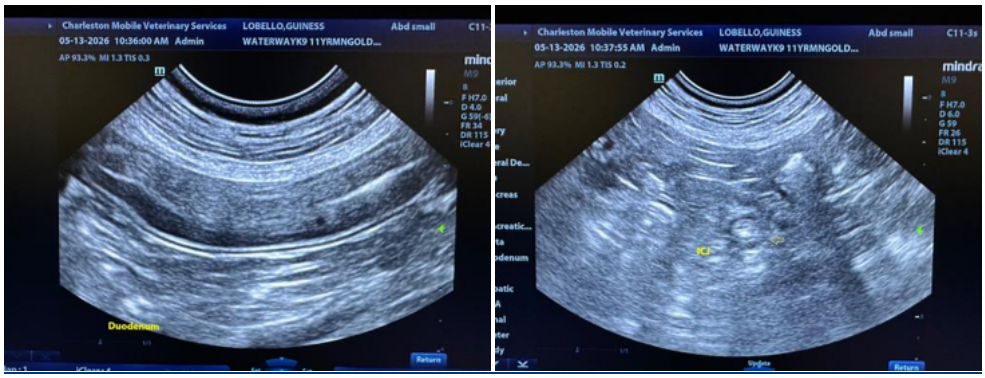

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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