

PATIENT PRESENTING CLINICAL SIGNS

Milo Forster

Milo has a 6 month history of straining to pass stool treated as suspect chronic anal gland issues, with metacam, clavaseptin daily Apoquel for itchy skin Recently passing very painful stool, spaghetti like stool no blood seen rectal exam unable to do with index finger, with pinky approx 2 cm into rectum tight stricture palpated with some residual bleeding, as best as can be palpated stricture was uniform around circumference (approx 1.5 cm), length of stricture not determined currently overconditioned, owner reports mild weight loss over the last few weeks butorphanol sedation for ultrasound Current Medications Trazadone for anxiety, gabapentin (pain and anxiety), Apoquel, Restoralax

SPECIES

Canine

BREED

9.8 kg

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet
Emergency Clinic

REFERRING VET

Dr. Rubino

INVOICE

45865

DATE

3/13/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.12 cm. The left kidney measures 4.63 cm.

Adrenal Glands

The right adrenal gland is normal in size (2.22 cm long x 1.36 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.41 cm long x 0.30 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

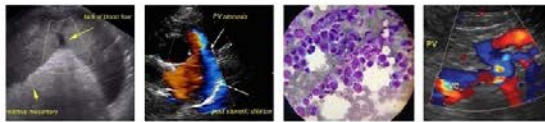
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT

Gastrointestinal

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The sublumbar lymph nodes are prominent in size (0.5 cm thick) with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Reactive sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

IMAGING PERFORMED BY

Kelly Reschny

SECONDARY FINDINGS

- Age related kidney changes
- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visible evidence of a stricture. However, it cannot be ruled out, especially given the very distal location reported on physical exam findings.

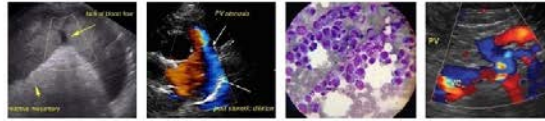
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A colonoscopy is recommended for further evaluation of this patient's suspected palpated distal colonic stricture. In the meantime, empirical stool softeners and pain management are recommended for patient comfort while awaiting colonoscopy for further visual evaluation, biopsies +/- ballooning.

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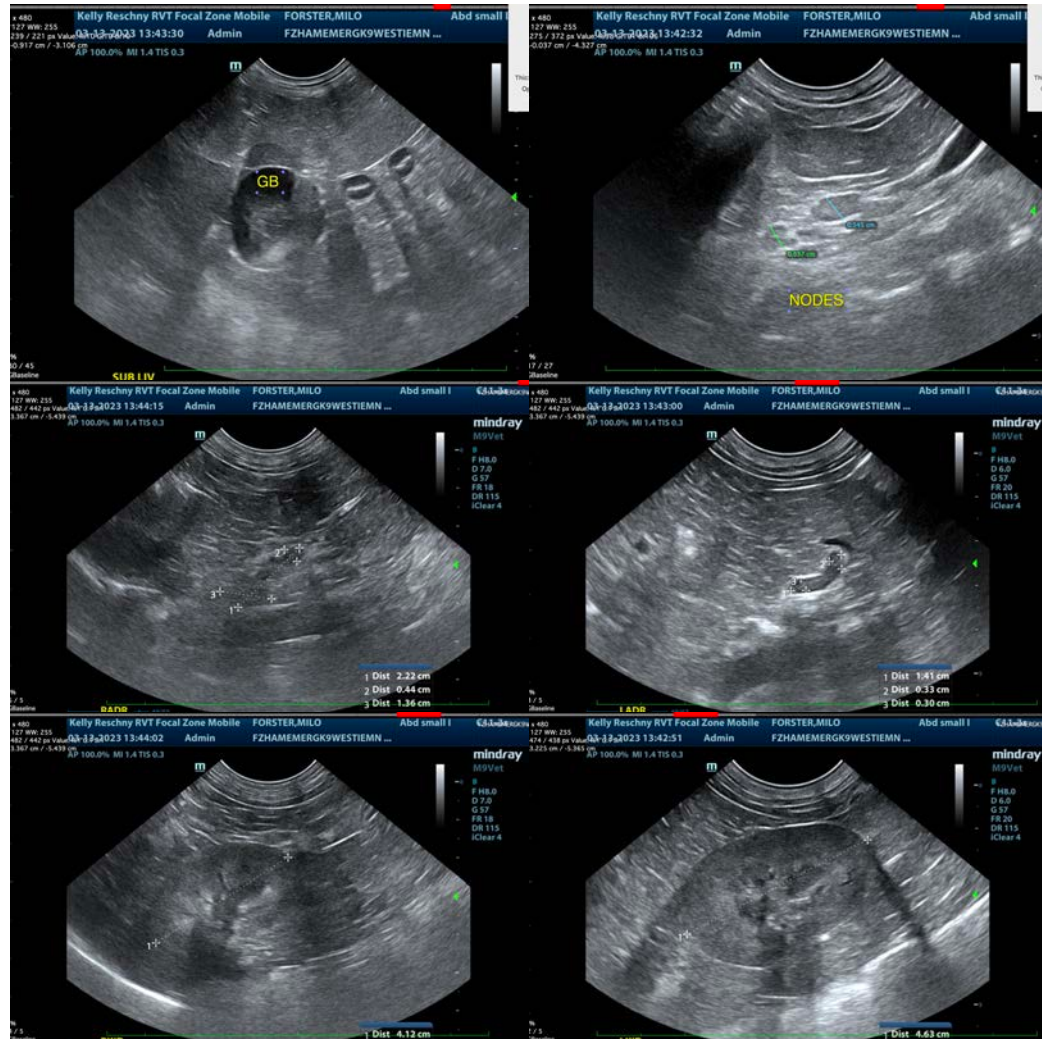
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com