



PATIENT

Freckles DeJardin

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Male

AGE

13 Years

WEIGHT

22 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

McKnight 24-hour AH

REFERRING VET

Dr. Gruffydd

INVOICE

13578

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Anorexic and constipated last 3 weeks. Patient is very fractious needed GA for scan. Area of possible obstruction I desc colon seen on abdominal x rays

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. This is a minor change. The prostate measured 2.0 cm x 3.9 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.67 cm. The left kidney measured 6.56 cm. Slight pinpoint mineralization noted.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.47 cm at the cranial pole and 0.35 cm at the caudal pole.

The **right adrenal gland** was heterogeneous and measured 1.19 cm x 0.97 cm. This is a minor change.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial and caudal folding of the spleen noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. Slight gallbladder polyps noted in the neck of the gallbladder, not pathological.

Gastrointestinal

The **stomach** itself was unremarkable. The descending colon revealed a structuring undifferentiated 3.8 cm x 2.1 cm mass, appears to be in the mid to distal descending colon at the level of the urinary bladder.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

The sublumbar **lymph nodes** were slightly heterogeneous, possibly early metastatic disease, the largest of which measured 0.45 cm.

ULTRASONOGRAPHIC FINDINGS

- Descending colonic mass, appears potentially resectable
- Minor heterogeneous changes in the right adrenal gland, likely hyperplasia
- Heterogeneous sublumbar lymph nodes
- Age-related hepatic and renal changes
- BPH prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinoma versus chronic inflammatory lesion. Colonic lymphoma possible yet less likely. Colonoscopy could be considered for further definition. No overt evidence of metastatic disease even though slight sublumbar lymphadenopathy was noted. The lymph nodes should be biopsied at surgery. Chest radiographs, followed by exploratory surgery/subtotal colectomy and removal of the majority of the mid to distal descending colon to the level of the proximal urethra would be recommended.



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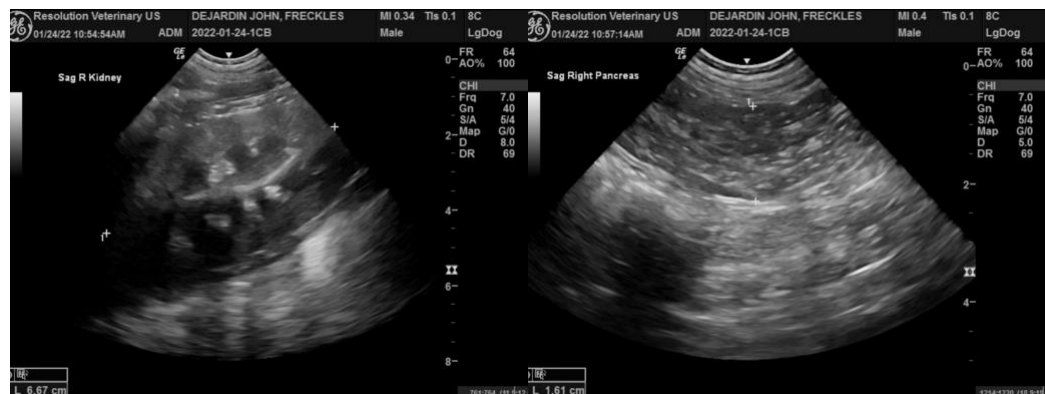
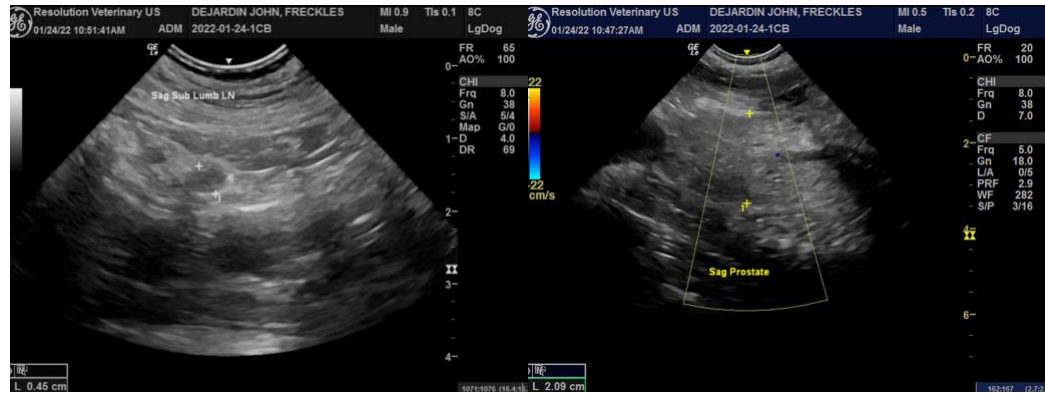
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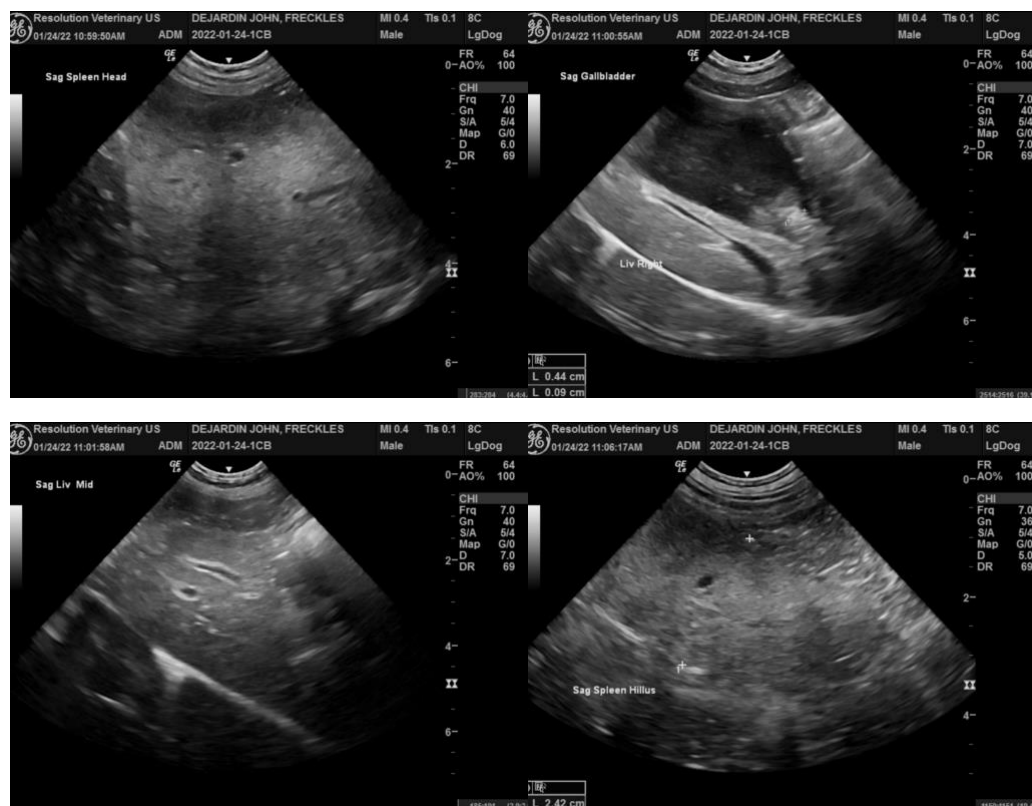
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com