



PATIENT

Roscoe Haines

SPECIES

Canine

BREED

Shepherd Cross

SEX

Neutered male

AGE

10 years

WEIGHT

28.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Dr. Turner

INVOICE

31729

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Straining to defecate with hematochezia, increased urgency x 2 months.
Abnormal PE/Chem/CBC/UA Results: Grade 2 pddz. Abdomen subjectively painful caudally on palp. Approx 1.5cm dia bloody, painful, irregular colonic mass (appears to be mural on palpation). Mass is easily friable. FNA pending.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.29 cm. The left kidney measured 5.25 cm.

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 1.56 x 0.41 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

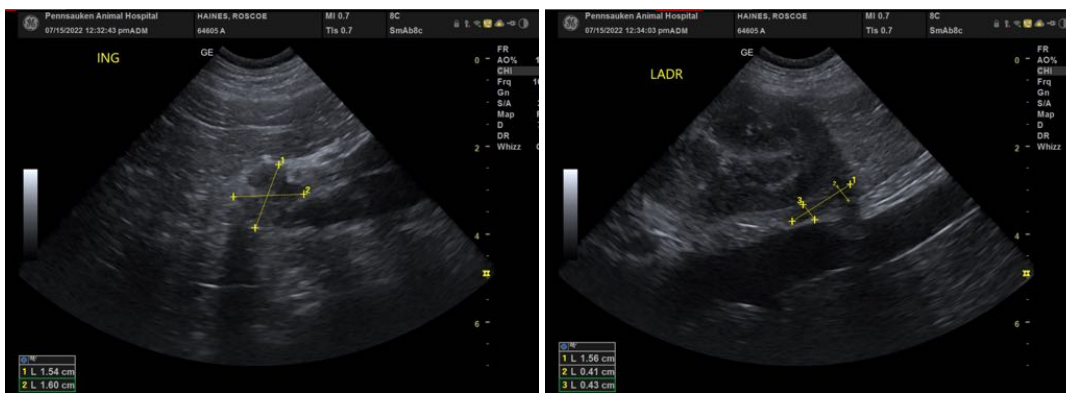
The iliac lymph node was enlarged, hypoechoic and irregular measuring 1.6 cm. Regional inflammation was noted. Other smaller lymph nodes were slightly enlarged.

ULTRASONOGRAPHIC FINDINGS

Iliac lymphadenopathy with regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphadenitis versus primary or metastatic neoplasia is possible. Anal gland palpation and/or imaging is warranted to assess for primary disease. Full urinalysis is warranted to assess for any evidence of UTI. Cytology and culture of the lymph node enlargement is recommended. This may be related to an underlying colitis even though the colitis is unremarkable.





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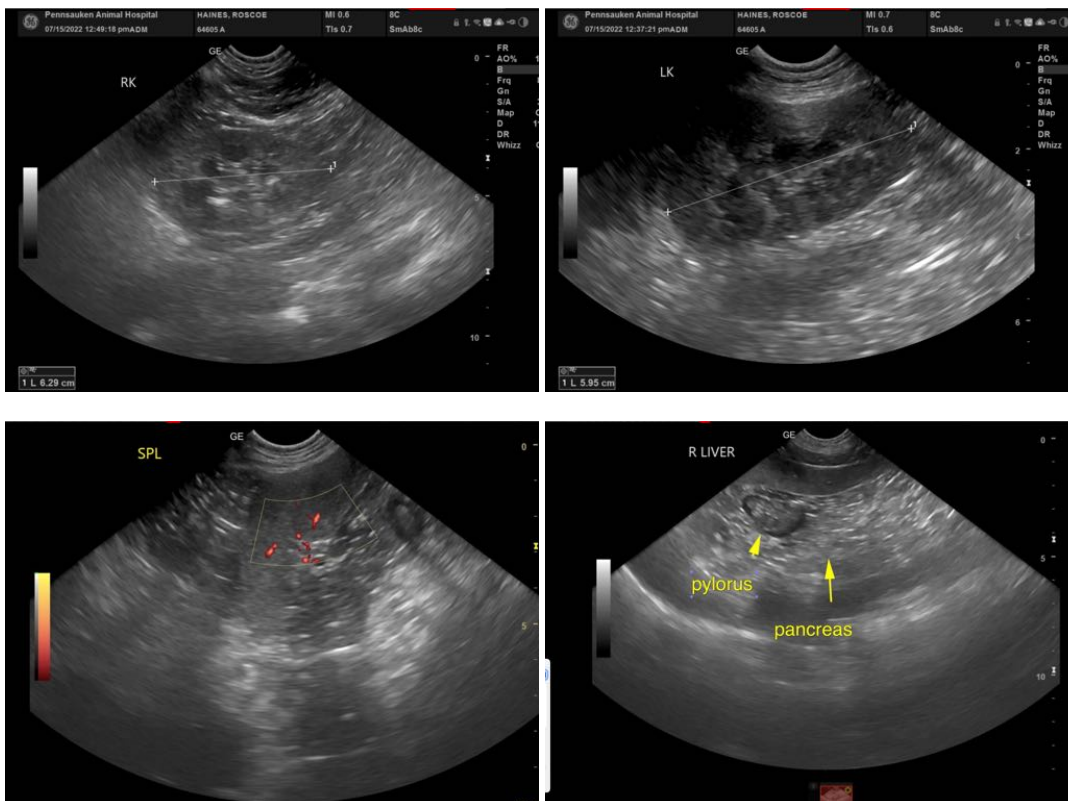
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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