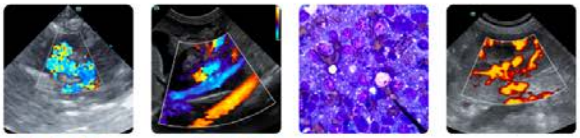


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Oscar Scaar

SPECIES

Canine

BREED

Shepherd x

SEX

Intact Male

AGE

8 Months

WEIGHT

12.7kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital (London)

REFERRING VET

Dr. Rayala

INVOICE

72750

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Chronic rectal prolapse. Referring surgeon requested an ultrasound. Current Medications: N/A.

Abnormal PE/Chem/CBC/UA Results: Positive for Giardia Jan 8th - treated with panacur Radiographic Findings sending via email Primary Question to Be Answered in This Exam Reason for chronic anal prolapse Rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size (1.19 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

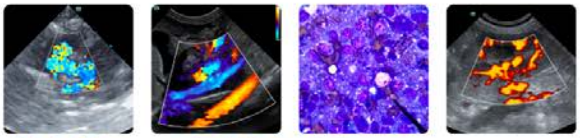
The right adrenal gland is normal in size measuring 1.18 cm at the cranial pole and 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.35 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid and shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. There is a focal shadowing structure visualized in the stomach measuring 2.29 cm in diameter. This could be consistent with ingesta, ingested foreign material, etc. Shadowing interference and gastric contents interfere with full evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.31 cm. Non-progressive motility is subjectively increased. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example of a mesenteric lymph node measures 0.76 cm x 1.69 cm. The omentum is of normal echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large amount of fluid and focal shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, there could be concerns for ingested foreign material and/or gastric ileus. An outflow tract obstruction cannot be ruled out but seems less likely.
- Diffusely fluid distended small intestine – Findings could be consistent with a post-prandial patient or generalized ileus.
- Prominent mesenteric lymph nodes – Findings are most consistent with juvenile lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and bowel appear significantly fluid distended and somewhat hypermotile, possibly with non-progressive motility. There is focal shadowing material visualized within the stomach, which could represent ingesta or ingested foreign material (foreign body, etc.). Correlate with patient's history and

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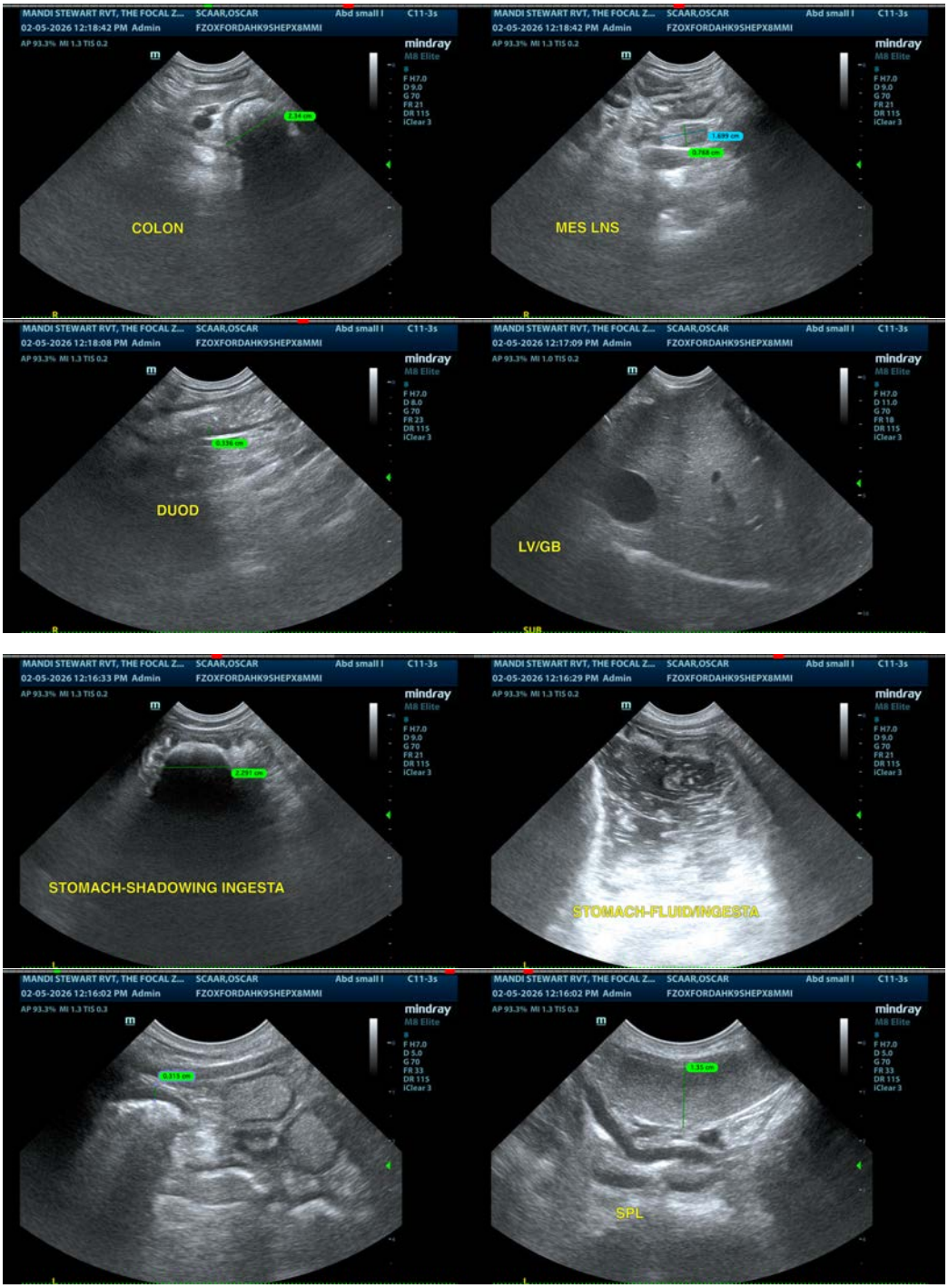
current clinical status – is there a history vomiting, diarrhea, etc? If so, further workup for this issue is recommended, potentially including det trial, screening for parasitic and infectious of diarrhea, etc. If there is concern for a gastric foreign body, correlate with abdominal radiographs, potentially with continued monitoring after a prolonged fast to see if the material is persistent.



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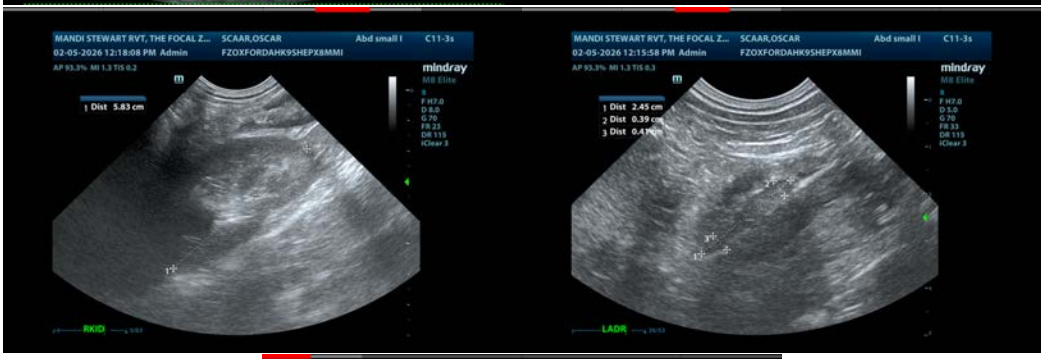

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com