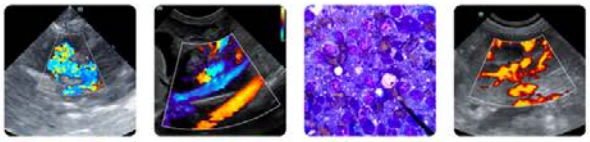


PATIENT

Mowgli Hustad

SPECIES

Canine

BREED

Nova Scotia Duck Toller

SEX

Neutered Male

AGE

7 Years

WEIGHT

21.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Harris

INVOICE

75007

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Straining on defecation with blood. Responded somewhat to metronidazole and GI supplement but now has recurred. ACTH stimulation pending to assess for Addisons

Abnormal PE/Chem/CBC/UA Results: Borderline low albumin at 27 USG 1.011

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 normal in size (1.1 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.12 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 (6.05 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 borderline flat, measuring 0.28 cm at the cranial pole and 0.36 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.

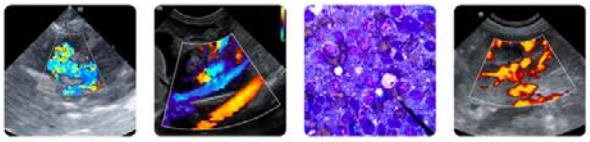
The right adrenal gland is borderline flat, measuring 0.43 cm at the cranial pole and 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is “plump”, measuring 2.4 cm, and is mildly mottled. 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 minimal luminal contents. 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid 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 0.35 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon has a large amount of shadowing fecal material. Distally at the level of the urinary bladder there is narrowing of the lumen with apparent wall thickening and irregularity extending into the lumen, creating a mass effect measuring approximately 2.82 cm x 3.06 cm, which appears mildly vascular on power doppler. Wall layering is generally intact but slightly less distinct in the region of the mass effect.

Pancreas

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

There is scant free fluid in the region of the spleen and left kidney. There are occasional prominent lymph nodes. A lymph node near the colon measures 0.50 cm x 2.08 cm. The left iliac lymph node measures 0.38 cm. A mesenteric lymph node is visualized measuring 0.37 cm. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Borderline flat adrenal glands – Recommend screening for Addison's.
- Subjectively "plump" mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Focal wall thickening/irregularity creating a mass effect in the distal colon – Findings could be consistent with a benign lesion (polyp, hematoma, ingested foreign material, etc.), or a neoplastic lesion (carcinoma, round cell neoplasia, etc.).
- Prominent caudal abdominal lymph nodes – Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

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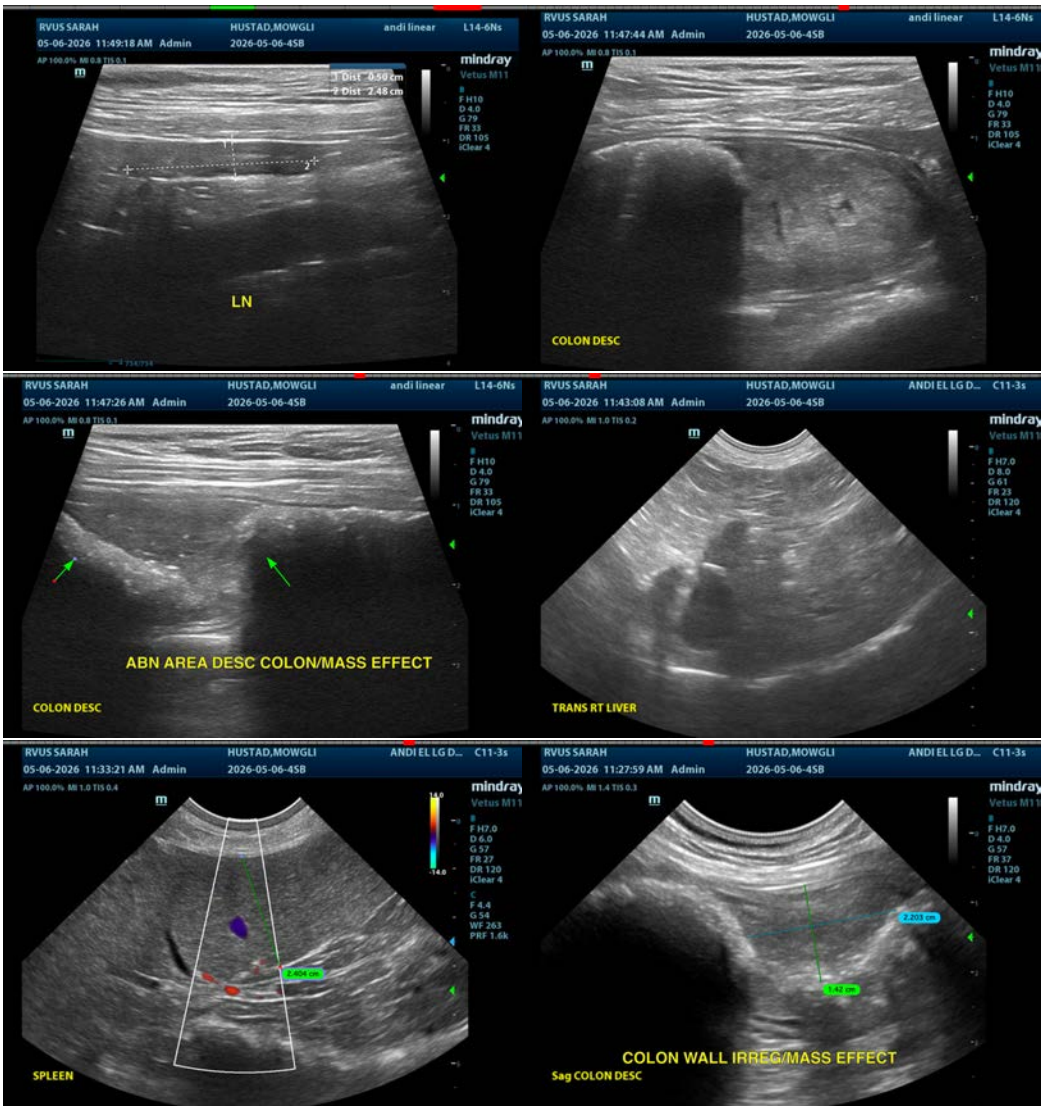
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the colon wall appears normal but there is a focal section in the region of the urinary bladder that appears irregular and thickened, creating a "mass effect". This could be consistent with a large polyp, clot/hematoma, neoplastic lesion, or even atypical passing material, although there does appear to be mild blood flow to the region. Consider colonoscopy for further evaluation, as even if there is not a lesion present, this would likely be the recommendation for further evaluation. Alternately, you could consider repeat imaging after several bowel movements, an enema, etc.

Subjectively, the spleen appears mildly mottled and plump. Options include continued monitoring or a fine needle aspirate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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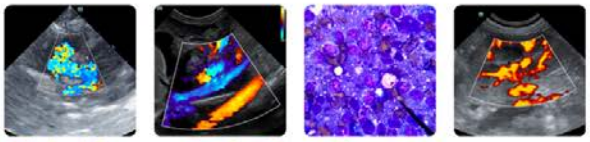

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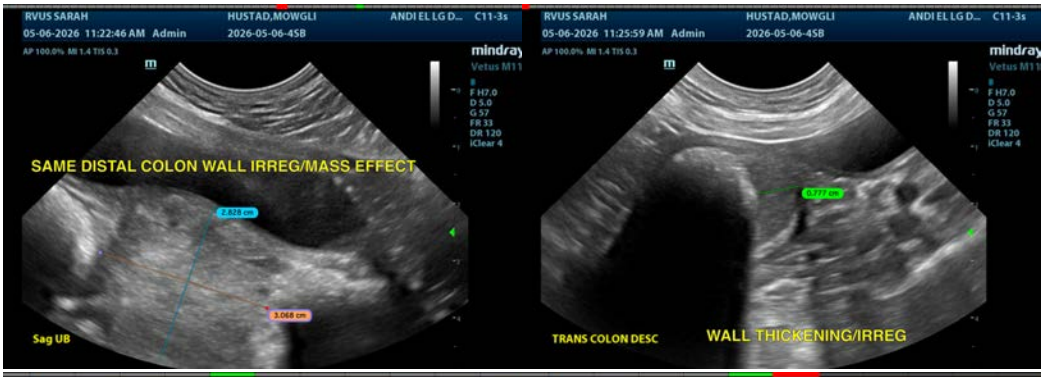

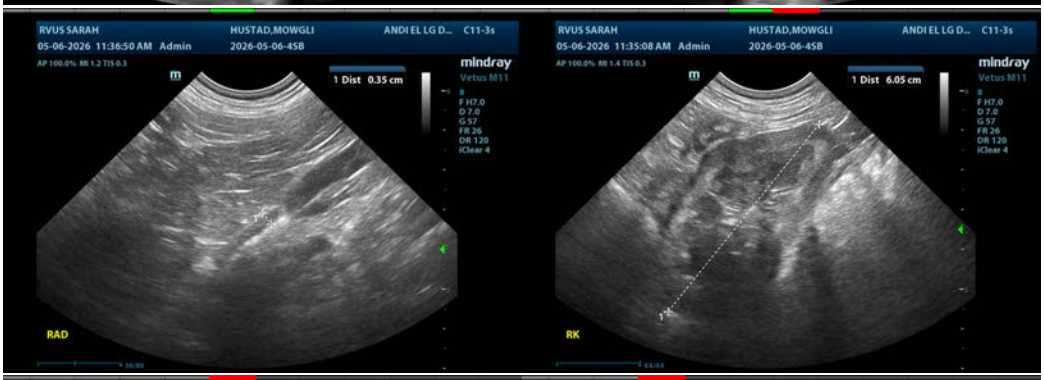

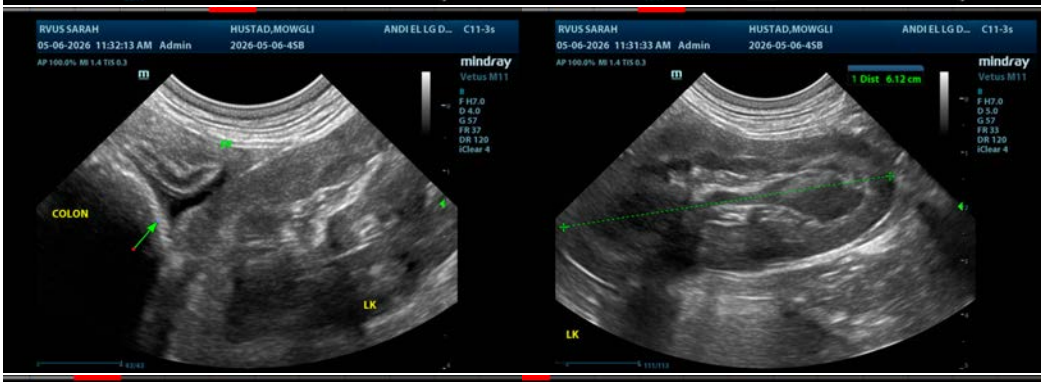

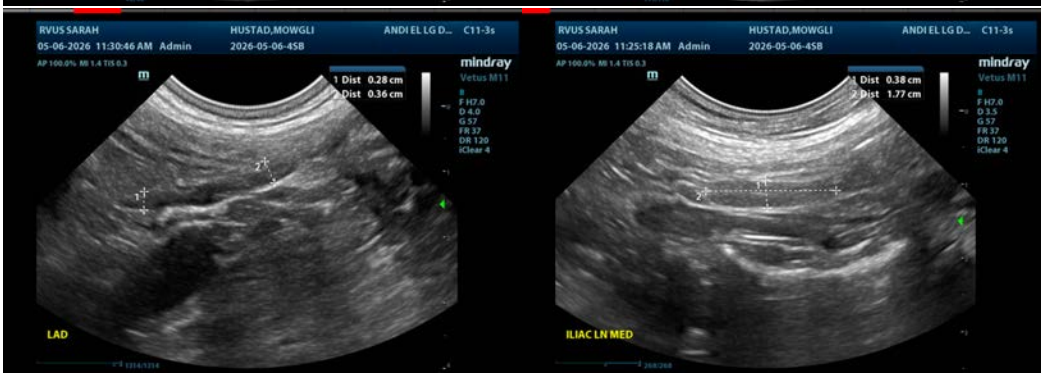

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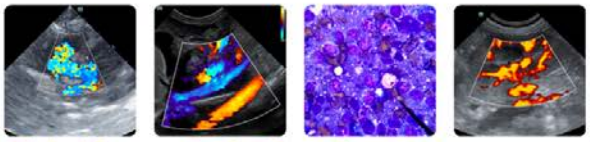

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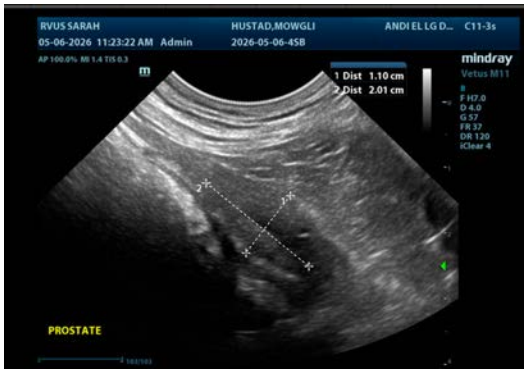

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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