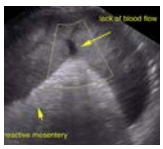
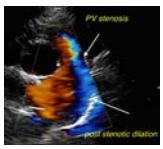
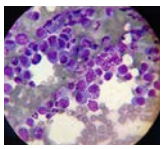
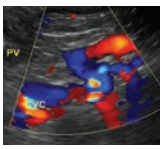
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bear Cichy

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

55.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Rudolph

INVOICE

40689

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Referred for AUS - straining to defecate for a few months, noted that he has always had a "small" sized bowel movements. PDVM neutered in May, no improvement. O noted that there was a bulge/mass near the anus that has become larger and seems VERY painful.

Abnormal PE/Chem/CBC/UA Results: PE: Noted large mass with firm material/structure to it on the right of the anus about 5cm x 8cm x8cm, painful. Exam ownl. Previous BW at pDVM (limited chem) all wnl. Pending full chemistry and CBC Radiographs: Thoracic - noted possible small lymphadenopathy, not repeated on other views, cardiac silhouette slightly enlarged, ownl. Abdomen: noted colonic deviation caudal to the perineum, appears to have deviation/diverticulum. ownl.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.14 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.70 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.

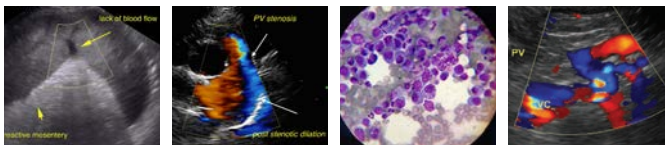
The right adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bear Cichy

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

55.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Rudolph

INVOICE

40689

DATE

8/23/22

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The distal colon is distended with formed fecal material. There is no focal colonic mass visualized. Distally, there is some fluid and inflammation visualized lateral to the colon, and it appears somewhat deviated.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

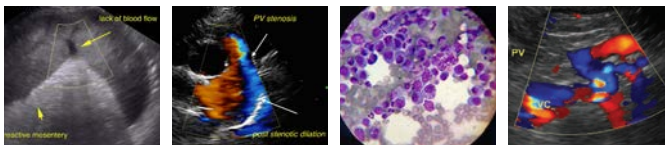
ULTRASONOGRAPHIC FINDINGS

- Moderate fluid/gas distention of the stomach – Correlate with feeding history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).
- Perirectal inflammation and fluid – There is clearly some inflammation in this region and some degree of obstruction, as the colon appears significantly distended. A focal mass lesion is not clearly visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of metastatic disease in the abdomen. There is no sublumbar lymph node enlargement noted. The liver and spleen appear normal. Unfortunately, visualization of the caudal abdomen and the intrapelvic structures is significantly obscured due to the large amount of fecal material in the distal colon/rectum. Based on the history, there is likely a large perianal mass deviating structures and causing a partial obstruction.

Correlate these findings with digital rectal exam, abdominal radiographs, a fine needle aspirate of the perianal mass, and a chemistry panel including a calcium, in addition to 3-view thoracic radiographs (I believe much of this workup has already been done). If there are still questions as to the exact location/nature of this lesion, then consider contrast CT, which may be less impacted by gas shadowing,



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bear Cichy

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

55.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Rudolph

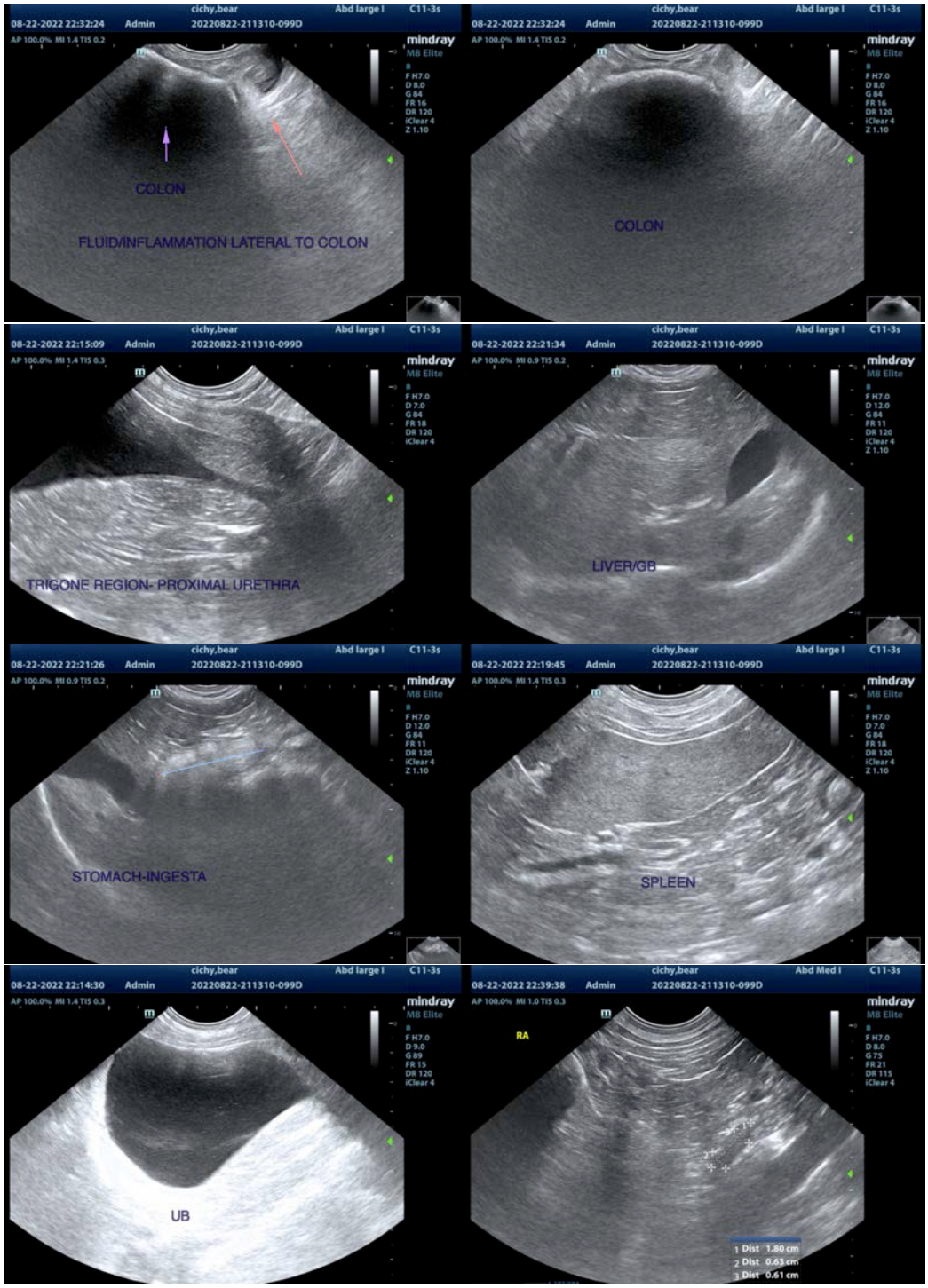
INVOICE

40689

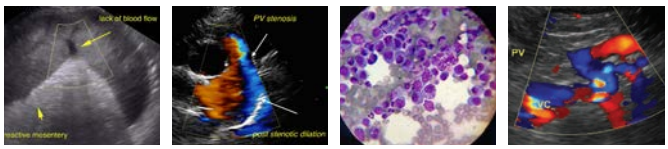
DATE

8/23/22

etc. Stool softeners and enemas may also help with the study. Differentials for this type of lesion would include an anal gland tumor (carcinoma), perianal adenoma, perianal hernia, an abscess, granuloma, etc.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bear Cichy

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

55.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

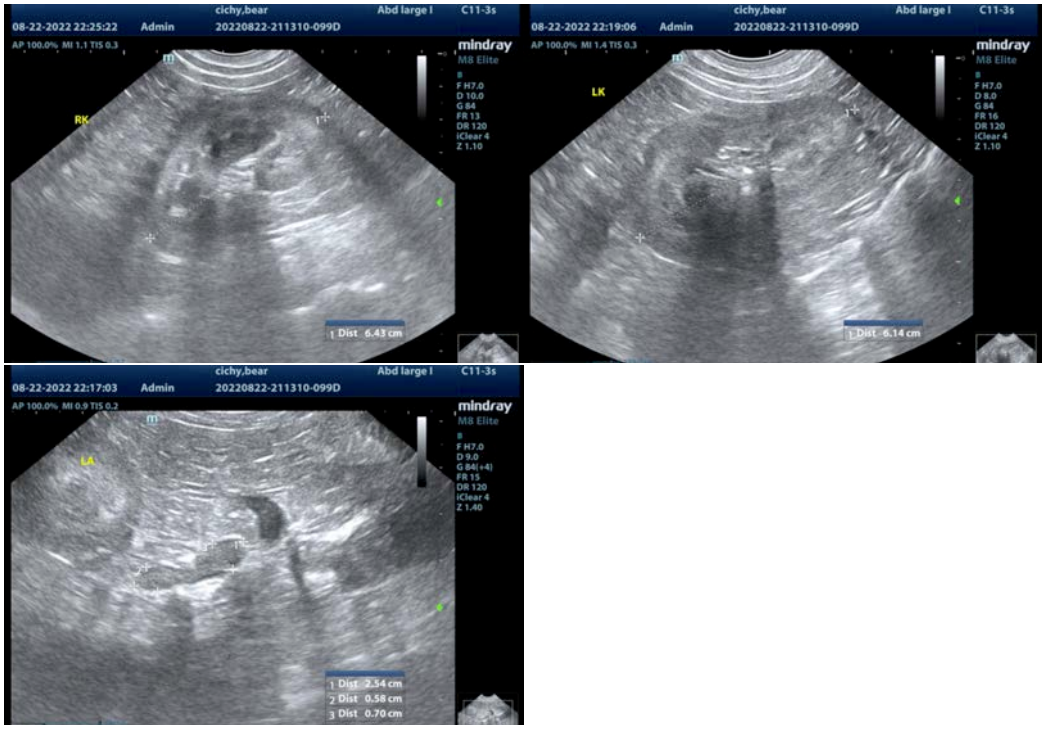
Dr. Rudolph

INVOICE

40689

DATE

8/23/22



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)

kathleen.sennello@sonopath.com