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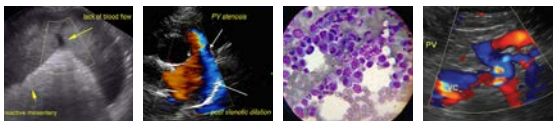


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Lucy Hanes

SPECIES
Canine

BREED
Dachshund X

SEX
Intact Female

AGE
8 Years

WEIGHT
Unknown

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
The Pet Clinic

REFERRING VET
Dr. Genova

INVOICE
33325

DATE
12/7/21

PRESENTING CLINICAL SIGNS

Possible Colon mass or Bladder mass. Pt does not have urinary symptoms but does have Blood in stool

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.24 cm at the caudal pole. The right adrenal gland measured 0.40 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

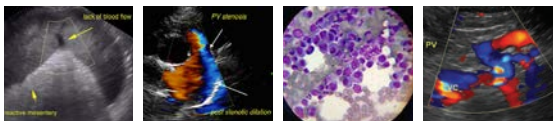
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained chyme present in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The distal descending colon and colorectum exhibited moderate mural hypertrophy, decreased mural echogenicity, and loss of distinct distal colon to colorectal wall layering. The area of thickened distal colon to colorectum measured approximately 5-6 cm in length with wall width up to 1.2 cm. Mild regional pericolic reactive mesentery was noted around the colorectum. No overt evidence of medial iliac or sublumbar lymphadenopathy. The rest of the proximal, transverse and descending colon up to the



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thickened distal colon and colorectum exhibited intact sonographically unremarkable wall layering containing semiformed to soft feces.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt pathology associated with the uterus or bilateral ovaries.

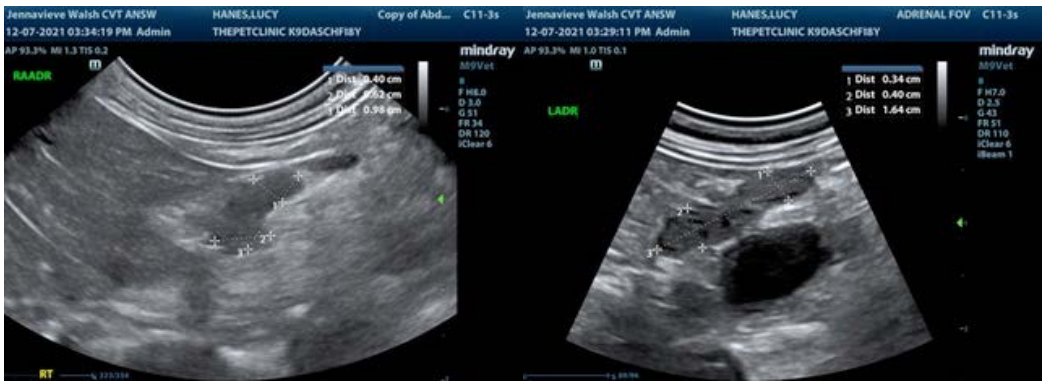
ULTRASONOGRAPHIC FINDINGS

- Distal colon to colorectal mural mass
- Subtly non-homogeneous spleen – likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a distal colon to colorectal mural mass. Inflammatory, granulomatous or neoplastic etiologies may be possible. However, although cytology or histopathology is required for further clarification, neoplasia is favored. If confirmed, no overt evidence of regional metastasis.

Assuming normal clotting status, ultrasound guided FNA of the distal colon to colorectal mural mass may be considered for screening cytology. Otherwise, biopsies are likely needed for definitive diagnosis. Alternatively, referral for further diagnostics and assessment of potential surgical resectability is likely ideal. 3-view chest radiographs recommended if not done.



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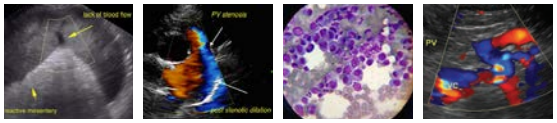

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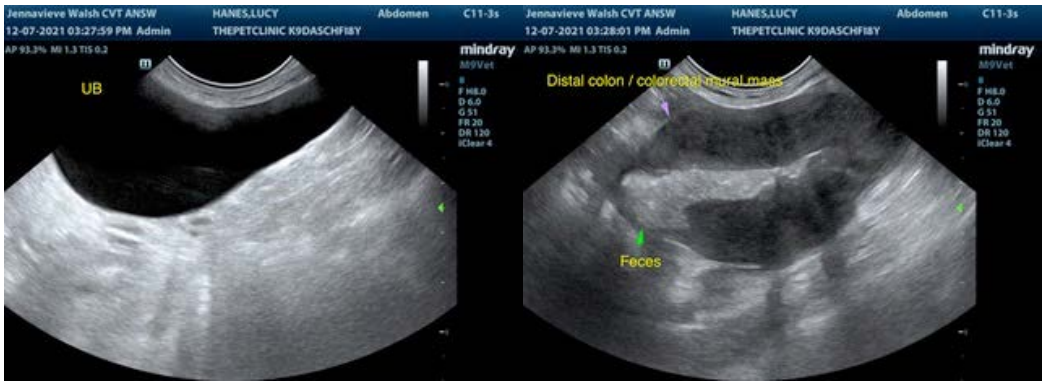

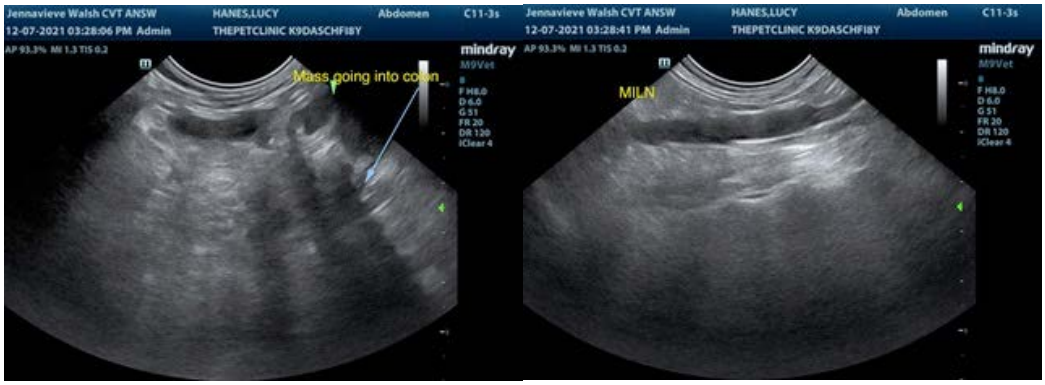

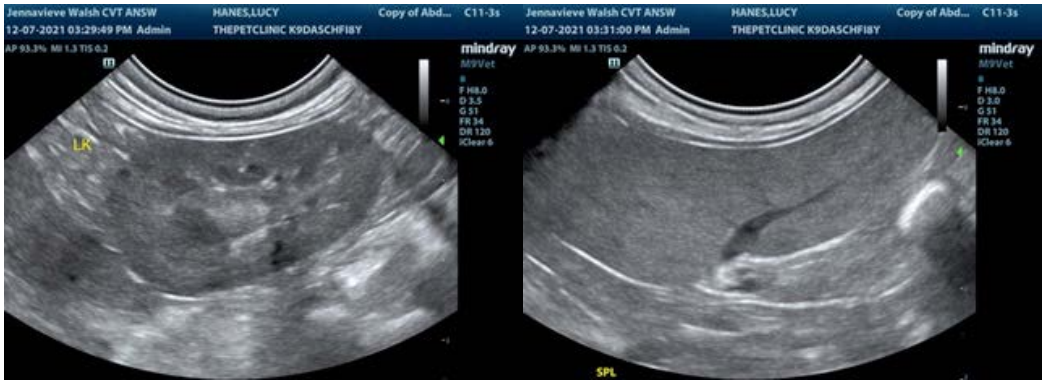

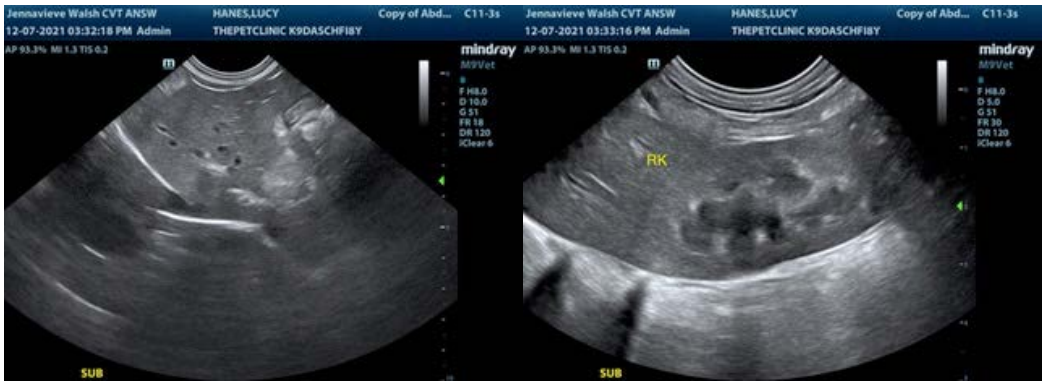

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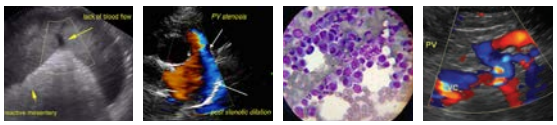

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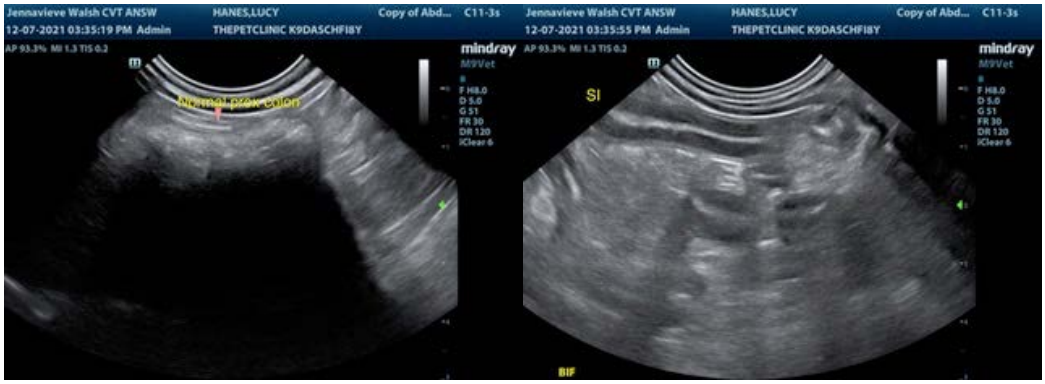

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com