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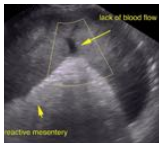
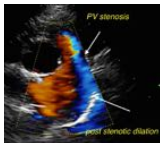
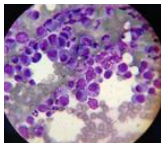
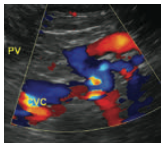

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chewy Sagar

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Male

AGE

14yr

WEIGHT

12.9lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Denville Animal Hospital

REFERRING VET

Dr. Reddy

INVOICE

10164

DATE

4/7/2023

PRESENTING CLINICAL SIGNS

Bleeding from rectum noted 3/21, defecated gelatin like stool, no diarrhea. As of 4/5 no interest in food, intact male. Current meds: Baytril susp. 100mg/ml 0.3ml bid.

Abnormal PE/Chem/CBC/UA Results: AST 109, ALKP 549, SDMA 15.9 (14 H); Phos 2, Ma 1.2, PSL 19, CPK 2067, WBC 19.1, Neuts 15662, Monos 1146. U/A-not performed yet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Multiple, small parenchyma cysts were present. Left and right testicles sonographically unremarkable.

A solitary medial iliac lymph node was present. The lymph node was small to normal in appearance without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.3 cm x 0.4 cm. The lymph node was not consistent with inflammatory or neoplastic criteria.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.54 cm at caudal pole width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.55 cm caudal pole width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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. Mild, non-organized echogenic gallbladder debris present. No evidence of gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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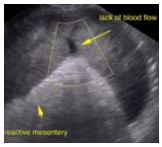

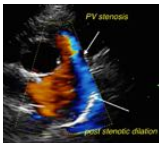

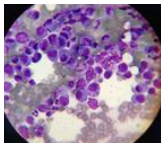
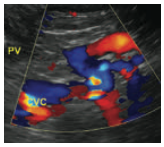

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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 colon walls exhibited mild to variable thickening noted in the visualized proximal and proximal transverse and descending colon. The descending colon wall measures 0.53 cm. Soft fecal matter was present in the colon, consistent with the patient history.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably thickened colon walls containing soft fecal matter-sonographically consistent with likely colitis, potential for early infiltrative colonic neoplasia possible.
- Sonographically unremarkable stomach and small bowel
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Mild pancreatic remodeling-suspect age variant or benign remodeling, possibly owing to previous inflammation. Low-grade to chronic pancreatitis is possible.
- Benign prostatic hyperplasia with small cysts, prostatitis thought less likely, no overt prostatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-grade to chronic pancreatitis as a potential contributing factor to the patient's inappetence may be suspected as evidence of cranial abdominal or subxiphid discomfort on palpation. Correlation with a spec cPL could be considered. A colonic and possible anal sac biopsy is likely required for a definitive diagnosis. Continued empirical therapy for colitis which may include dietary therapy, assessment of response to current antibiotic, fiber supplementation, and empirical deworming would be reasonable with continued as-needed gastrointestinal support. Hepatic supportive medications may prove beneficial although aside from mild non-mucocele gallbladder debris, no evidence of overt hepatic biliary pathology.

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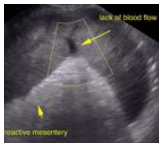
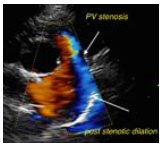
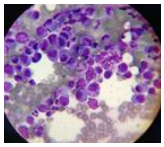
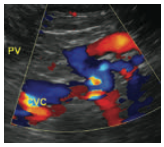

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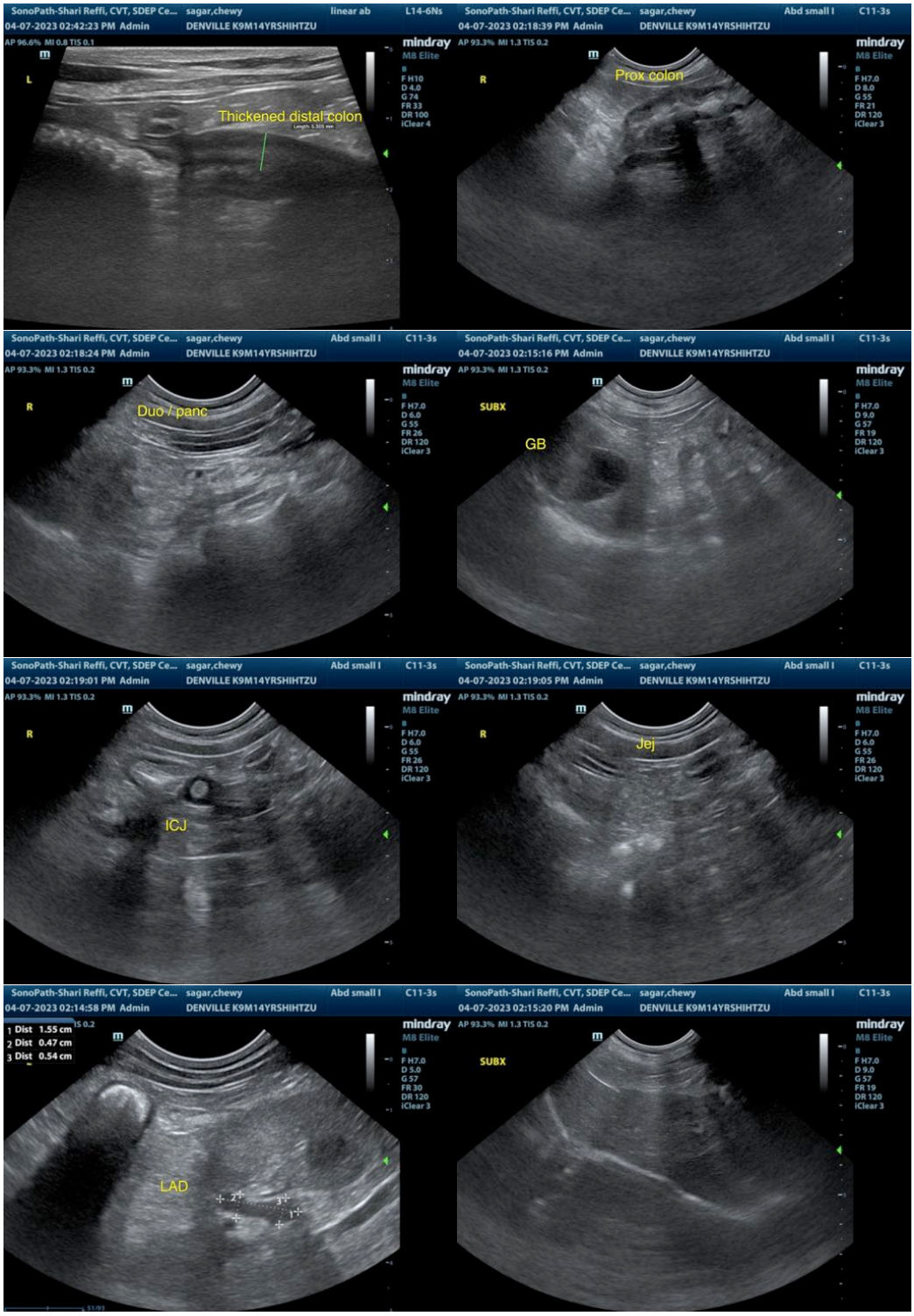

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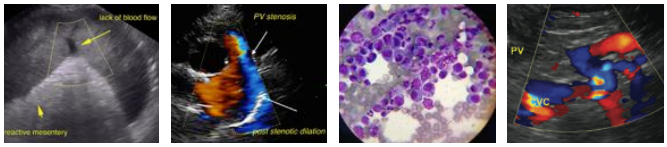

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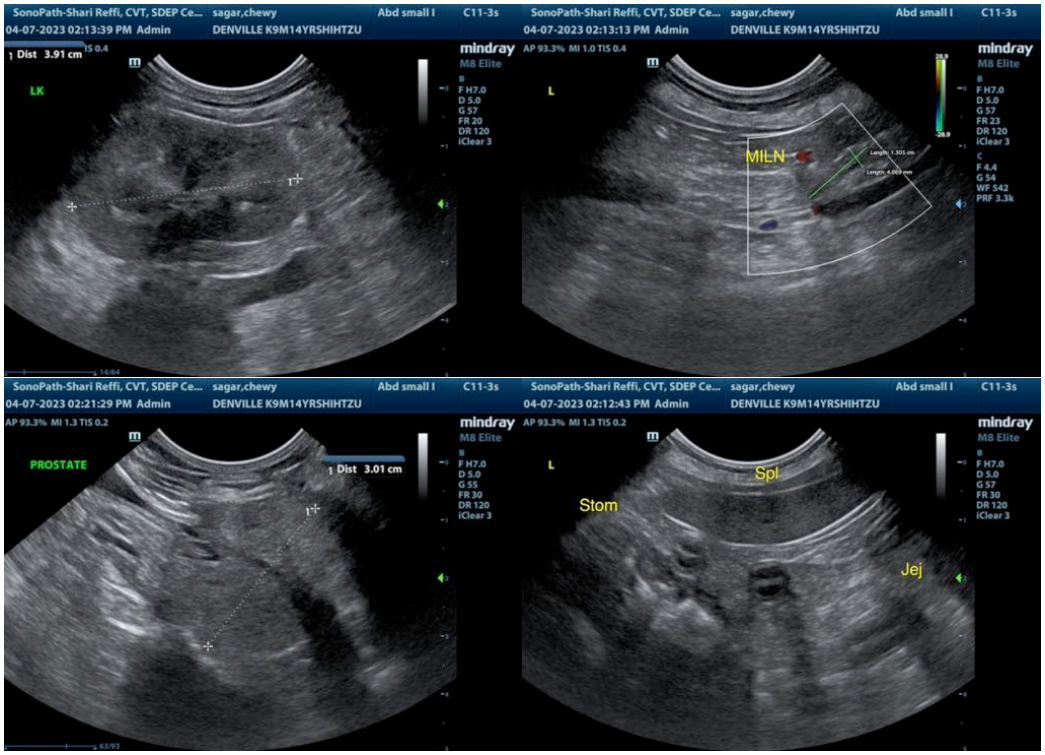

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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