



PATIENT

Gator O'Brien

SPECIES

Canine

BREED

Airedale

SEX

M/N

AGE

12 years

WEIGHT

61 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Jeffers

INVOICE

16745

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History of straining to defecate for several years. Rectal exam today revealed a ventrally coursing distal colon due to a firm, space occupying lesion dorsal to the colon.

Abnormal PE/Chem/CBC/UA Results: Radiographs confirm presence of a soft-tissue opacity in the caudal portion of the dorsal abdomen just cranial to the lumbosacral junction.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

A moderately sized area of fat echogenicity measuring approximately 9.0-10.0 cm in diameter was present in the subjective sublumbar space adjacent to and dorsal to the urinary bladder and distal descending colon. No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape subjectively measuring 0.53 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet appeared to exhibit mild generalized enlargement with primarily symmetrical adrenal capsule contour and homogeneous parenchyma. The right adrenal gland subjectively measured 1.2 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with subtle generalized parenchyma heterogeneity. A solitary, mildly nonhomogeneous, nondisruptive splenic nodule was present measuring 1.3 cm in diameter.

Liver/ Gallbladder

The liver exhibited mild to possible moderate enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal in size owing to the presence of gastric ingesta with no evidence of pathology. The common bile duct was normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta sonographically consistent with food.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 were evident.

Free Abdomen

No omental masses, omental lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder / prostate
- Normal visualized distal descending colon
- Fat echogenicity in subjective sublumbar space - sonographically consistent with sublumbar lipoma
- Mild chronic renal changes
- Nonspecific splenic nodule - hyperplasia, hematopoiesis, atypical myelolipoma, or similar suspected
- Hepatomegaly exhibiting mild parenchymal remodeling
- Subjective mildly enlarged right adrenal gland - nonspecific
- Gastric ingesta - consistent with post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only visualized cause of reported chronic straining when defecating is the likely sublumbar lipoma. No evidence of visualized distal colon mural pathology or medial iliac or sublumbar masses as the contributing factor. If clinical concern for additional non-visualized lesion, additional imaging may be indicated.

Assessment of hepatic enzymes is suggested If not recently done. Sonographic monitoring of the splenic nodule for evidence of progression +/- FNA cytology using a 25-gauge needle and assuming normal clotting status is recommended. Assessment of systemic BP for evidence of hypertension, as well as concurrent sonographic monitoring of the subjective mildly enlarged right adrenal gland is recommended.



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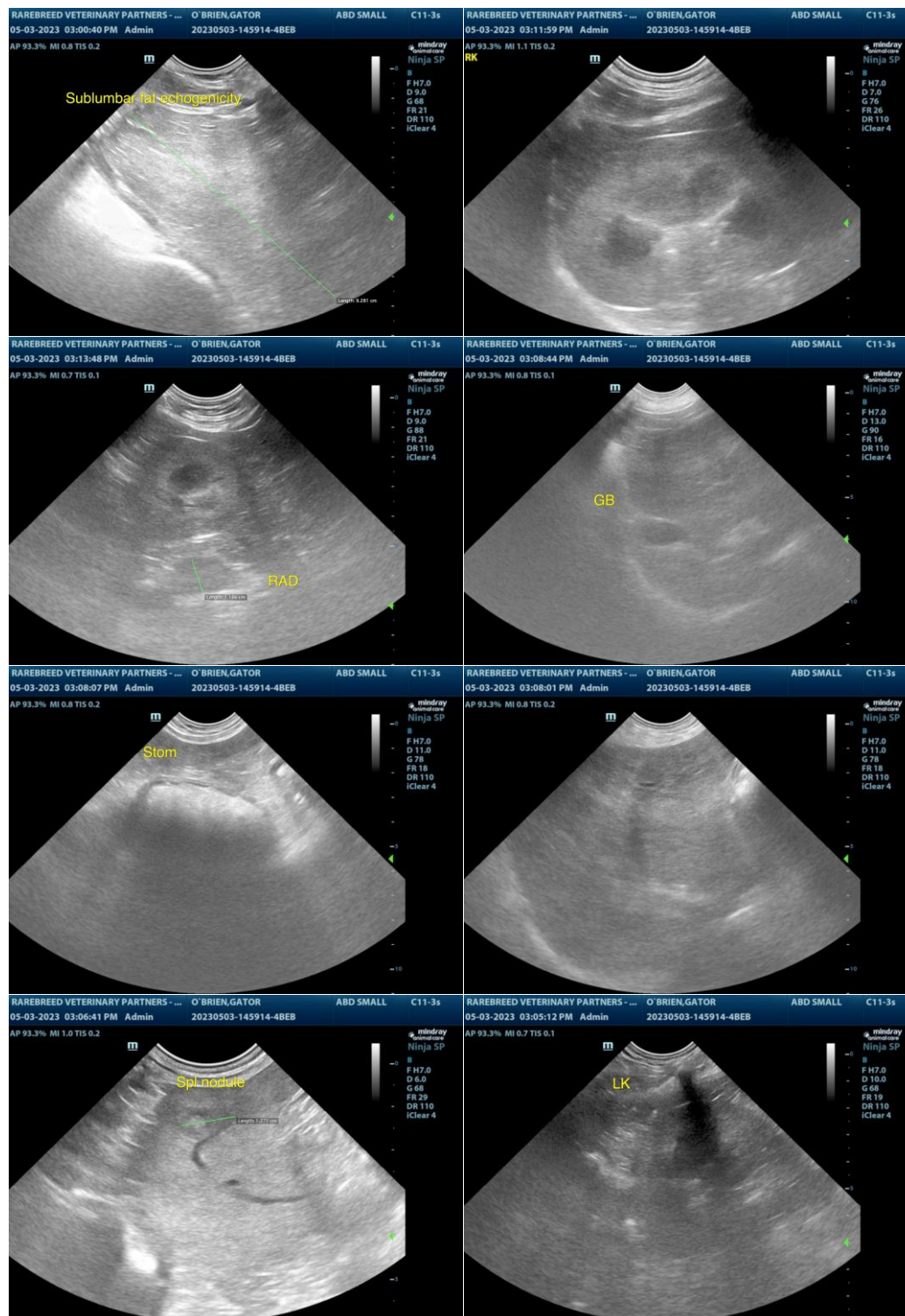
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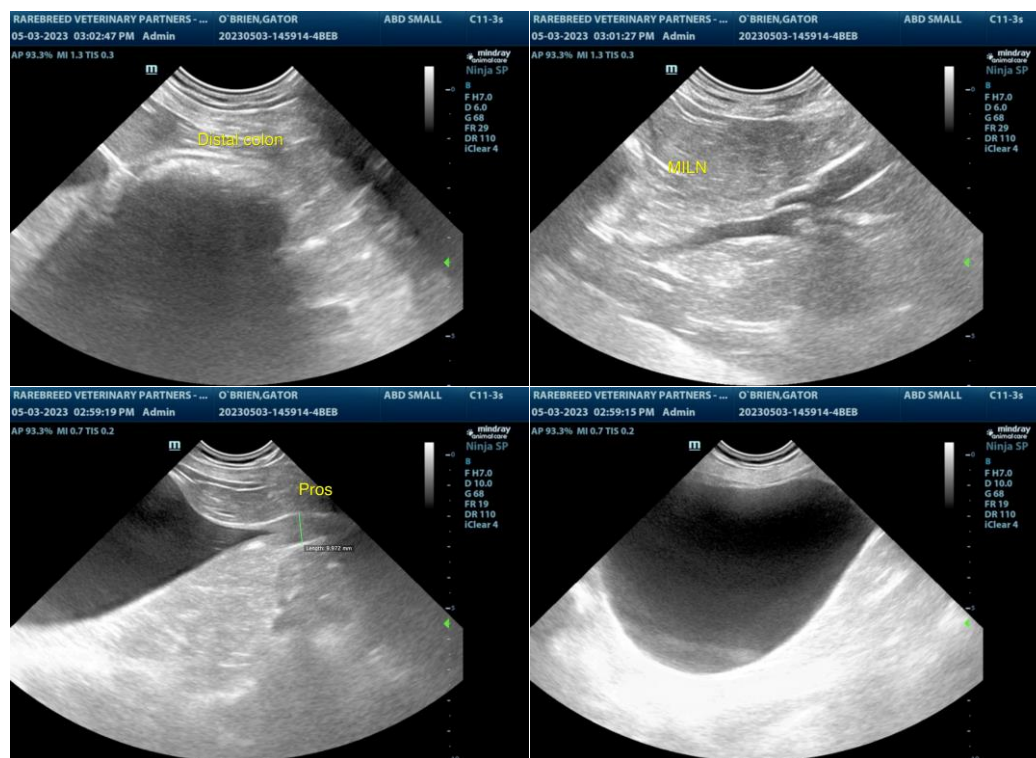
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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