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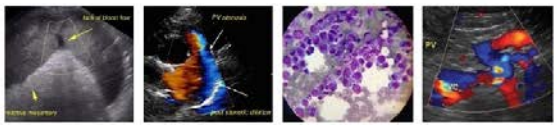


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Brutus Joncas

SPECIES

Canine

BREED

Shih Tzu X

SEX

Intact Male

AGE

13 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Al-Sultan

INVOICE

25426

DATE

9/15/21

PRESENTING CLINICAL SIGNS

Dental disease. Rectal prolapse. General muscle wasting. Bloody diarrhea. On metronidazole and FortiFlora.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

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. The prostate measured 3.2 cm x 2.5 cm.

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 5.1 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length x 0.50 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.45 cm at the caudal pole.

Spleen

No overt pathology in the area of the spleen.

Liver

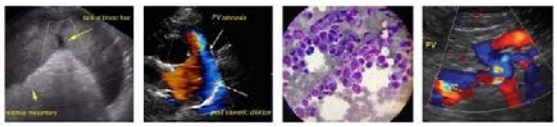
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was 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. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.32 cm.

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. Jejunum wall measured 0.35 cm.

Variable segmental to generalized descending colon and colorectal mural hypertrophy, decreased mural echogenicity, and loss of distinct colon to colorectal wall layering was present. The descending colon wall measured 0.88 cm in width. Potential for colorectal mural masses noted just cranial to the pelvic inlet. Example of potential mass measured 3.3 cm x 1.8 cm. Superimposing lymphadenopathy in this area



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is possible. The visualized proximal colon exhibited sonographically unremarkable wall layering with semiformed feces present in the ascending colon.

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

Associated pericolic peritonitis was present adjacent to the descending colon, exhibited by increased pericolic omental echogenicity and minor pericolic free fluid.

Multiple enlarged medial iliac and likely hypogastric lymph nodes were present as well as a focal cranial omental lymph node. Example of medial iliac lymph node measured 1.9 cm x 1.6 cm. Example of cranial omental lymph node measured 1.8 cm x 1.1 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

PRIMARY FINDINGS

- Thickened descending colon/colorectum with loss of discernable wall layering and suspect colorectal mural masses
- Associated medial iliac and likely hypogastric lymphadenopathy with pericolic peritonitis
- Focal cranial omental lymphadenopathy

SECONDARY FINDINGS

- Bilateral chronic renal changes
- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the thickened descending colon and colorectum as well as associated lymphadenopathy may include severe chronic colitis with associated medial iliac to hypogastric lymphadenitis or infiltrative descending colon and colorectal mural neoplasia with associated metastatic lymphadenopathy. Neoplasia is favored in this case. If accessible, ultrasound guided FNA of the descending colon wall and medial iliac lymph node may be considered for screening cytology. Endoscopic colorectal and descending colon biopsies for histopathology +/- tissue culture and sensitivity may be required for definitive diagnosis.

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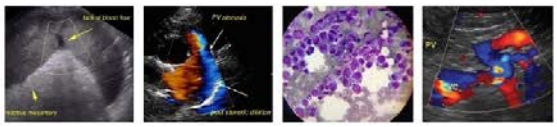

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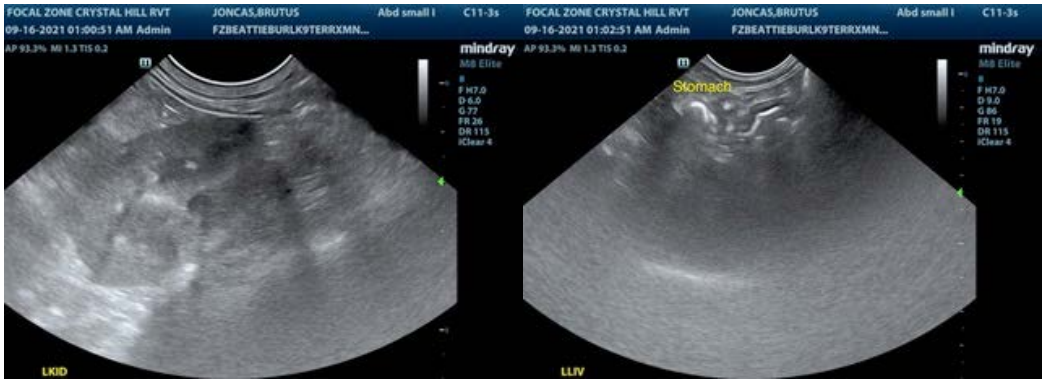

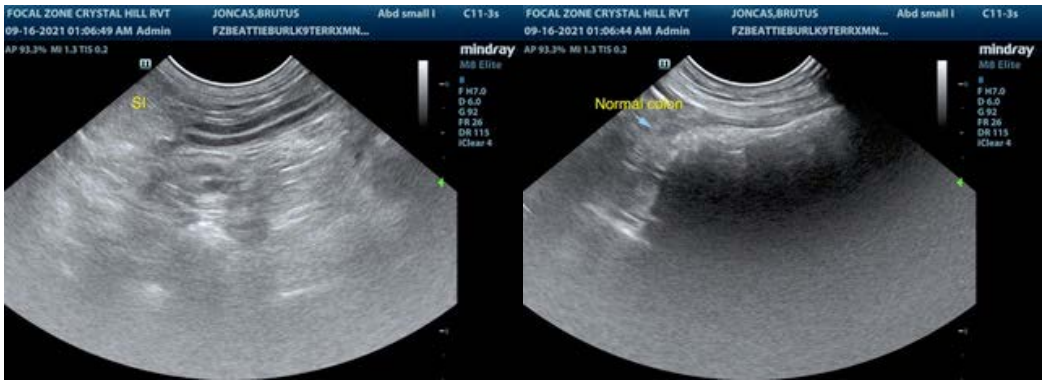

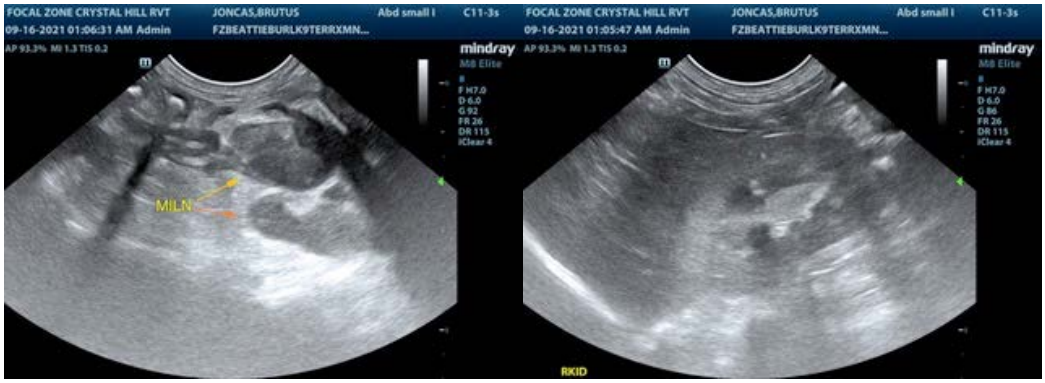

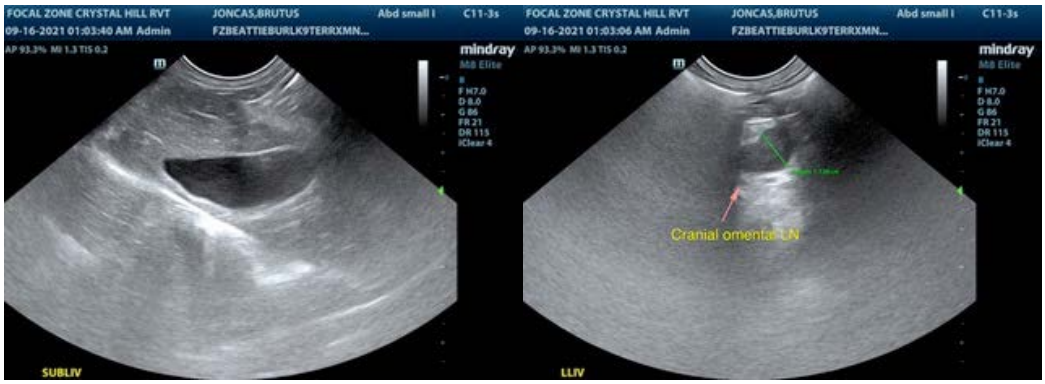

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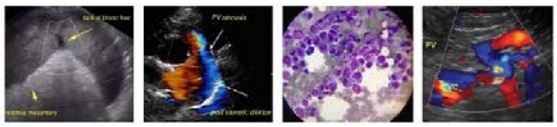

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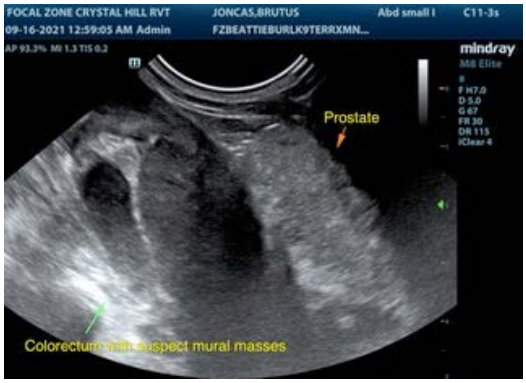

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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