

PATIENT

Oesa Hoag

SPECIES

Canine

BREED

Rottweiler mix

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

69 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

DATE

8/23/22

INVOICE

13876

PRESENTING CLINICAL SIGNS

History: Previous hx of ovary sparing spay. O elected to have ovariectomy after several severe false pregnancies. Exploratory performed and left ovary retrieved. Structure removed from right pedicle thought to be ovary was determined to be uterine segment/hydrometra. Right ovary presumed still present. Ultrasound to also assess for any other uterine remnants possibly present in cervical region. Abnormal PE/Chem/CBC/UA Results: Current Medications Carprofen, trazodone, Gabapentin Primary Question/Differential to Be Answered in This Exam Confirm presence of right ovary in right ovarian pedicle prior to pursuing laparoscopic attempt at removal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.59 cm at caudal pole) (2.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (2.49 cm at cranial pole) (0.75 cm at caudal pole) (2.92 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is mildly to moderately distended with fluid. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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The uterine stump is visible (0.52 cm in diameter). No obvious pathology is observed.

In the right ovarian fossa, an approximately 2.5 cm area of tissue is mildly heterogeneous, surrounded by reactive mesentery. The left ovarian fossa is unremarkable.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected ovarian tissue in the right ovarian fossa.

Secondary Findings:

- The fluid within the gastric lumen may represent recent water ingestion or decreased gastric motility. Correlation with the patient's clinical history is recommended.
- Visible uterine stump – unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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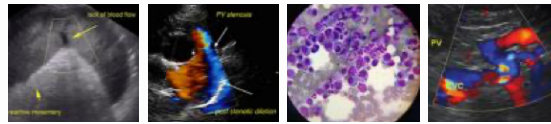
- An Anti-Mullerian Hormone assay would be helpful to confirm the presence of persistent ovarian tissue. Otherwise, surgical removal of the abnormal tissue in the right ovarian fossa with submission for histopathology can be considered.

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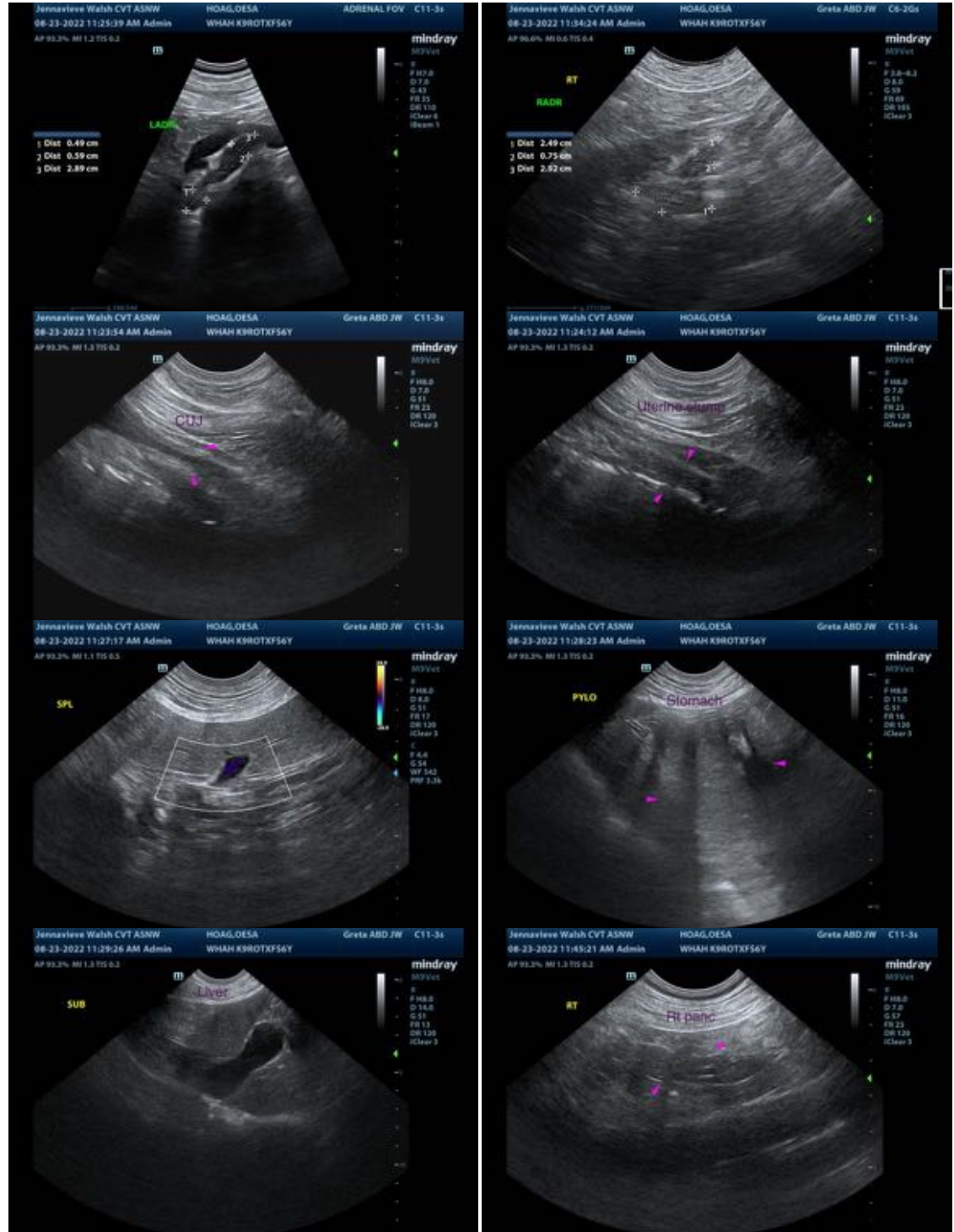
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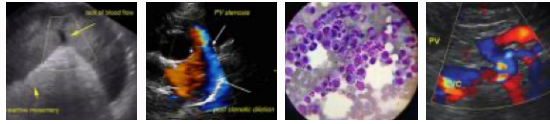
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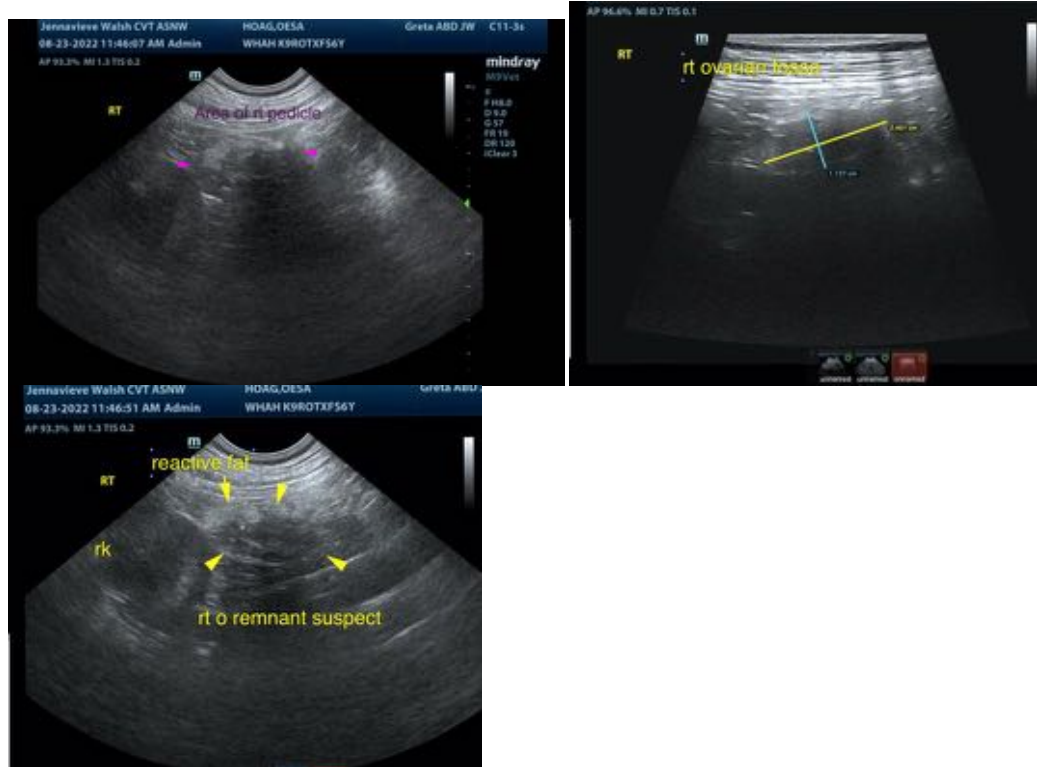
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com