

**DATE**

2/14/22

**PRESENTING CLINICAL SIGNS**

History: Pet presented for new mass evaluation. Aspirates consistent with MCT. Pre-op labs sent out showed mild liver value elevations and mild eosinophilia.

Current Medications: Prednisone 20mg - Had a dose on 2/10 and 2/11

Lab Results: alpk - 217, alt - 189, monocytosis - 1162, Eosinophilia - 1245. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans. Sedation: Torb 10mg/ml - 0.85 + dexdormitor 0.3mls IV.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**PATIENT**

Lil Bit Boudris

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Spayed Female

**AGE**

12/13/15

**WEIGHT**

82.7 lbs

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**

Everhart WellPet

**REFERRING VET**

Dr. Key

**INVOICE**

96050

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (6.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.29 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (3.22 cm long x 0.69 at cranial pole and 0.64 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.91 cm long x 0.7 cm at cranial pole and 0.88 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. In addition to the gas pattern there is a strongly echogenic, curvilinear foci with very strong acoustic shadowing. This is stronger than typically appreciated with gas alone.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### **Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### **Free Abdomen**

Lymph nodes are normal with no observed enlargement.

### **Thorax**

There is no pericardial effusion noted in these images.

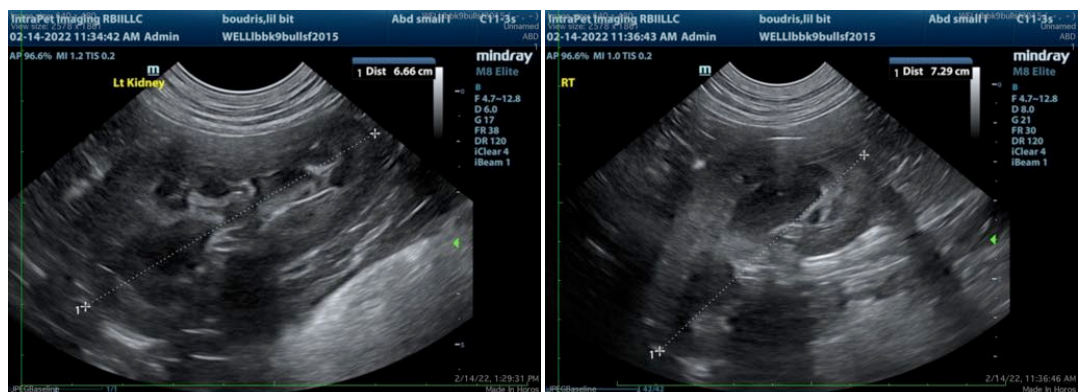
## **ULTRASONOGRAPHIC FINDINGS**

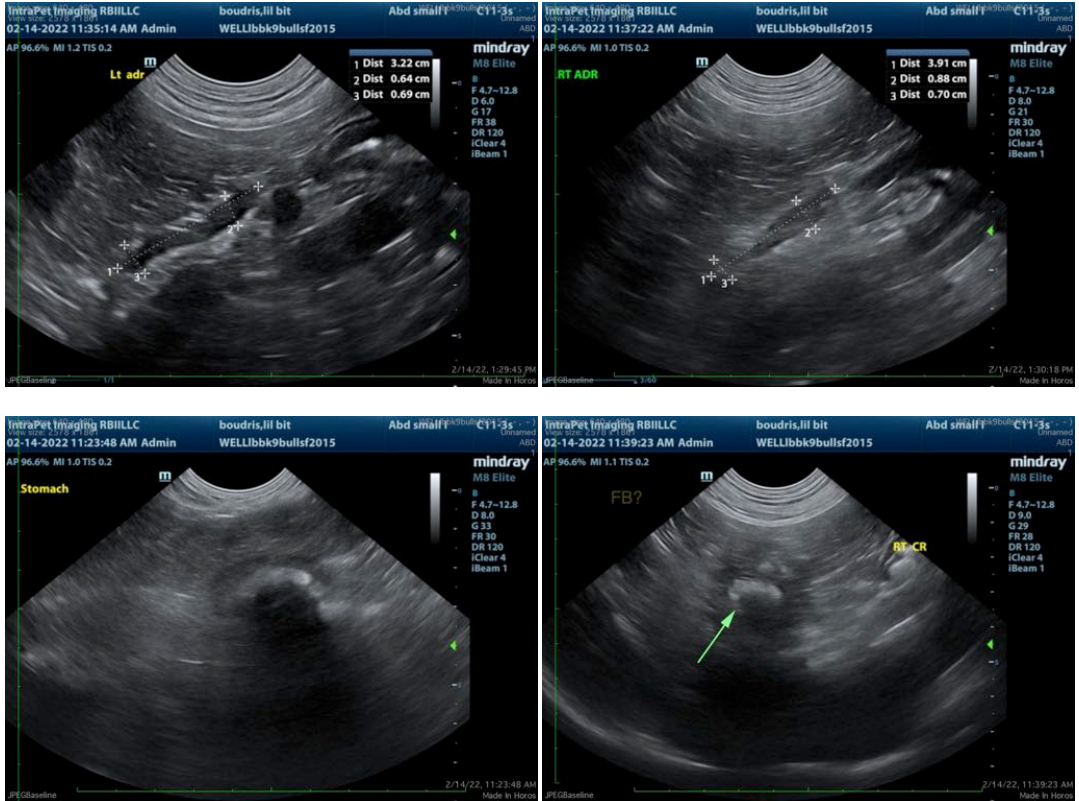
### **PRIMARY FINDINGS:**

Curvilinear, echogenic structure with strong acoustic shadowing in the stomach. Differentials include an incidental soft gastric foreign body versus atypical gas pattern.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include abdominal radiographs of the stomach when the patient is fasted and/or recheck ultrasound when the stomach is fully empty. If there are clinical signs associated with a possible gastric foreign body such as vomiting, etc. gastroscopy could be considered. In the meantime, given the history of mast cell tumor and increased liver enzymes a FNA of the liver is considered reasonable if the patient's coagulation status is appropriate with recommendations to premed with diphenhydramine prior to the aspirate.





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.

Beth Johnson, DVM DACVIM

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