

**DATE PRESENTING CLINICAL SIGNS**

2/6/23

History: 2-week hx intermittent vomiting, anorexia and lethargy approximately every other/every third day. Painful on cranial abdominal palpation and palpable cranial organomegaly.

PATIENT

Bailey Dasch

Current Medications: Starting 2/2/23 prednisone 30mg SID, cerenia, entice.
 Lab Results: ALKP significant elevation.

SPECIES

Canine

Radiographs: Severe gastric dilation and potential thickening.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Boston Terrier

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

AGE

2/2/15

Left kidney is normal is size (5.54 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Tiny nonobstructive nephroliths are noted bilaterally.

WEIGHT

37.5 Pounds

Right kidney is normal is size (6.03 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Tiny nonobstructive nephroliths are noted bilaterally.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (2.24 cm long x 0.71 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Eastern AH

Right adrenal gland is normal in size (2.94 cm long x 0.74 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Sole

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

21034

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly overdistended with fluid and echogenic debris/chyme.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is similarly dilated with fluid and chyme to the level of the proximal jejunum, where there is an echogenic curvilinear interface with marked acoustic shadow consistent with a foreign body.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Adjacent to the left kidney, there is a cystic structure that measures 2.0 cm x 3.7 cm in size. This is concerning for possible ovarian remnant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

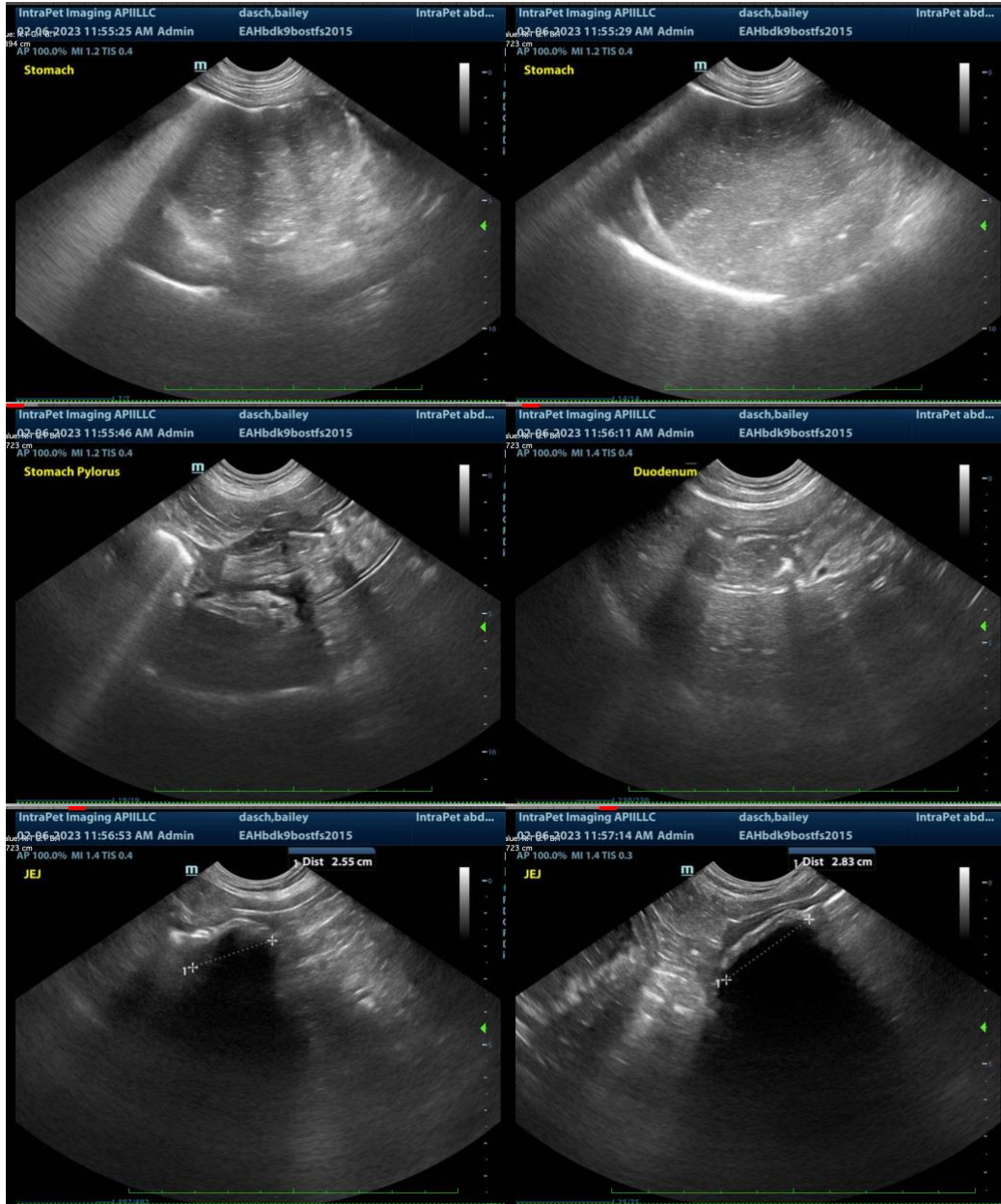
- A small intestinal foreign body with an obstructive pattern/dilation cranial to it.
- The cystic structure adjacent/caudal to the left kidney is concerning for an ovarian remnant. A cystic lymph node vs other can't be ruled out but is considered less likely given the location.

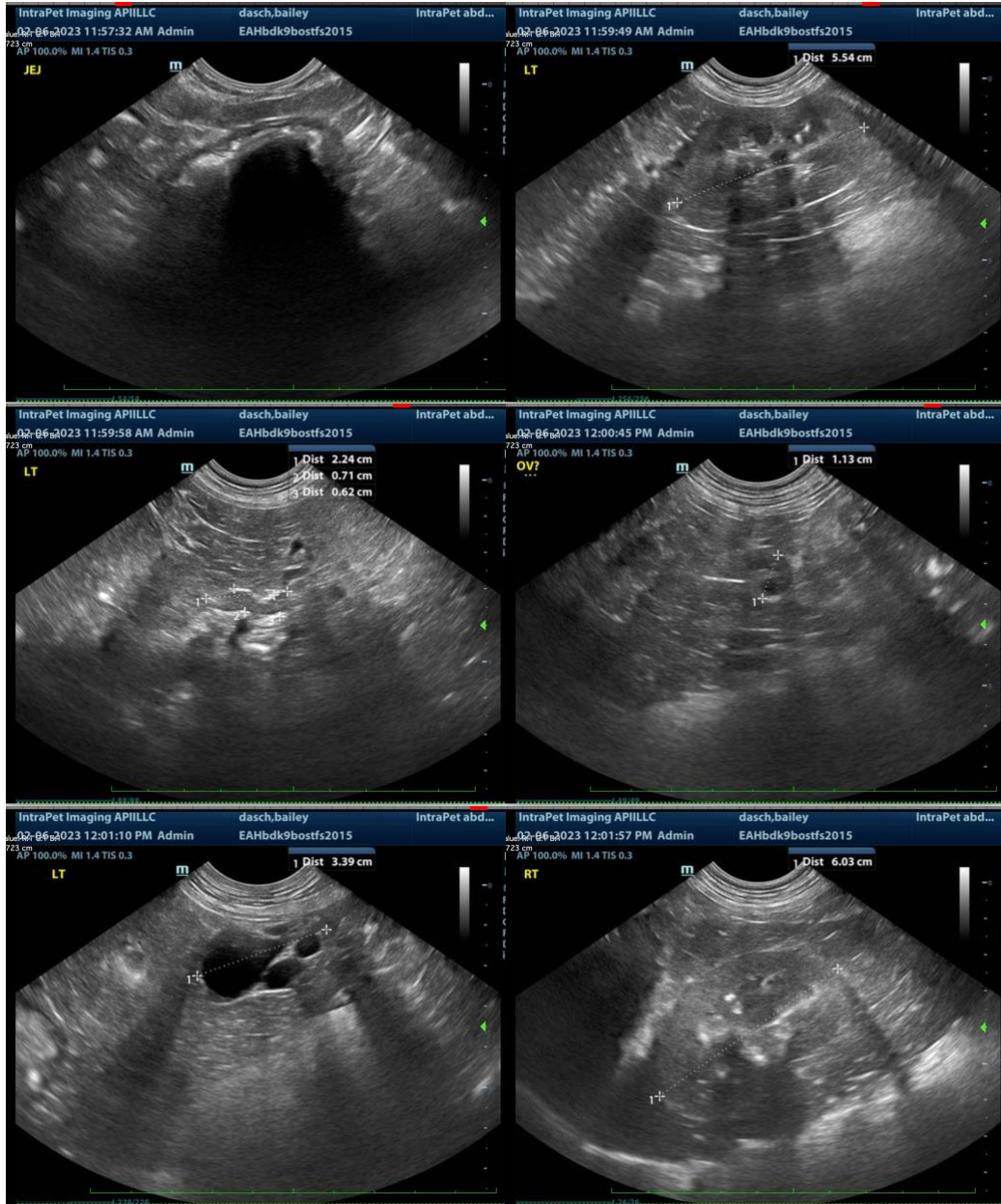
Secondary Findings

- Tany nonobstructive bilateral nephroliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was reportedly already performed, an exploratory laparotomy for foreign body removal is recommended. The foreign body was reportedly already removed and was a rubber ball. Removal of the cystic structure/ovarian remnant is recommended at the same time. If not, and there are physical exam findings or clinical signs with ovarian remnant, then further evaluation of possible ovarian remnant is recommended in the future. Investigation for ovarian remnant could be pursued with an AMH level (to Cornel) if desired.







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
Beth.Johnson@SonoPath.com