**PATIENT PRESENTING CLINICAL SIGNS**

Daisy New

Low energy off and on. Mass in mid cranial abdomen. Lat & V/D Rads: Area of increased density with speckled dense area mid-upper abdomen with gas in it, wavy irregular shape on lateral. On V/D are with thicker wall and few speckles on (R) lateral with indistinct border on one end.
 Abnormal PE/Chem/CBC/UA Results: CHEM/CBC: WNL. T4: WNL.

SPECIES

Canine

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

French Bulldog

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is normal in size (5.86 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, mineral or infarcts observed.

AGE

4 Years

The left kidney is normal in size (5.92 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, mineral or infarcts observed.

WEIGHT

35 Pounds

Adrenal Glands

The right adrenal gland is normal in size (0.66 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.49 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen**IMAGING PERFORMED BY**

Potomac Mobile

The spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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Liver

The 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.

REFERRING VET

Dr. Cathy Jarrett

The 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.

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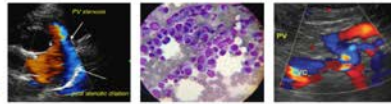
Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

7/5/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions

**PATIENT**

Daisy New

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colonic wall is normal in thickness and layering. In the area of the ileocecolic junction, there is a markedly fluid and echogenic debris distended structure that appears to be associated with the colon. Differentials include fluid distended ileum versus cecum.

Pancreas**BREED**

French Bulldog

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen**SEX**

Spayed Female

There is no evidence of free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

4 Years

ULTRASONOGRAPHIC FINDINGS

- Moderately fluid and echogenic debris distended structure associated with the colon near the ileocecolic junction – Differentials include a dilated ileum versus dilated, fluid filled cecum. Top consideration is given to typhlitis. Infiltrative disease, infectious disease, or even an abscess can't be ruled out.

WEIGHT

35 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**Beth Johnson, DVM
DACVIM

- If this is typhlitis, it is often associated with large bowel disease. Therefore, given this patient's young age, recommendations include a fecal (if not recently evaluated), and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
- In the meantime, empirical deworming with a 5-day course of Panacur as well as empirical therapy with an antibiotic such as Metronidazole or Tylosin is recommended.
- Ultimately, if empirical medical management and/or further fecal testing does not change the plan, colonoscopy could be considered for further evaluation of the ileum, cecum, and colon. However, if the patient is painful in the area and/or any laboratory changes develop to signify infection, sepsis, etc., an exploratory laparotomy over colonoscopy may be appropriate for removal of any diseased wall +/- intramural abscess, etc.
- Recheck ultrasound of the area is recommended in 48 hours.

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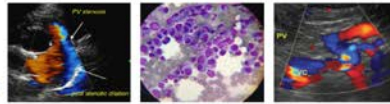
Dr. Cathy Jarrett

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PATIENT

Daisy New

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

4 Years

WEIGHT

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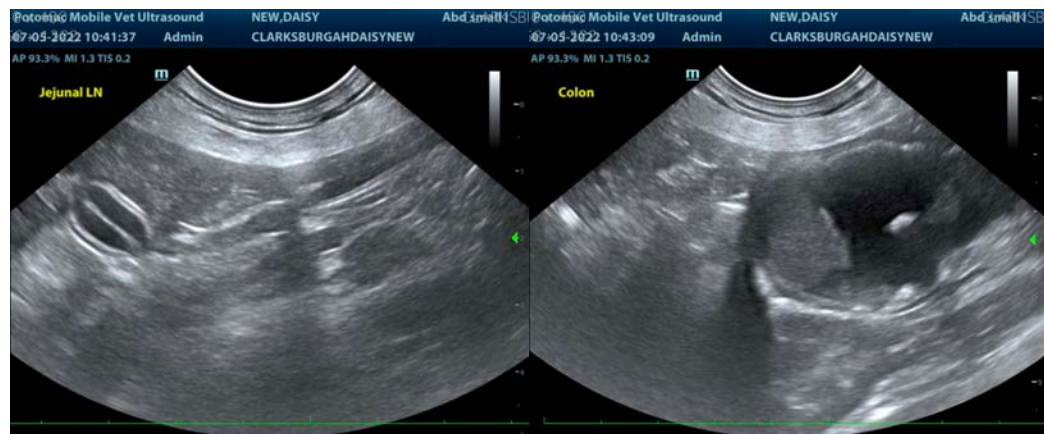
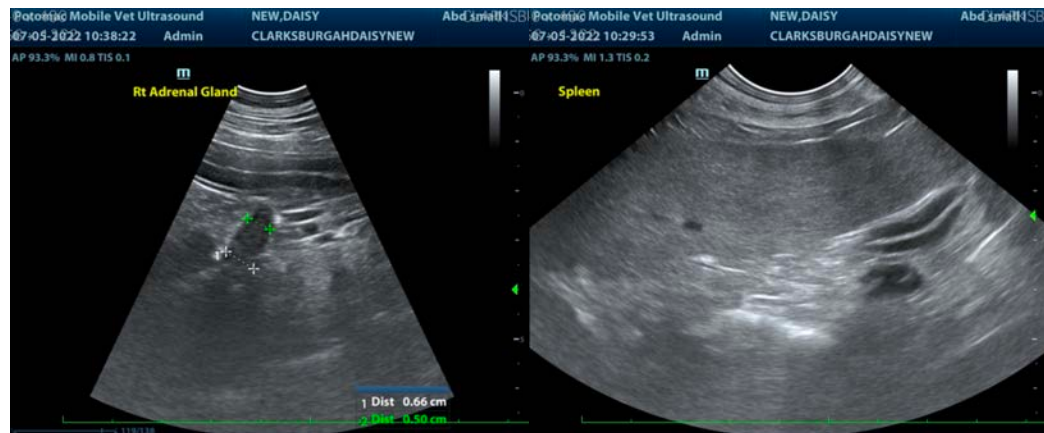
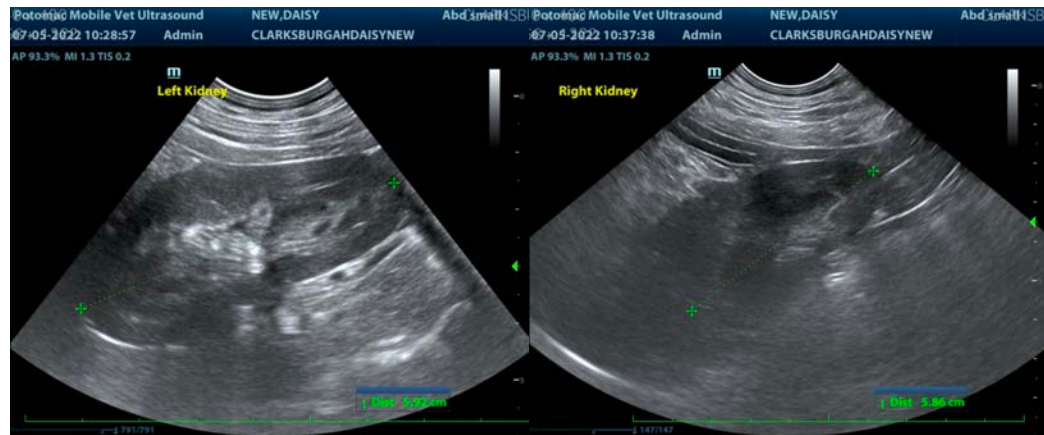
Dr. Cathy Jarrett

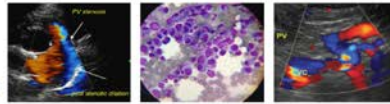
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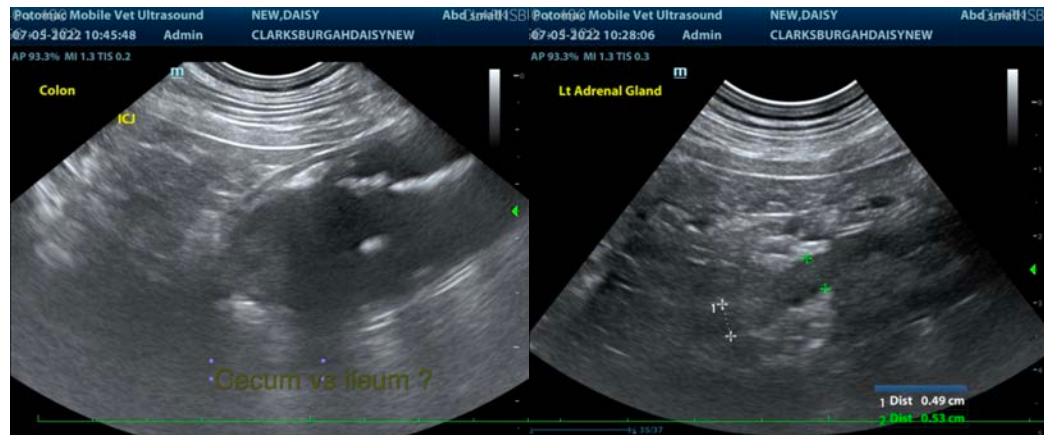
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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