



PATIENT

Ace Mack

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

3 Years 10 Months

WEIGHT

28.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

17209

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Patient with history of seizures (managed with Phenobarbital), presented 9/7/22 for general malaise, decreased appetite, hesitant to get up, jump, go up stairs. No vomiting or diarrhea. Tense abdomen on exam. Rads: calcified density area of LEFT abdomen just forward of the apex of the bladder; appears to be in free abdomen. Opacity is not moving on series rads, passing formed stools, no evidence of orthopedic pain. Current meds: Phenobarbital 30 mgs BID, added gabapentin 100mgs BID on 9/7.

Abnormal PE/Chem/CBC/UA Results: Bloods at RDVM on 8/30/22: CBC: WNL. Superchem: Alk. Phos. 227, T4 2.9. 9/7/22 at WWRVH: CPLI normal, 4DX neg. x 4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Prostate (intact) is normal in size (2.0 cm wide) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal in size (5.5 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.

Right kidney is normal in size (5.36 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.

Adrenal Glands

Left adrenal gland is normal in size (1.6 cm long x 0.34 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.0 cm long x 1.39 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

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.



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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

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty, except for a curvilinear interface with strong acoustic shadow, concerning for a nonobstructive foreign object. Pyloric outflow tract appears patent.

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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Intact Male

Pancreas

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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.

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Free Abdomen

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The medial iliac 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.

28.2 Pounds

Cranial to the urinary bladder, there is an approximately 1.5 cm x 2.5 cm hypo- to anechoic structure, surrounded by a very bright echogenic rim. Radiographically, this structure appears mineralized.

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Other

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The testicles are visualized without pathology.

ULTRASONOGRAPHIC FINDINGS

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- A mineralized structure just cranial to the urinary bladder that appears to be a possible extension of the GI tract with a dilated mineralized cecum being a top differential. Other structures, such as lymph node, other mineralized granuloma, lipoma or omental lesion, etc. can't be ruled out but is considered less likely.
- A nonobstructive gastric foreign body is suspected. Normal ingesta and gas can't be definitively ruled out but are considered less likely. This finding should be interpreted in combination with supporting gastrointestinal signs.
- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Additional options to try and definitively determine the origin of the caudal abdominal structure described, include either submission of the radiographs to a radiologist for a radiology review, if not already evaluated versus an abdominal CT scan or potentially a Barium swallow to see if Barium enters the structure supporting possible cecum as origin.

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Additionally, evaluation of infectious/parasitic causes of potential colitis/typhlitis in the form of a fecal exam as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease are recommended, followed by empirical deworming with a 5-day course of Panacur, as well as a course of either metronidazole or tylosin in addition to any necessary symptomatic medical management, including pain management if necessary.

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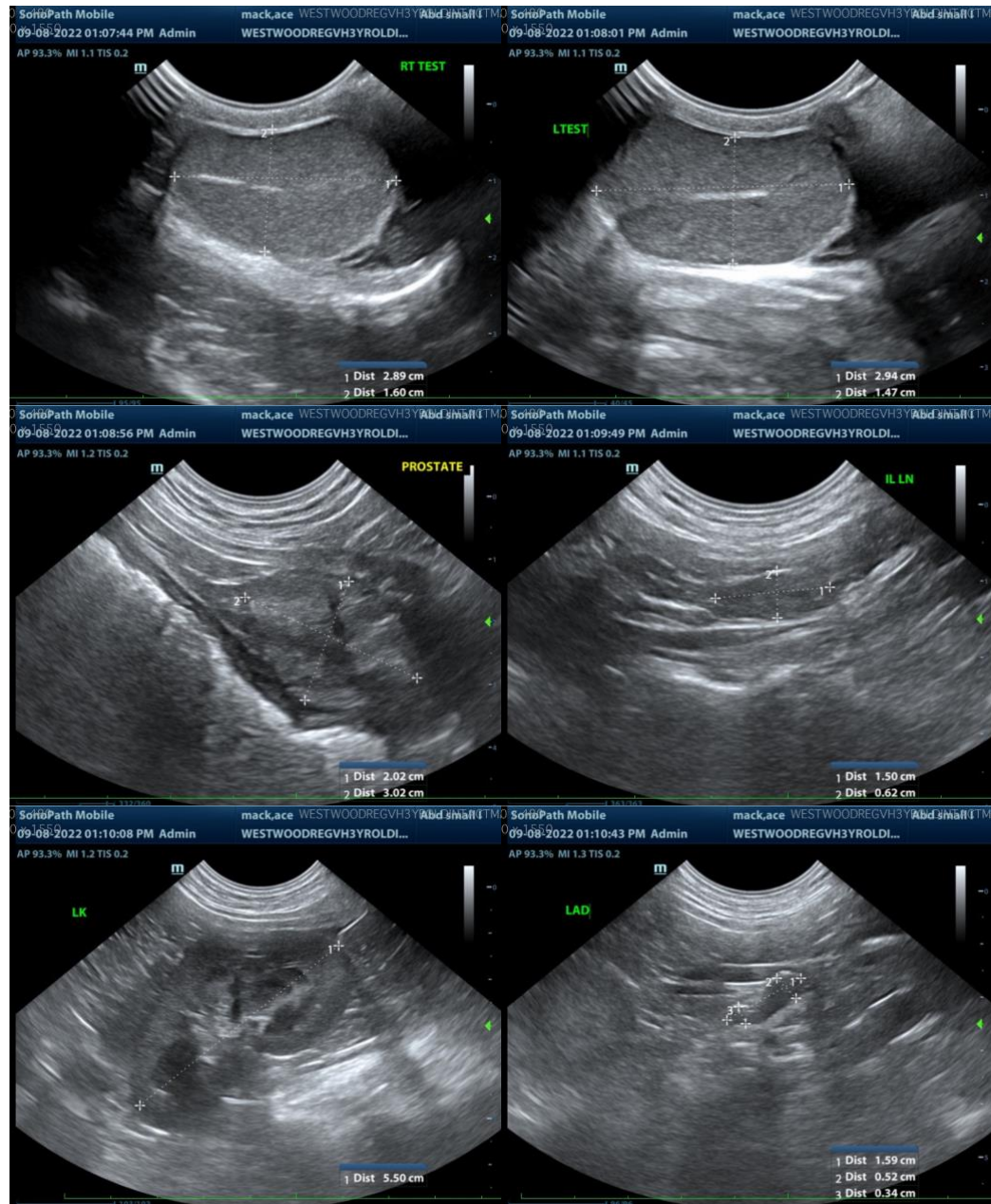
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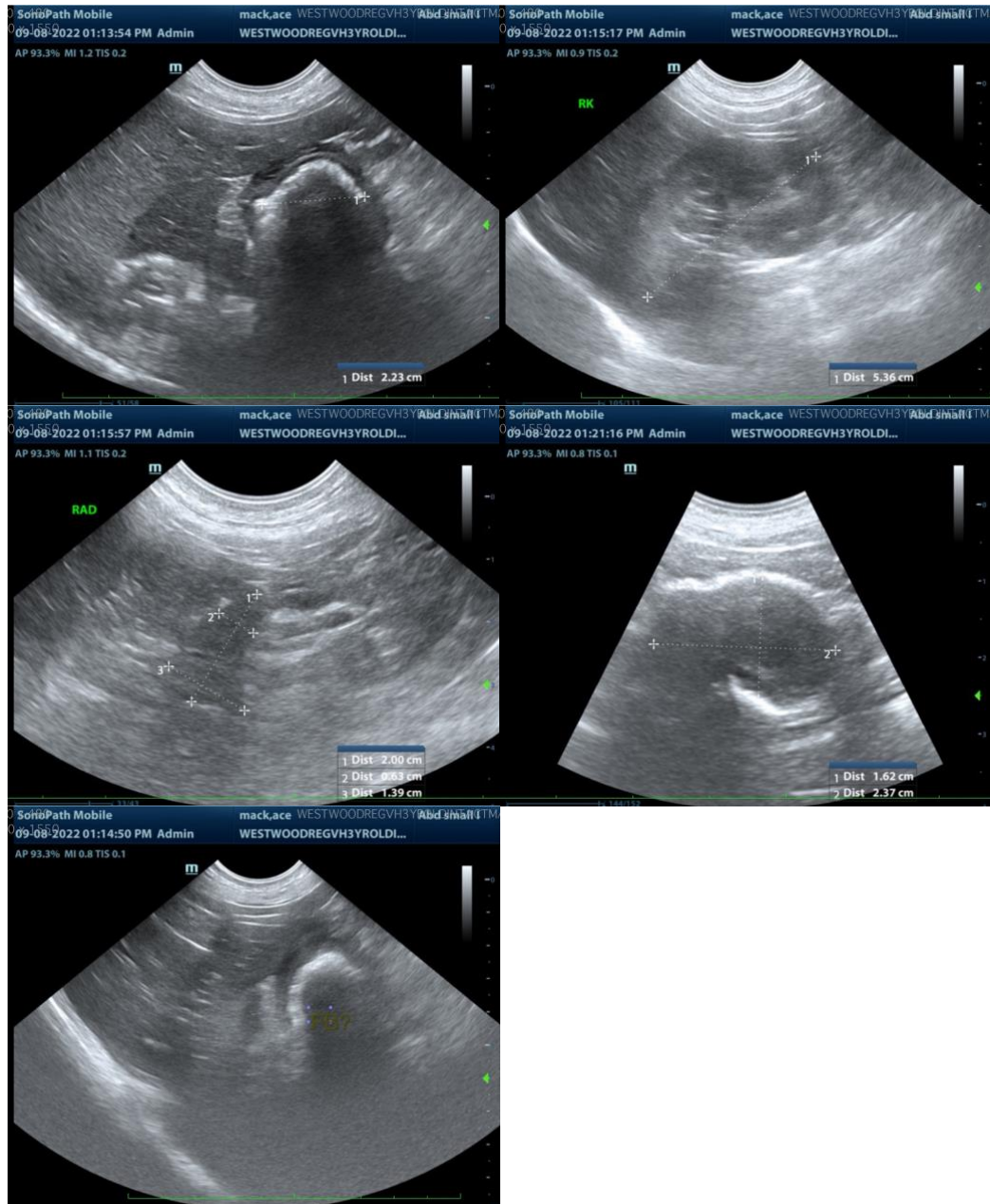
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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