**DATE**

11/10/22

PRESENTING CLINICAL SIGNS

Alopecia/crusted nipples consistent w/ likely ovarian cysts but now bleeding from vulva with pain/thickening palpable in caudal ventral abdomen.

Current Medications: Sulfamethoxazole & Trimethoprim, Metacam.

PATIENT

Ruby Farquhar

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Guinea Pig

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

The **urinary bladder** was empty at the time of sonogram with a trace amount of sand. Grouping of sand measured 0.72 cm.

SEX

Intact female

The left ovary was cystic and measured 1.9 x 1.2 cm. The right ovary measured 1.5 x 1.25 cm. In the uterine body a 2.0 x 1.8 cm fairly uniform and microcystic structure was present. This is potentially owing to a mass or retained fetus with degenerative changes. Bright mesentery was noted associated with the uterus and ovaries.

AGE

11/7/19

The **kidneys** were subnormal in size with normal corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 1.8 cm. The right kidney measured 2.3 cm with slight, dystrophic mineralization.

WEIGHT

0.82 kg

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.56 cm.

HOSPITAL NAMEBayside Animal
Medical Center**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. DeLozier

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

42446

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

A slight amount of free fluid and bright mesentery was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

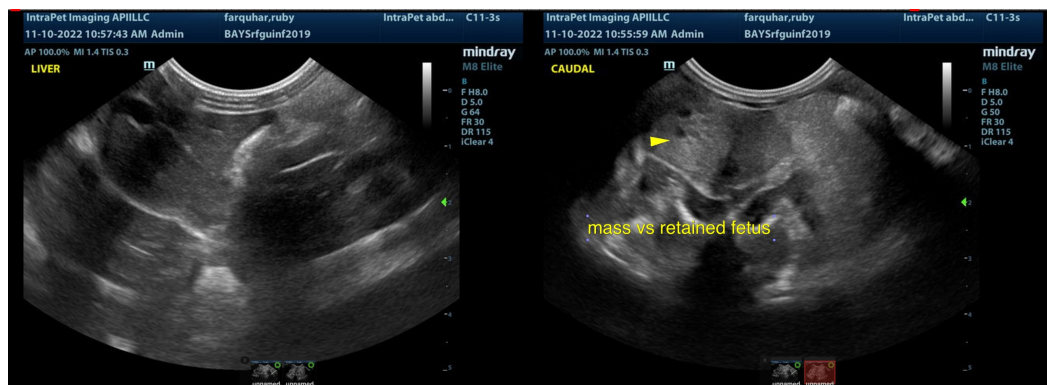
Cystic ovaries with thickened uterine body, possible retained fetus or mass.

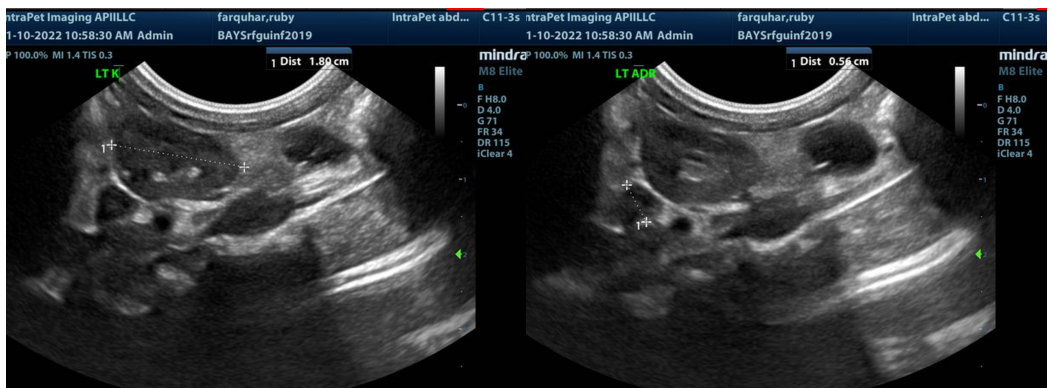
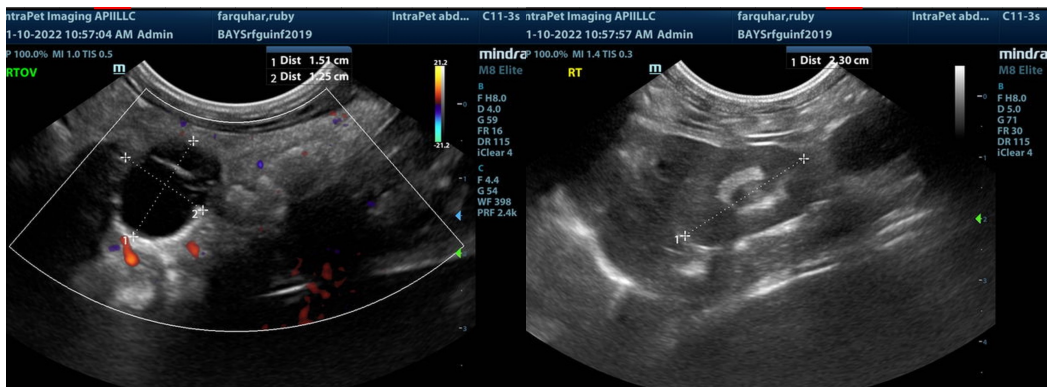
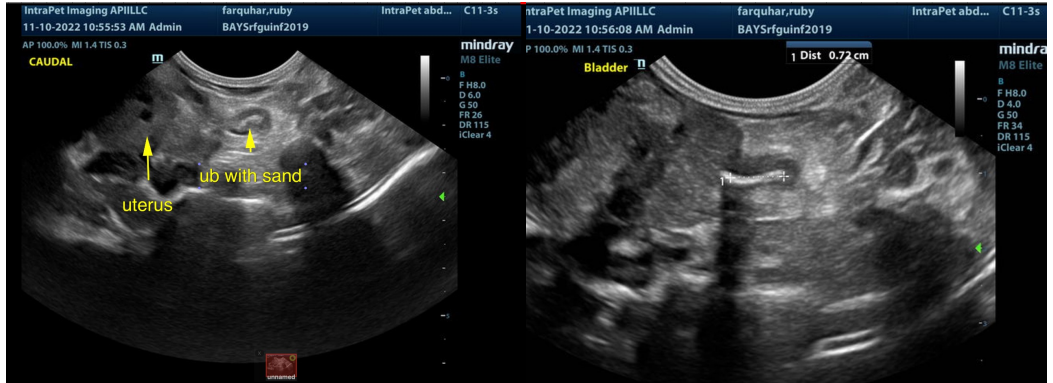
Slight free fluid.

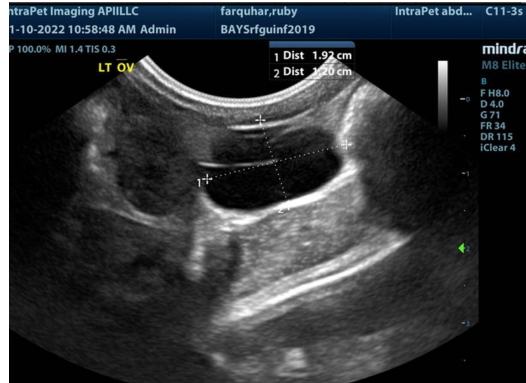
Slight bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for the free fluid in this patient as well as the uterine pathology. I recommend exploratory surgery with ovariohysterectomy. Cystotomy can be considered. However, it is difficult to assess the actual need given that minimal to no urine was present in the bladder. The bright mesentery and free fluid are the most concerning clinical issues in this patient.







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.

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