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|-----------------------------|--|
| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>   |
| Lola Turner                 | Vomiting and anorexia last 48 hours. History of "getting into stuff".<br>Abnormal PE/Chem/CBC/UA Results: Minor elevation in Calcium, eosinophils and Precision PSL.   |
| <b>SPECIES</b>              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Canine                      | <b>Urinary System</b>  |
| <b>BREED</b>                | 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.   |
| Lab X                       | 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.  |
| <b>SEX</b>                  | The left kidney is normal in size (6.1 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.  |
| Spayed Female               |  |
| <b>AGE</b>                  | <b>Adrenal Glands</b>  |
| 10                          | The right adrenal gland is normal in size (0.49 cm at the cranial pole and 0.41 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.   |
| <b>WEIGHT</b>               | The left adrenal gland is normal in size (0.40 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.  |
| 84                          |  |
| <b>INTERPRETED BY</b>       | <b>Spleen</b>  |
| Beth Johnson, DVM<br>DACVIM | The 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.   |
| <b>IMAGING PERFORMED BY</b> | <b>Liver</b>   |
| Dr. Christensen             | The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic 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. |
| <b>HOSPITAL NAME</b>        | 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.   |
| Tranquility VC              |  |
| <b>REFERRING VET</b>        | <b>Gastrointestinal</b>  |
| Dr. Christensen             | The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material, consistent with a soft fluid absorbing foreign object, such as a hairball or cloth foreign material, etc.  |
| <b>INVOICE</b>              | 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 per min). The echogenic shadowing density described in the stomach appears to extend into at least the                                |
| 44094                       |  |
| <b>DATE</b>                 |  |
| 1/11/23                     |  |



**PATIENT**

Lola Turner

proximal duodenum, cranial and medial to the right kidney. The lumen of the small intestine is otherwise empty.

**SPECIES**

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

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.

**BREED**

Lab X

**Free Abdomen**

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

**SEX**

Spayed Female

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10

- Suspected progressively shadowing, fluid absorbing foreign object such as hair, grass, soft cloth, etc. present in the stomach, pylorus, and into the proximal duodenum.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

84

Recommendations include an exploratory laparotomy for suspected foreign body removal. There is no evidence of gastric or small bowel distention or plication. No evidence of peritonitis, etc. Therefore, supportive medical management is appropriate prior to surgery.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

This patient's reported hypercalcemia and eosinophilia are not consistent with a foreign body, and therefore additional evaluation beginning with baseline cortisol, and, if hypoadrenocorticism is ruled out, proceeding to a malignancy panel to include PTH, PTHrP, and ionized calcium, is recommended.

Additionally, empirical deworming with a 5-day course of Panacur should be considered, given the eosinophilia.

**IMAGING PERFORMED BY**

Dr. Christensen

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

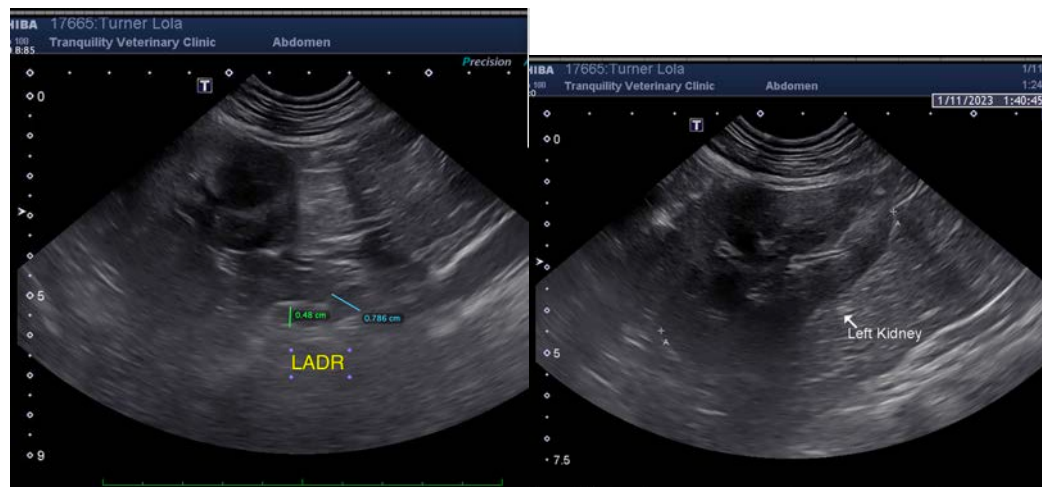
Dr. Christensen

**INVOICE**

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**PATIENT**

Lola Turner

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

84

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

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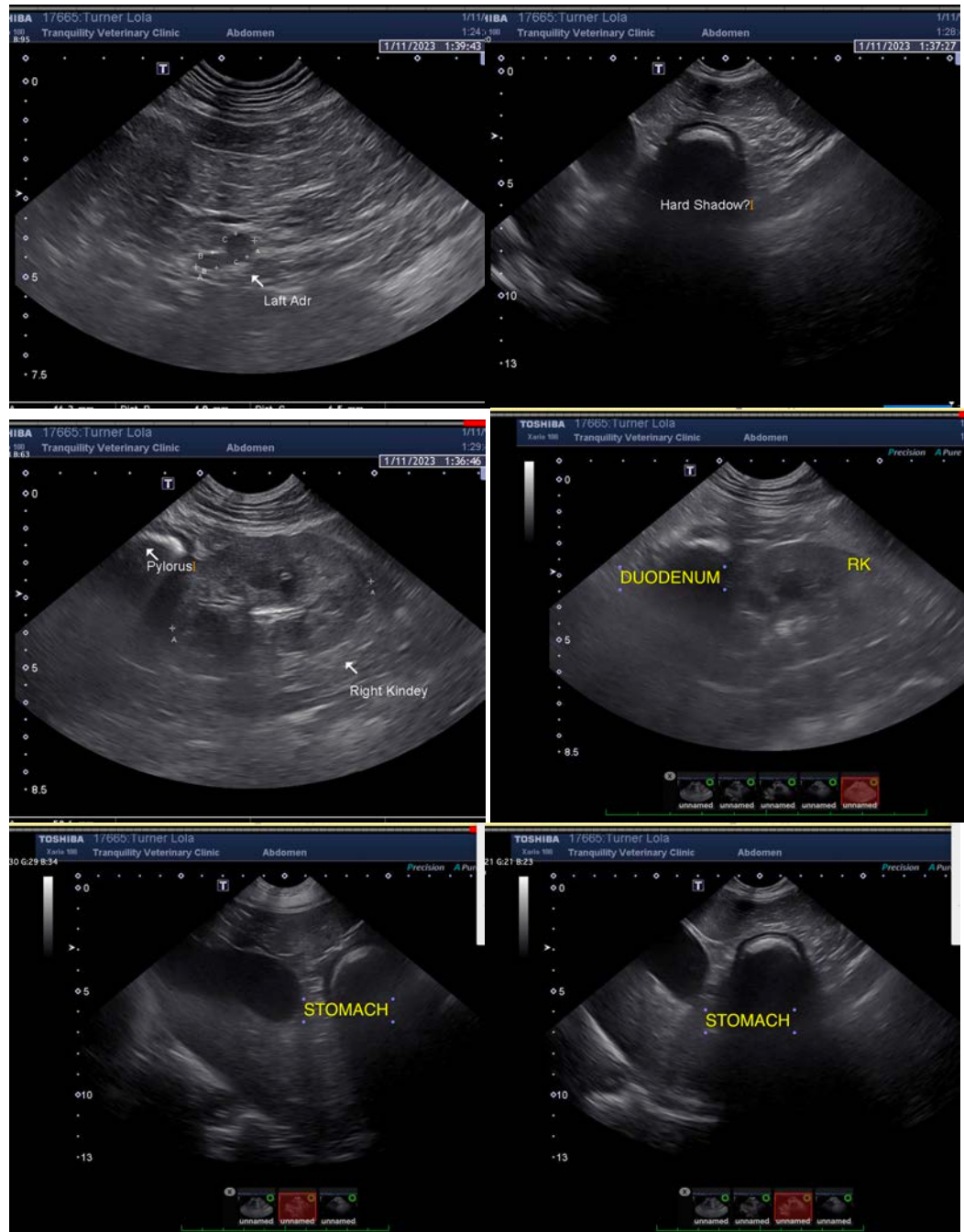
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**PATIENT**

Lola Turner

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

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44094

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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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