



PATIENT

Gunner Maurer

SPECIES

Canine

BREED

Chesapeake Bay
Retriever Mix

SEX

Neutered male

AGE

10 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

95068

DATE

1/10/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for a recheck. Patient was here on Friday. He's still not eating. He ate a piece of bread on Saturday. Vomiting on and off. He regurgitated on the scale. Previous Health Concerns: HBC, FB, allergies, ear hematoma Current Medications: Carafate Appetite/When did they eat last: not eating for a few days

Abnormal PE/Chem/CBC/UA Results: 1) 2V Abd Rads – radiopaque foreign object has moved further down in intestines but still not in colon, possible additional FB in ventral abdomen (looks like walnut), decreased serosal detail in cranial abdomen, possible mass effect vs distended stomach on VD 2) EPOC/PreSurg – stress hyperglycemia, hyponatremia and hypochloremia, mild hyperlactatemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.26 cm. The right kidney measured 6.9 cm.

Adrenal Glands

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.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** was over distended with fluid and dilated small intestine. This was followed by empty small intestine and created an obstructive pattern. Shadowing foreign matter was noted and measured approximately 2.5 cm in the mid to distal small intestine. This is likely the cause of an obstructive pattern. However, concurrent mural disease was present.

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Pancreas

Reactive mesentery was noted throughout the region of the **pancreas**.

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ULTRASONOGRAPHIC FINDINGS

Distal small intestinal obstruction.

WEIGHT

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Foreign body approximately 1 inch with concurrent acute on chronic inflammatory bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Exploratory surgery is recommended with removal of the foreign matter as well as GI biopsies. IV fluid support, broad spectrum antibiotics and GI protectants are all indicated.

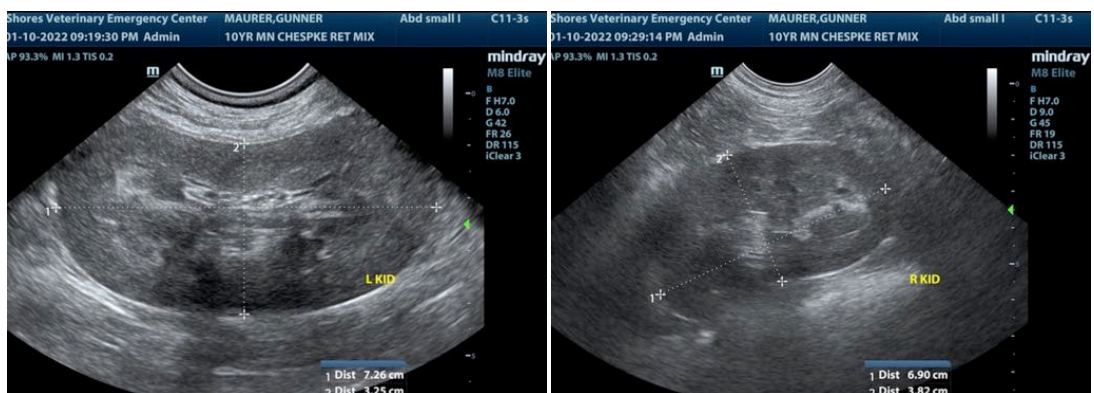
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According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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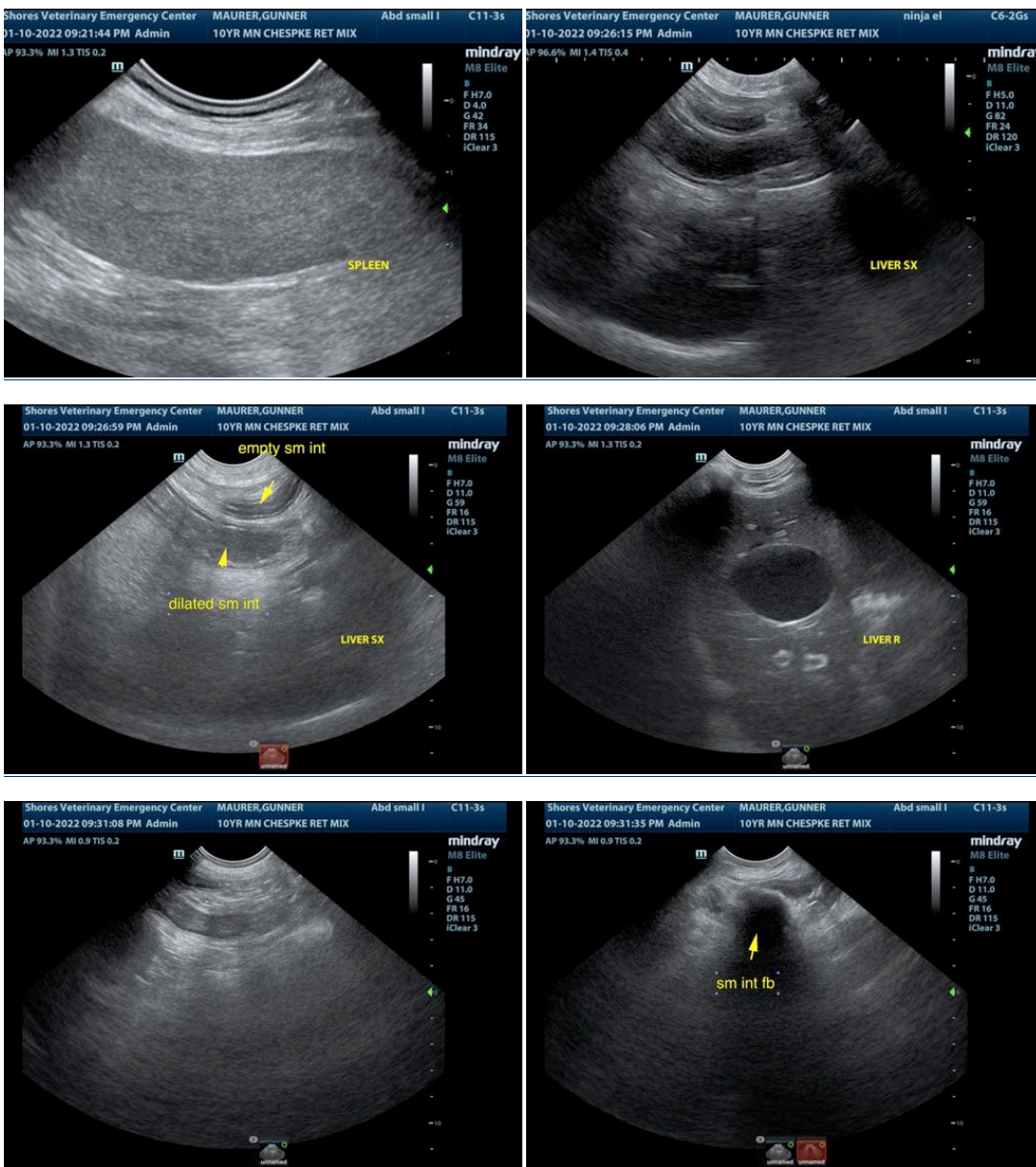
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com