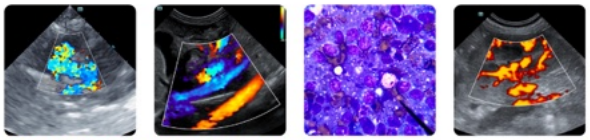


PATIENT

Hank Sheffer

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered male

AGE

3 years

WEIGHT

49.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

70061

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Pet presented 1/7 for anorexia and vomiting portion of tennis ball. Elevated ALT noted on presentation, no overt abdominal pain and defecating small amounts. Radiodense small FB material but small enough to pass - no large gas distension. Would eat in small spurts. IV fluids given and quickly improved. Worsened again over weekend. Potential ingestion of another FB. IV fluids at ER improvement but has not bounced back. Ultrasound today to assess for FB vs intussusception vs pyloric outflow obstruction vs other. Management w/ IV fluids and cerenia. Palpable thickening now middle of abdomen - approximately 3 cm in size - suspect FB.
Abnormal PE/Chem/CBC/UA Results: On 1/7: ALT 337; CPL 41; ALKP 74; Tbil 0.4 Alb 3.7; Glob 4.7 Na 146; Cl 100; K 3.8 SDMA 14; Creat 1.0; BUN 26 Glu 122 WBC 19.48 Neut 15.14; Lym 3.15 Plt 275,000 RBC 8.72; HCT 57.6% T4 2.1 1/13 - Cortisol 2.71

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.

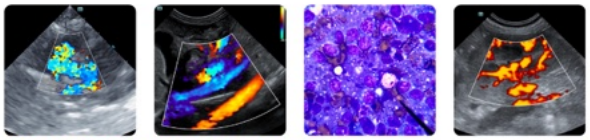
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.1 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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

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.



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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.

Gastrointestinal

The **stomach** was over distended with fluid. Shadowing pyloric material was noted and measured up to 0.6 cm. Linear attachment to the gastric foreign material appeared to be present with accordion pleating. The distal small intestine was empty and preceded by dilated small intestine. Soft stool was noted in the colon. 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

Free fluid was noted consistent with emerging peritonitis.

ULTRASONOGRAPHIC FINDINGS

Gastrointestinal linear foreign body obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate gastrotomy and enterotomy is indicated with GI biopsies to rule out underlying disease.

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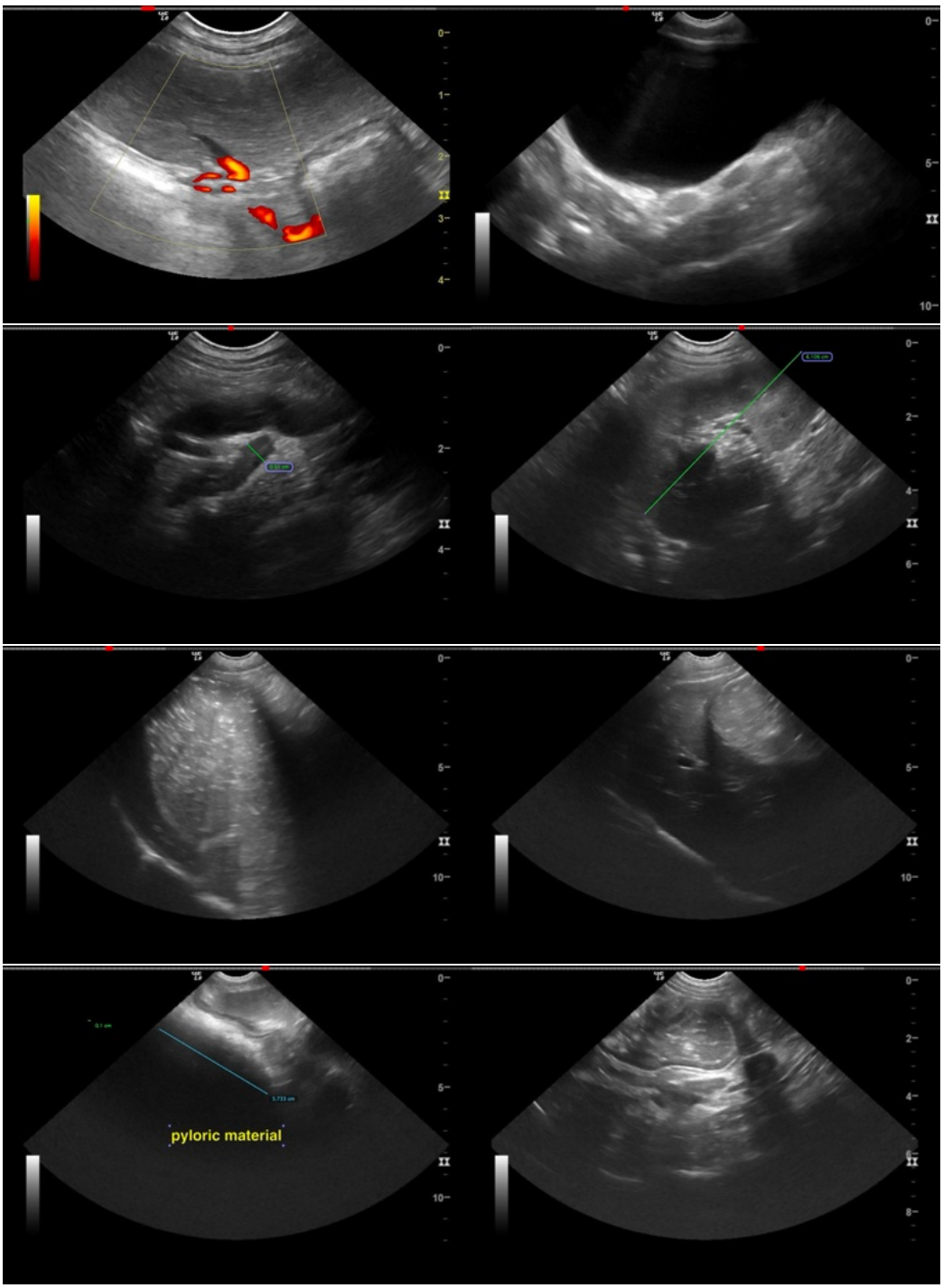

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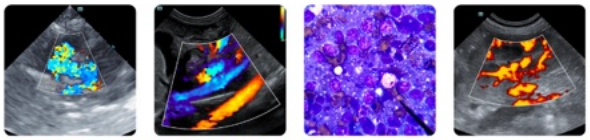

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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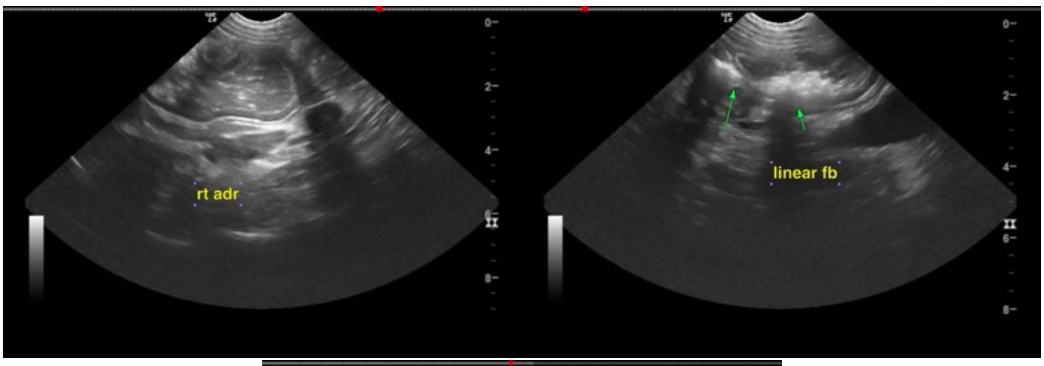

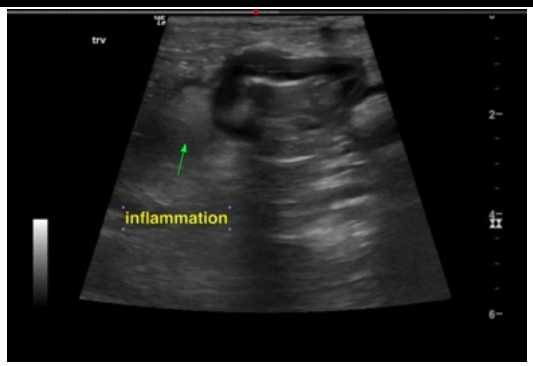

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com