



**PATIENT**

Clyde Applegate

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

68 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Urgent Care

**REFERRING VET**

Dr. Taylor Urban

**INVOICE**

34279

**DATE**

1/16/22

**PRESENTING CLINICAL SIGNS**

hospitalized last week for 2 days on IVF and meds for possible FB, no vomiting for 5 days...last 36 hours without Cerenia but is drooling, was great on Saturday at home but today not eating...small amt of chicken at 5am and then 1-2 bites at noon, normal BM that had foil/paper material in it, suspicious of possible moving, intermittent FB

Abnormal PE/Chem/CBC/UA Results: see attached

Radiographs: Gas-filled gastric overdistention, microhepatica.

**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 were 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 right kidney measured 6.84 cm. The left kidney measured 7.22 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally, a positional variant. 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 were noted.

**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 overdistended with shadowing pyloric material, a grouping of which measured approximately 5.0 cm. Obstructive stasis pattern noted. The small intestine and colon were unremarkable. A minor amount of chyme appeared to be transiting into the small intestine, indicative of partial obstruction. However, surgical intervention is necessary.



**PATIENT**

**Pancreas**

Clyde Applegate

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Pyloric foreign matter with gastric stasis
- Structurally unremarkable abdomen otherwise

**BREED**

Labrador Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastrotomy and GI biopsies warranted to rule out underlying disease.

**SEX**

Neutered Male

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.

**AGE**

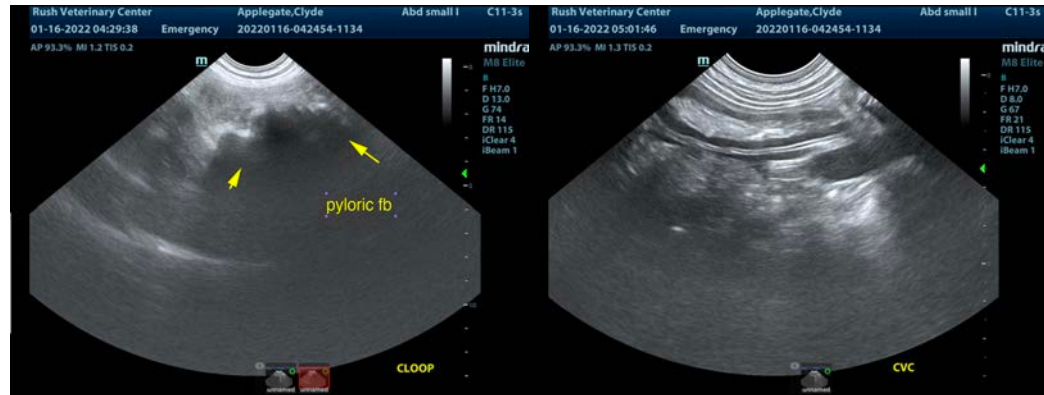
3 Years

**WEIGHT**

68 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

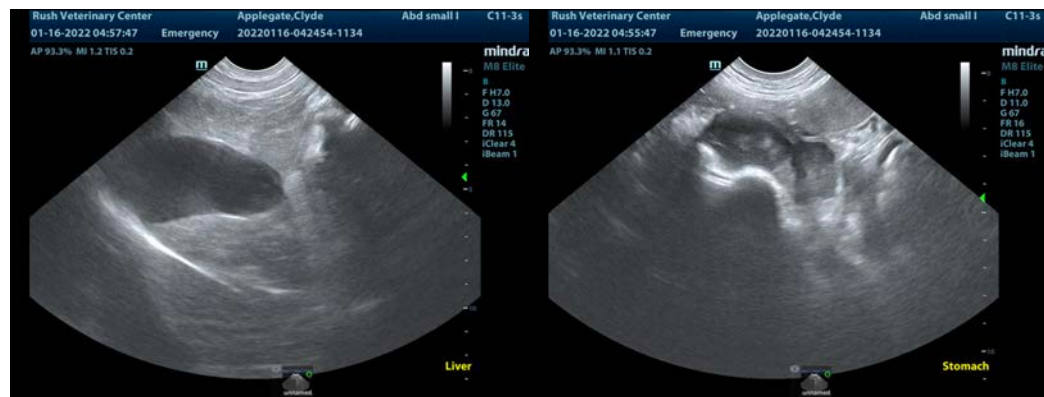


**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Urgent Care



**REFERRING VET**

Dr. Taylor Urban

**INVOICE**

34279

**DATE**

1/16/22



**PATIENT**

Clyde Applegate

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

68 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Urgent Care

**REFERRING VET**

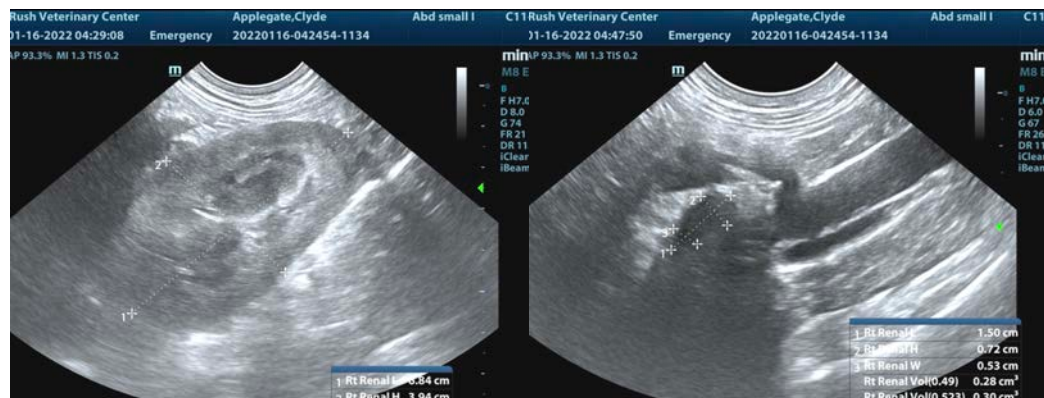
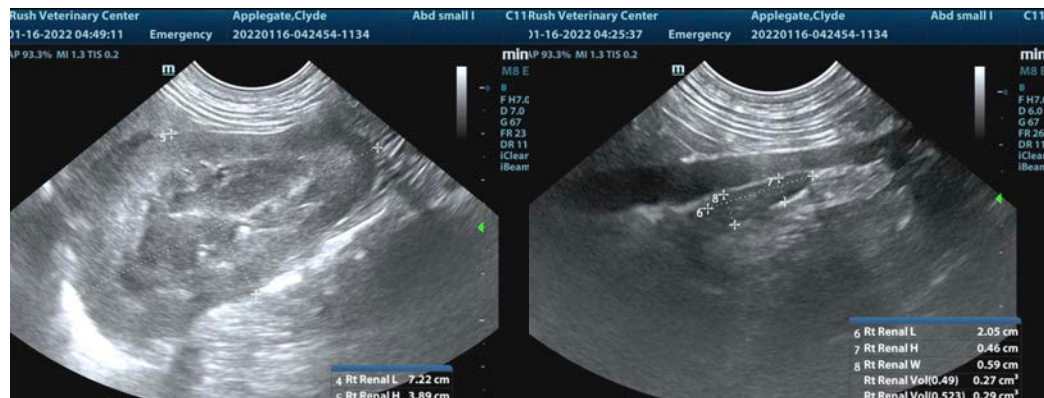
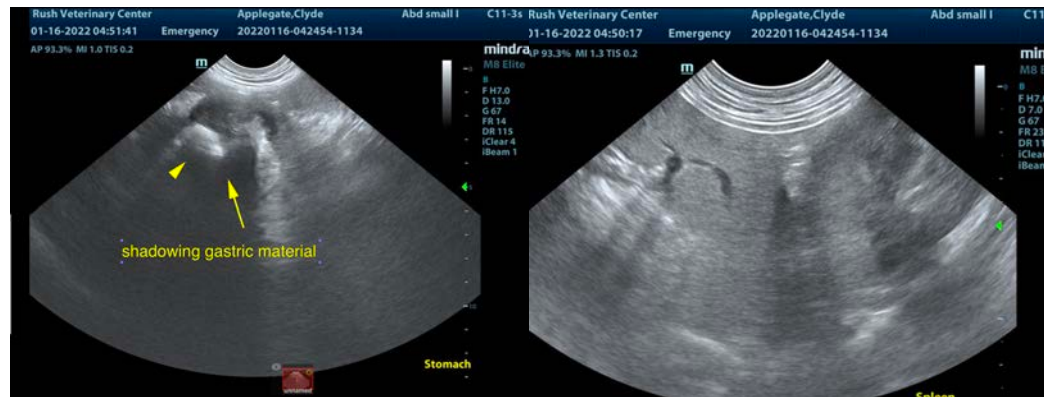
Dr. Taylor Urban

**INVOICE**

34279

**DATE**

1/16/22



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](mailto:info@SonoPath.com)