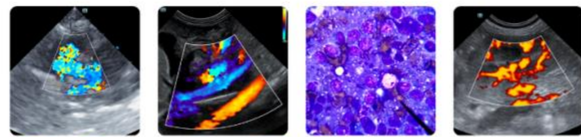


SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Indiana Perez

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

11 Years

WEIGHT

39.6 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Ryan Epple

INVOICE

13271

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Anorexia and lethargy and vomiting
- Seen 1/18/25 and treated for suspected pancreatitis
- No improvement.
- Medications: Cerenia, Buprenex, famotidine.

Abnormal PE/Chem/CBC/UA Results: Increased lipase decreased K+ increased HCT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight nonobstructive mineralizations were noted. The left kidney measured 6.36 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The **left adrenal gland** revealed an expansive macronodular change at the cranial pole measuring 1.4 cm. The left adrenal gland measured 0.52 cm width at the caudal pole and 3.18 cm in length. The left adrenal gland was mildly vascular. Slight cavitation was noted within the nodule of the cranial pole of the left adrenal gland.

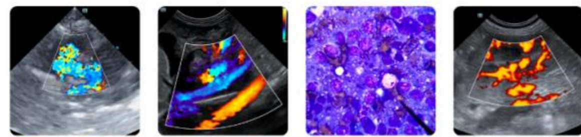
The **right adrenal gland** presented with normal size and contour measuring 2.23 cm x 0.88 cm with at the cranial pole and 0.43 cm width at the caudal pole.

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 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.



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Gastrointestinal

The **stomach** in this patient revealed a progressively shadowing fabric type foreign body in the stomach continuing into the small intestine with linear attachment. Carpeting or other fabric type material is suspected with upper duodenal thickening also noted. Reactive mesentery was noted associated with the distal small intestine with emerging peritonitis.

Pancreas

The **pancreas** was mildly heterogenous with slight regional lymph node enlargement measuring up to 8.0 mm.

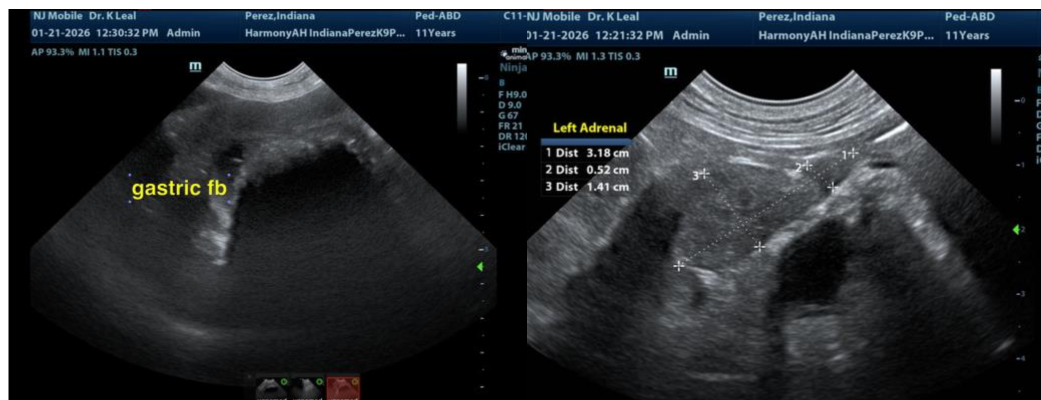
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mineralizations.
- Nodular left adrenal gland- adenoma, adenocarcinoma, pheochromocytoma possible.
- Fabric type shadowing material in the GI.
- Heterogenous pancreas.
- Reactive mesentery with emerging peritonitis.

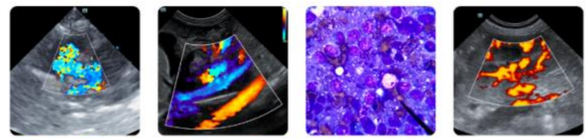
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy, enterotomy with GI biopsies are indicated to rule out underlying disease as well as left adrenalectomy. Cannot rule out a concurrent intestinal neoplasia. The left adrenal gland does appear resectable. Chest radiographs are recommended to rule out comorbidities.

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.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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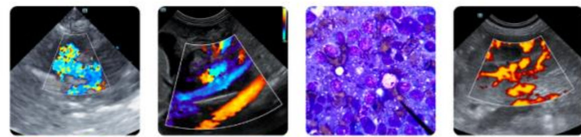

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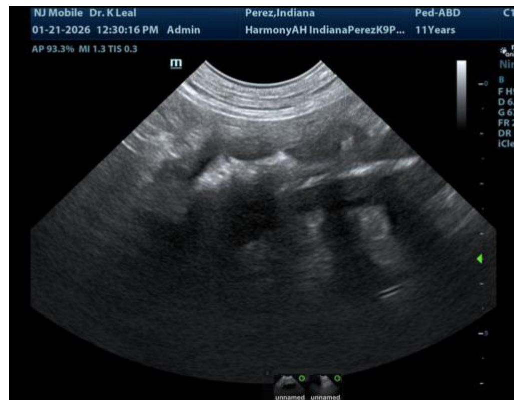

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com