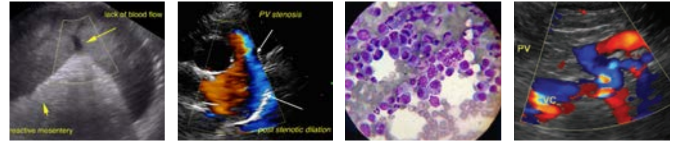


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Quinn French

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

2 Years

WEIGHT

28.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Daggett

INVOICE

34052

DATE

1/7/22

PRESENTING CLINICAL SIGNS

suspected foreign body ingestion. o states Quinn ate a box of garden carrots on Tuesday. on wed quinn started vomiting and continued through today. has not defecated since Wednesday night. owner states referring dvm gave barium beads to track digestion via imaging, and only 3 of the 30 beads moved through the tract. inappetent for 3 days.

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. Slight free fluid noted cranial to the left kidney.

Adrenal Glands

The **left adrenal gland** was mildly enlarged at 2.96 cm x 0.71 cm with irregular phrenic vein. This may be software angular artifact, yet should be inspected at surgery. The **right adrenal gland** was normal in size, measuring 1.76 cm x 0.56 cm.

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

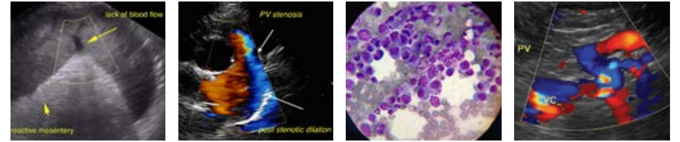
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable gas accumulation and minor areas of intestinal thickening with increased submucosal echogenicity. Two separate foreign structures were noted in the stomach, one measuring approximately 2.5 cm and a second measuring approximately 2.0 cm with mild gastric stasis. Some gas artifact noted in the small intestine as well.

Pancreas

The left limb of the **pancreas** was heterogeneous, hypoechoic and mildly irregular.



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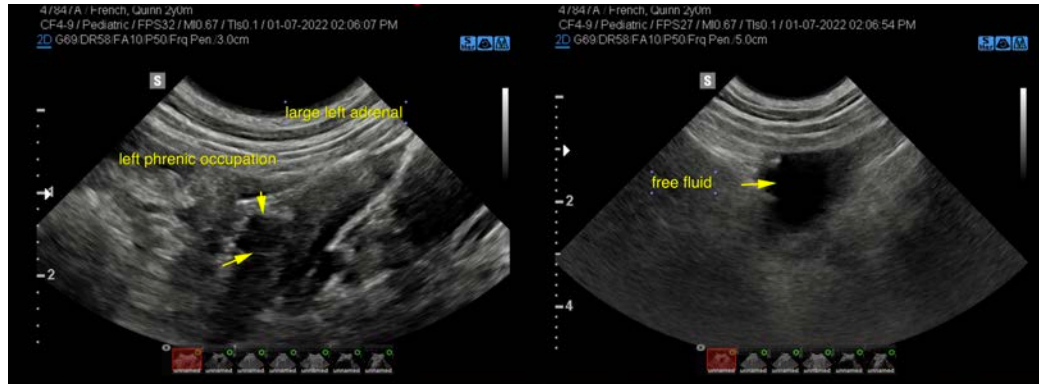
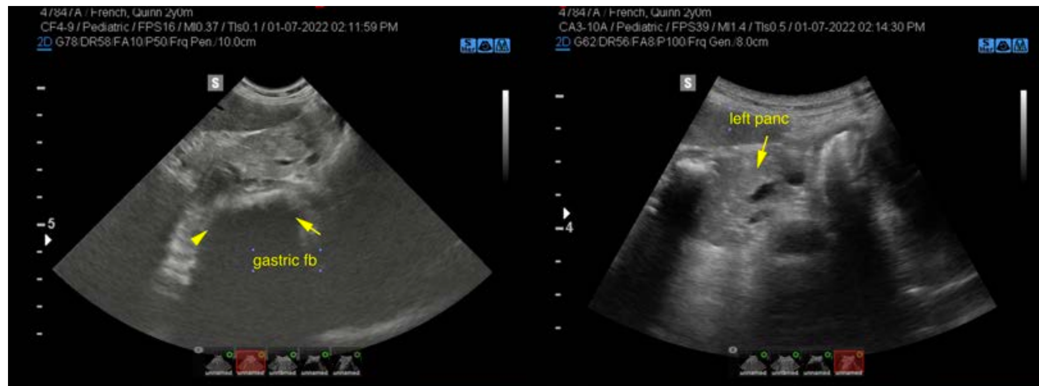
ULTRASONOGRAPHIC FINDINGS

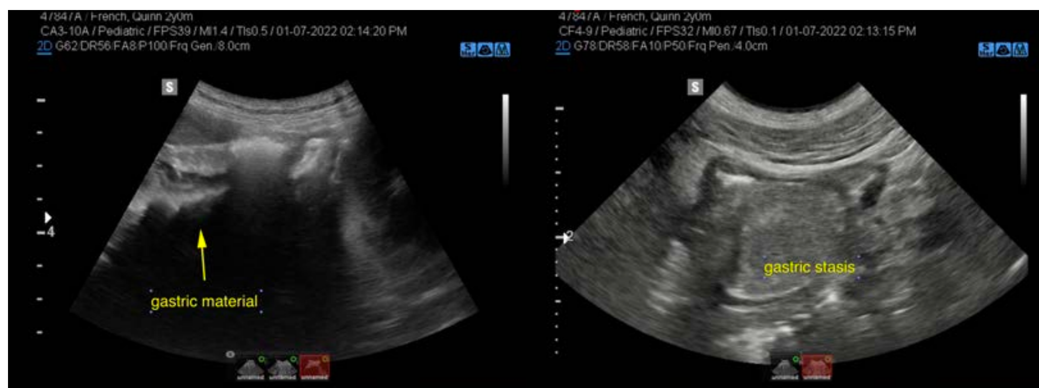
- Shadowing gastric material with chronic GI changes
- Enlarged left adrenal gland with possible phrenic vein occupation
- Hypoechoic, irregular pancreas

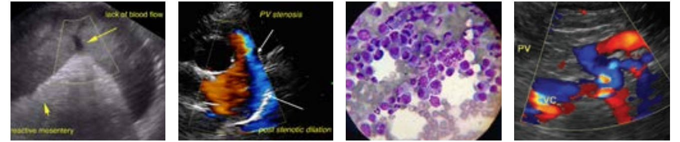
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements warranted prior to surgery. Exploratory surgery with evacuation of the GI tract, GI biopsies and inspection of the left adrenal gland as well as the source of the free fluid all indicated.









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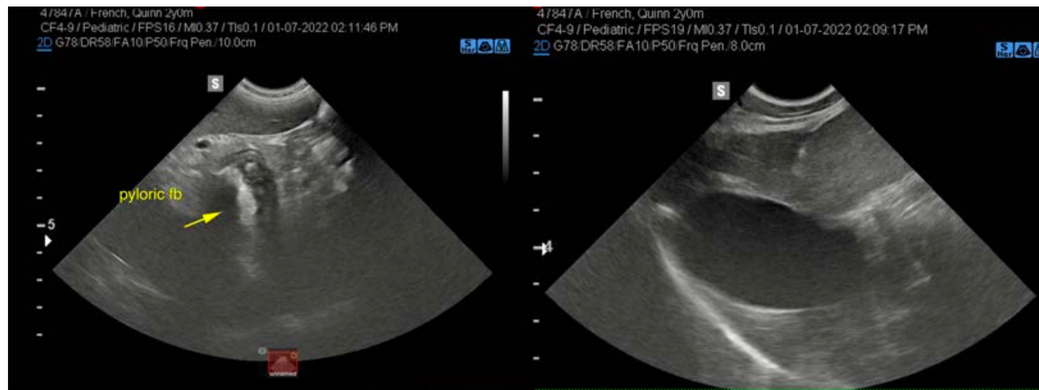

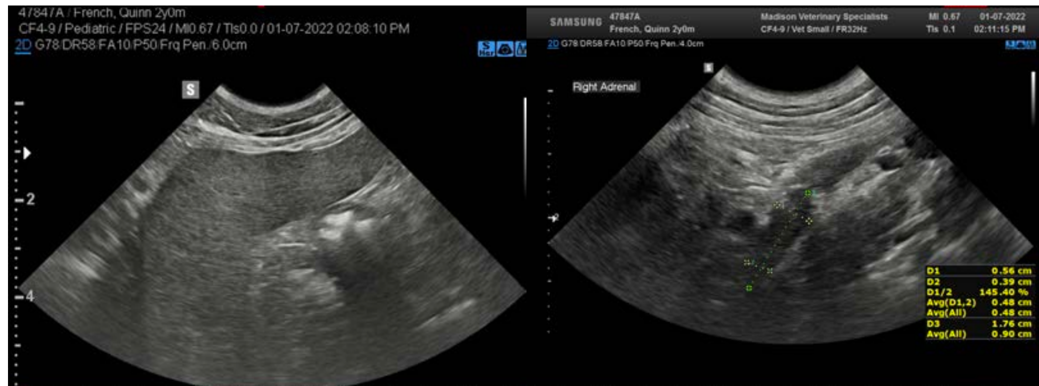

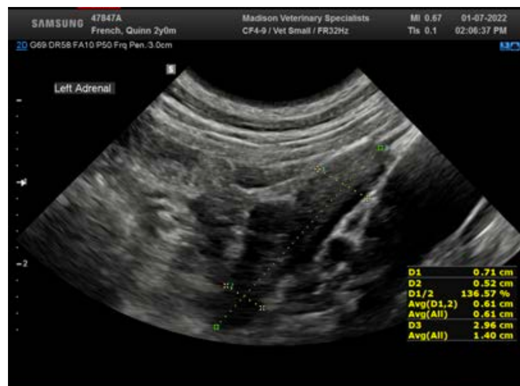

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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