



**PATIENT**

Tazzie Angotti

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Bend AESC

**REFERRING VET**

Patti Mayfield, DVM

**INVOICE**

14117

**DATE**

10/31/21

**PRESENTING CLINICAL SIGNS**

History: Patient has ~ 24 hours duration of acute onset of vomiting. No known ingestion of noxious, toxic, or foreign substances, however patient has been known to chew on plastic and will ingest deer feces if given the chance. No known diarrhea. No previous meds. Current treatments: IVF, buprenex, Cerenia, Pantoprazole

Abnormal PE/Chem/CBC/UA Results: Physical exam: QAR, ~ 5% dehydrated. Mild abdominal tension, but no overt splinting. Blood work: CBC: Mild hemoconcentration, PCV/TP: 65%/7.6 g/dL CHEM: NSF cPL: WNL Abdominal radiographs: Moderate gas distention within the stomach, but no obvious gastric FB or obstruction. Mild gas distention in the duodenum with mild stacking of the SI loops and acute blunting of the gas at the region of a soft tissue density, which may be an intestinal FB. No obvious ascites.

**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.

Both **kidneys** were normal in size and contour with hyperechoic medullary rim sign noted. The left kidney measured 3.68 cm. The right kidney measured 3.89 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 right adrenal gland measured 0.96 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.36 cm at the cranial pole and 0.51 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 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**



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Foreign matter appeared present in the **pyloric** outflow with a separate foreign matter cranial to the urinary bladder and the small intestine/jejunum. The colon was empty.

**Pancreas**

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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.

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Chihuahua Mix

**ULTRASONOGRAPHIC FINDINGS**

- Gastric and jejunal foreign matter
- Idiopathic medullary rim kidney-assessment for proteinuria warranted

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The material in the stomach and small intestine would be most consistent with soft foreign matter (fabric or similar). Exploratory surgery recommended with enterotomy/gastrotomy. GI biopsies recommended to rule out underlying disease. If any significant proteinuria is present, then renal biopsy indicated for further management.

**AGE**

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GI Foreign Body Research

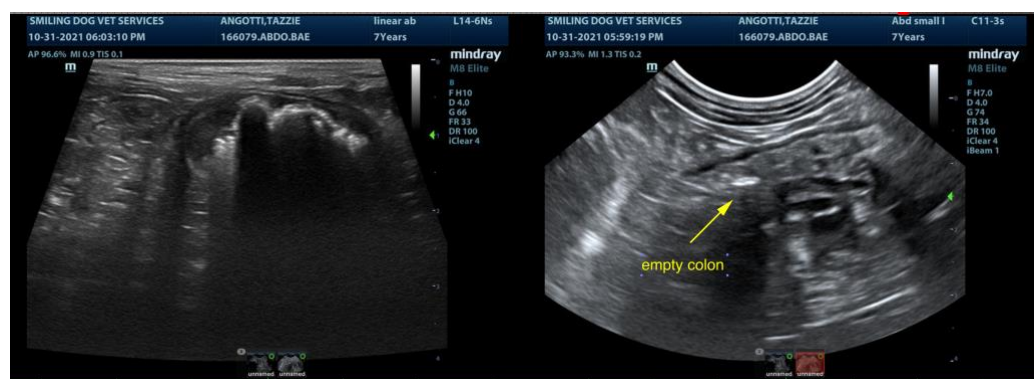
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According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often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

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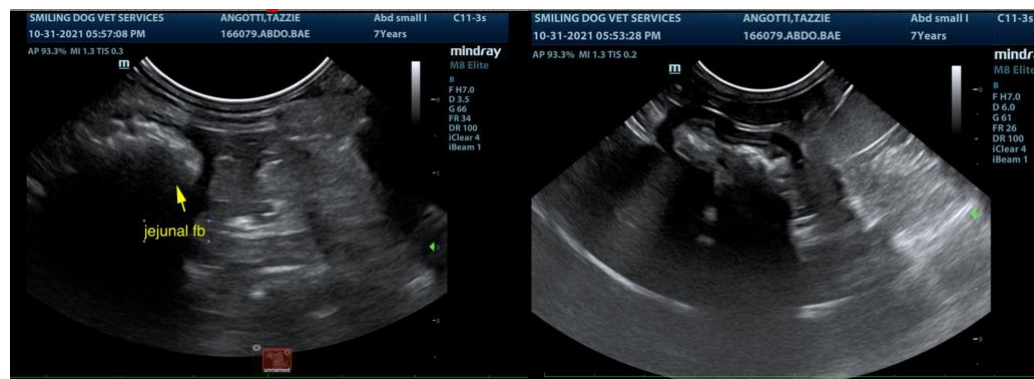


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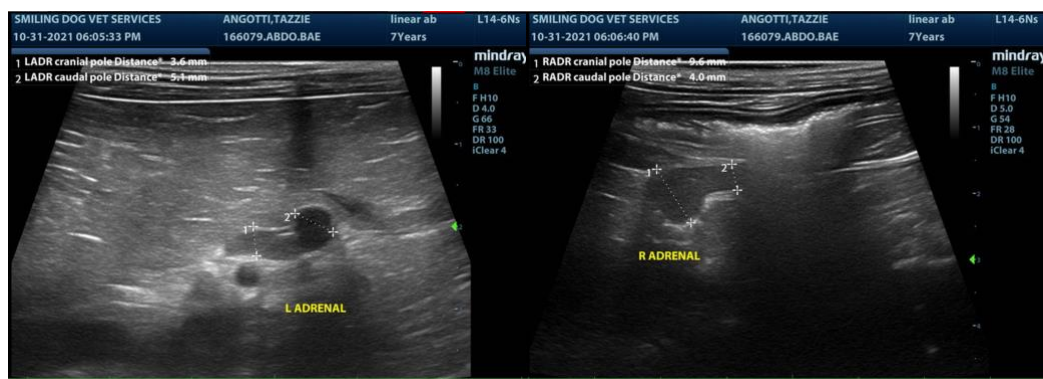
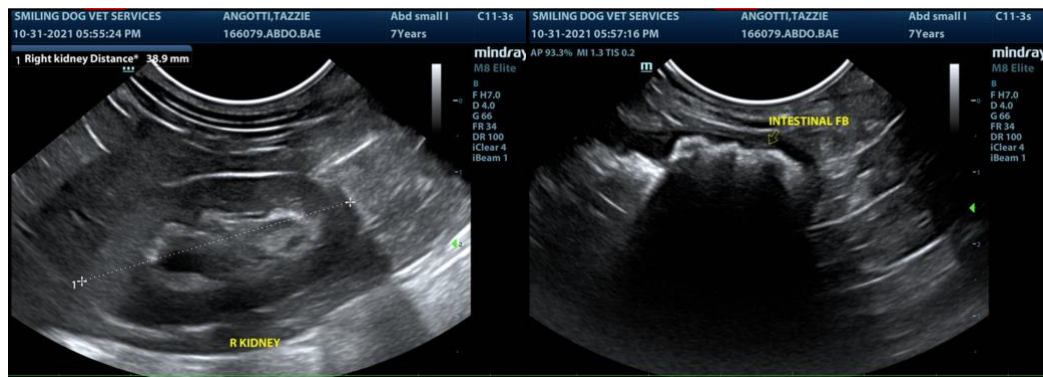
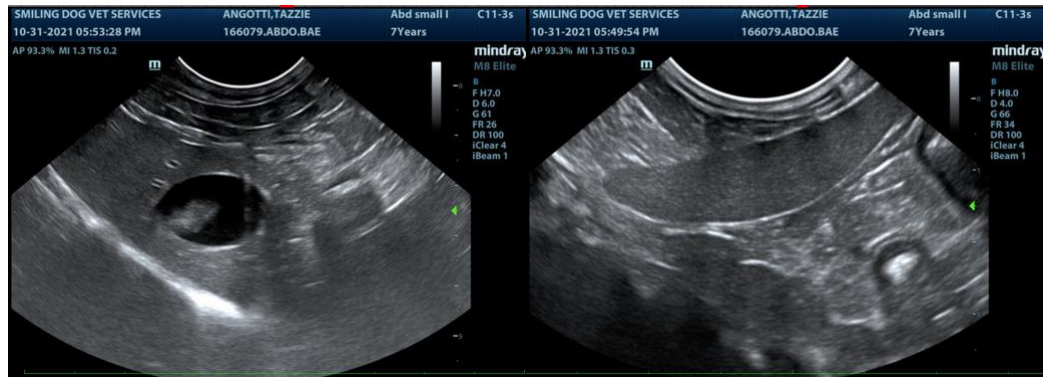
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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**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.

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

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