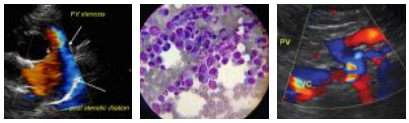
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

10/4/21

PATIENT

Molly Reynolds

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

1/1/2012

WEIGHT

90 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Harborside MVC

REFERRING VET

Dr. Hawkins

INVOICE

13493

PRESENTING CLINICAL SIGNS

History: Not eating well for past 2 weeks. PE: no obvious problems except bilateral chronic yeast ear infection.

Current Medications: Ondansetron 8 mg BID, Cerenia 160 mg SID.
Lab Results: Chem/CBC/T4 all WNL
Radiographs: Radiograph may show splenic enlargement.
Date of Previous IntraPet Ultrasound:
Sedation: Dexdomitor/Butorphanol administered prior to scan.
Stat Report: STAT report requested by the veterinarian.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The right kidney measured 7.27 cm. The left kidney measured 8.26 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 3.05 cm x 0.59 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 2.64 cm x 0.51 cm at the cranial pole and 0.68 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** in this patient revealed a hard shadowing structure consistent with gastric foreign body, measuring approximately 5.0 cm in width occupying the majority of the stomach consistent with cloth or similar material. There is a portion of gastric wall that appears compromised with regional serosal inflammation. A portion of the stomach may necessitate resection in this region. Compromised wall extends for approximately 5.0 cm.

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.

ULTRASONOGRAPHIC FINDINGS

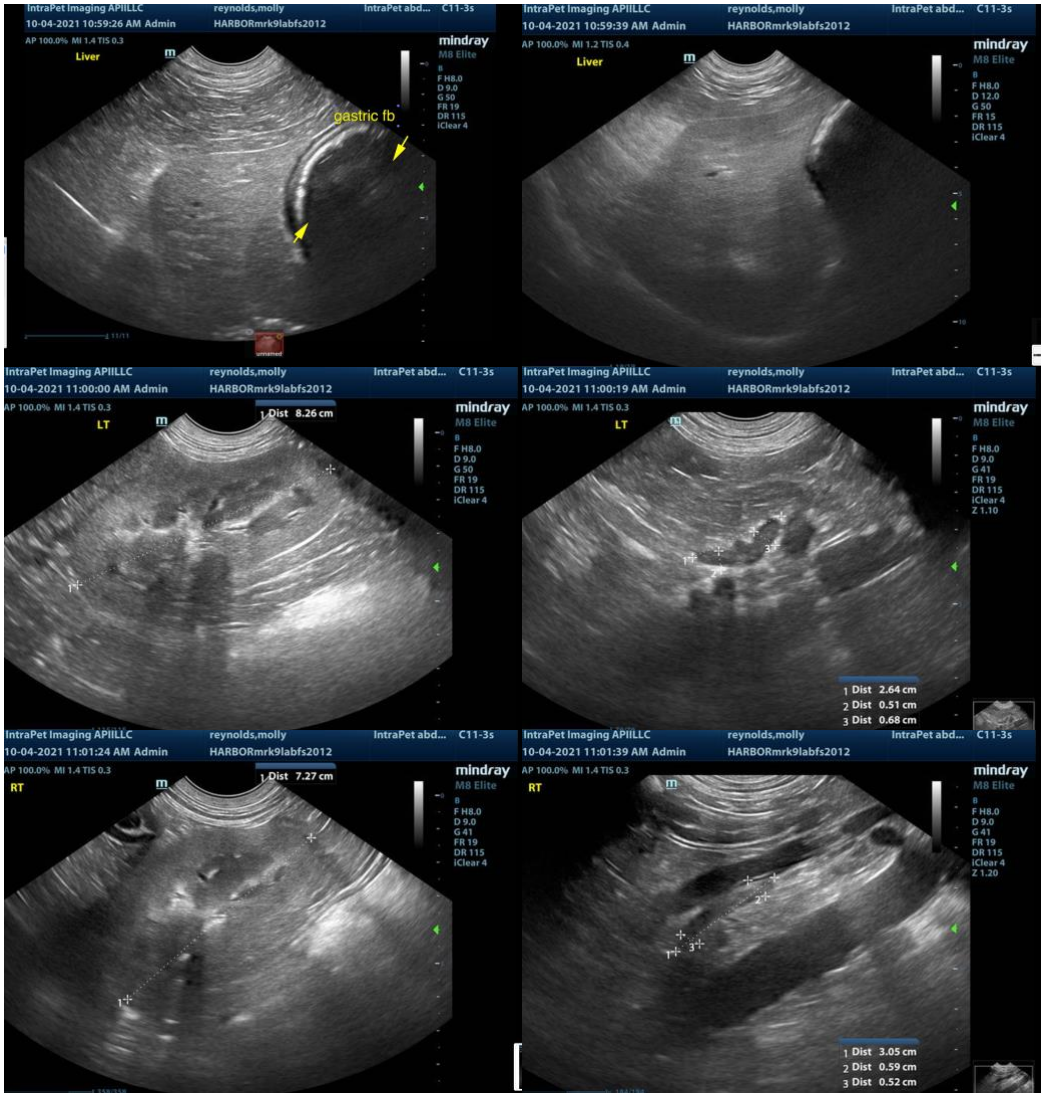
- Gastric foreign body with compromised gastric wall, possible underlying gastric neoplasia, likely chronic inflammatation and/or necrosis owing to the luminal foreign body
- Age-realted abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate gastrotomy/partial gasterectomy recommended. GI biopsies recommended to rule out underlying disease.

GI Foreign Body Research

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.



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.

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