

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

History: Patient present today for continued vomiting. Patient was seen 2 days ago for vomiting. Patient was dehydrated and had a positive cPL. Rest of bloodwork was not remarkable. Patient was treated with cerenia and IV fluids. Patient was discharged for care at home. Patient has had a limited appetite the last 2 days but drank water readily with no vomiting. Patient also started sounding a little stuffy and congested. He has a history of allergies causing him to be stuffy but this seems more than the usual allergies. Early this morning patient vomited again and has been restless.

Current Medications: Azithromycin 250 mg 1 PO SID, Cerenia 60 mg 1 PO SID.

Lab Results: 9/27/21: WBC 23.8, Neutrophil count 20.78, BUN 50.

CPL abnormal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Approved/Requested.

**PATIENT**

Kingsley Schmidt

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

2016

**WEIGHT****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 was noted. Ureteral papillae were normal.

The prostate was uniform.

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 6.0 cm. The left kidney measured 6.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of pathology.

**HOSPITAL NAME**

Banfiled Towson

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**REFERRING VET**

Dr. Culbertson

**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.

**INVOICE**

92146

**Gastrointestinal**

The **stomach** was severely over distended. A 2.5 cm, distinctly shadowing foreign body was noted in the small intestine. Dilated upper gastrointestinal tract was followed to the shadowing foreign body followed by empty small intestine. This created an obstructive pattern. The upper duodenum was hyperperistaltic. Some soft stool was noted in the colon.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. However, the pancreas was somewhat obscured by the dilated stomach. 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.

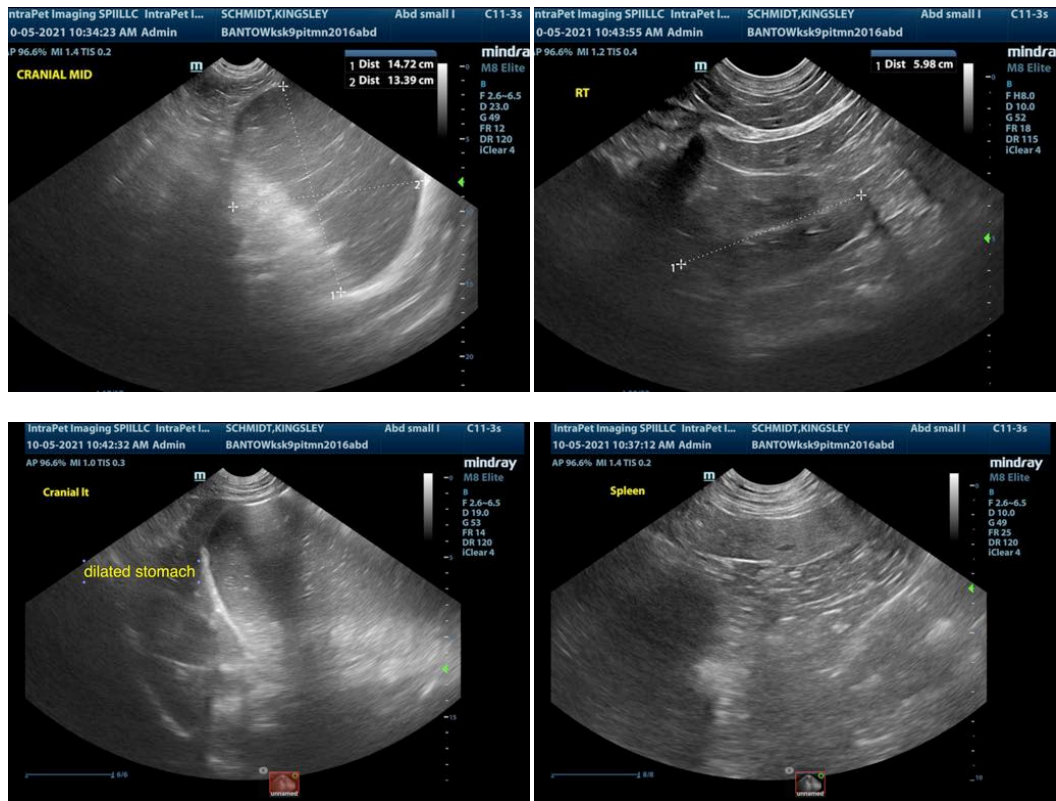
## ULTRASONOGRAPHIC FINDINGS

Obstructive GI pattern with hard shadowing foreign body. Bone or similar material is suspected.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate exploratory surgery in this patient. A large amount of gastrointestinal gas was noted obstructing views of portions of the pancreas. Immediate exploratory surgery with GI biopsies are recommended. At the time of the sonogram the obstructing object was just cranial to the urinary bladder.

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.

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