

PATIENT

Apollo Flenner

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

4 Years 9 Months

WEIGHT

40 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia-Saint Jacques,
LVT, RVT

HOSPITAL NAME

Sierra Vet
Specialists/Blue Pearl

REFERRING VET

Dr. Mary

INVOICE

29818

DATE

11/13/21

PRESENTING CLINICAL SIGNS

Apollo presented to ER yesterday for a 3-4 day history of loose stools and 2-3 days of vomiting after eating and drinking. Owner states patient ingested vet wrap 6 weeks ago and has not been seen in vomit or stools (patient has a history of eating a sock and did not vomit it back up for 4 weeks). Past Medical History: hydrocephalus, right sided head tilt, day blindness Medications: prilosec 60mg po BID Abnormal PE/Chem/CBC/UA Results: RADS report today (images attached) three images of the abdomen are provided for interpretation and are compared to images made the day prior. Radiopaque foreign body within a bowel loop in the right cranial abdomen. Abdominal detail is within normal limits. The liver and spleen are unremarkable. The kidneys and urinary bladder are within normal limits. The stomach contains a small amount of gas as well as some soft tissue outlined by gas in the pyloric antrum. The ovoid mineral rimmed structure is again seen in the right cranial abdomen likely within a segment of small intestine as it is not surrounded by the gas within the colon. The remaining small intestines are mostly empty and within normal limits for size. The cecum and colon contain abundant gas and some normal feces. The musculoskeletal structures are unremarkable. The caudal thorax is normal. Conclusions Persistent small intestinal foreign body, likely duodenal. There is no obvious obstruction; however, any reflux into the stomach or vomiting would relieve any small intestinal distention supporting obstruction. The soft tissue in the stomach may represent a fold of the stomach wall, mass, or foreign body.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 kidneys measured 6.0 cm each.

Adrenal Glands

Both **adrenal glands** were flattened. The left adrenal gland measured 3.28 cm x 0.4 cm.

Spleen

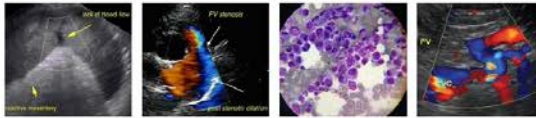
The **spleen** was folded upon itself cranially with uniform parenchyma.

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

The **stomach** revealed 2.0 cm shadowing material with mild gastric wall thickening. The shadowing material was present in multiple views. Significant inflammation and a trace amount of free fluid noted



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around the pyloric outflow. The small intestine and colon were unremarkable. A reactive mesenteric lymph node measured 0.9 cm.

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Pancreas

The **pancreas** was mildly heterogeneous in the right base.

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ULTRASONOGRAPHIC FINDINGS

- Pyloric foreign matter with gastric wall thickening
- Concurrent pancreatitis pattern
- Flattened adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for Addison's warranted with baseline cortisol followed by gastrotomy or endoscopy. GI biopsies recommended at the time of surgery. I cannot completely rule out a potential of concurrent gastric neoplasia. However, the foreign mater would justify the gastric wall thickening if longstanding.

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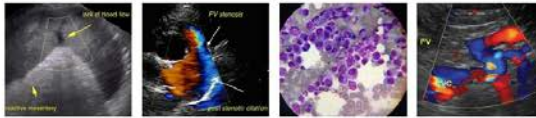
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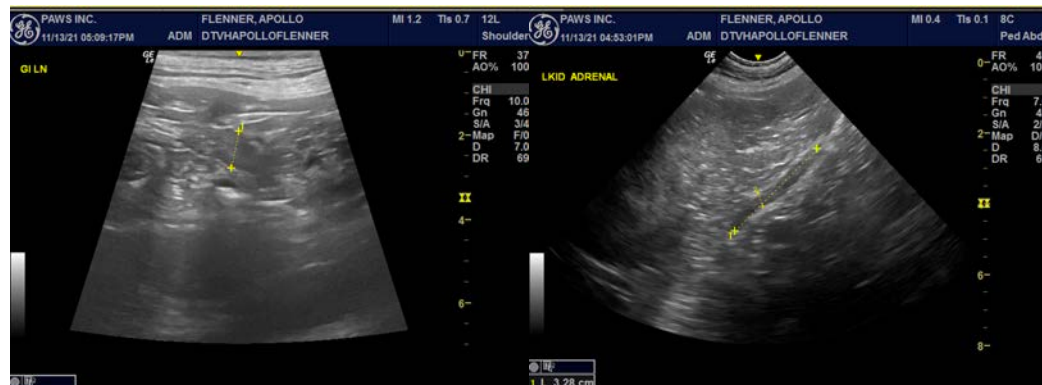
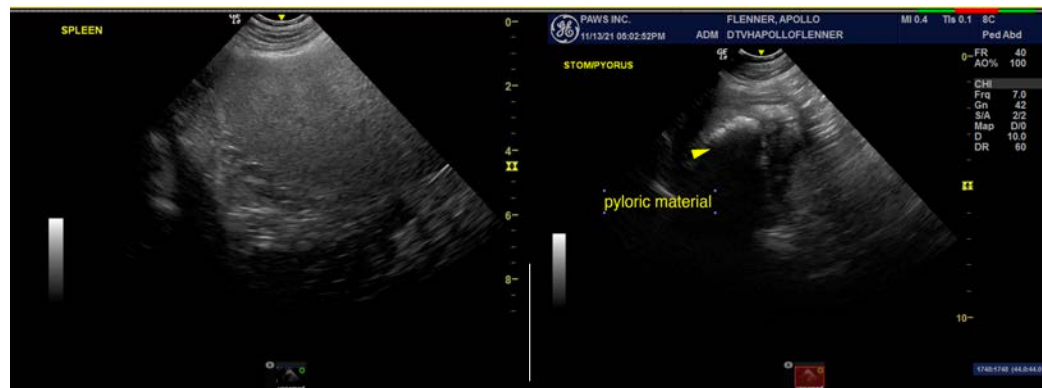
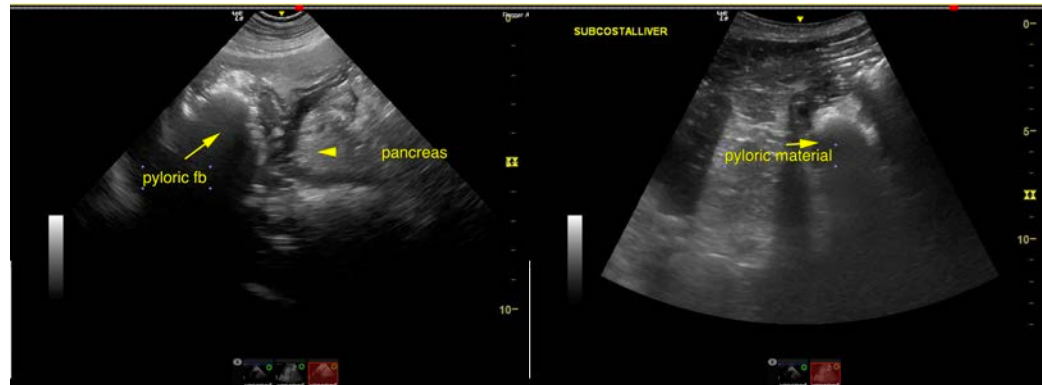
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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