



**PATIENT**

Alice Svava

**SPECIES**

Canine

**BREED**

Pomeranian X

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Wiley

**HOSPITAL NAME**

Petvacx

**REFERRING VET**

Rachel Wiley

**PRESENTING CLINICAL SIGNS**

History: Alice was adopted from a Humane Society seizure from a Korean meat market 6 months ago. She was a breeding dog and had at least one litter. At the time the Humane Society took possession of Alice there is a vague report from their officer that she has a 'hernia with necrotic intestines' (unknown type of hernia) and had to undergo emergency surgery in Korea. There is no surgical report available, but the Humane Society was told that during surgery the uterus was found to be adhered to the colon and was told spay would not be possible. Patient was adopted 4 months, does very well except screams and strains to defecate. Urination is non painful. Rectal exam is normal but very painful. Stools are soft and patient has strong desire to eat the stool as she poops. Patient has been on hydrolyzed diet for 3 months. Bloodwork, UA was all Within Normal Limits. Radiograph report below. Spay performed 2 months ago and jejunum and omentum were sampled. At the time of the spay the body of the uterus and left uterine horn were found to be fully adhered to the colon. Ovariectomy was performed and the right uterine horn was removed. Surgical recovery was uneventful. There was initial mild improvement in the defecation pain after surgery but returned quickly. Caudal epidural with bupivacaine seemed to partially improve defecation pain, but not fully improved. No improvement with prednisolone or budesonide or metronidazole. Mild improvement in pain with NSAID and gabapentin.

Abnormal PE/Chem/CBC/UA Results: Bloodwork, UA, Urine Culture, Fecal all Within Normal Limits Tested weak heartworm positive once with Humane Society but since has tested microfilaria negative and 3 separate antigen negative tests (4DX, IDEXX lab and Witness) Histoplasma: Negative Radiographs: The pulmonary parenchyma is normal. The cardiovascular structures are normal. There is mineralization of the sternal lymph nodes. The trachea and caudal mainstem bronchi are patent. There is no evidence of fractures, luxations, or aggressive osseous lesions. The abdomen is distended with irregular striated mineralization. The liver is radiographically within normal limits. The gastrointestinal system contains variable gas and ingesta, but overall are within normal limits of size and margination. Small intestines contain various amounts of fluid. The colon contains a small amount of formed fecal material. The margins of the spleen are radiographically normal. The urinary bladder is radiographically within normal limits with no distinct radiopaque calculi. CONCLUSIONS/IMPRESSIONS 1. Amorphous mineralization throughout the peritoneum may represent a historical barium/iodine administration vs. chronic sclerosing mesenteritis/peritonitis. 2. Mineralized sternal lymphadenopathy may represent drainage from the peritoneal mineralization. Histopath: Omentum: Lymphoplasmacytic and eosinophilic peritonitis Jejunum: Moderate (to marked) eosinophilic enteritis Comments The clinical history describes calcification/mineralization of the omentum, but no mineralization is detected in the histologic sections. Samples from the jejunum and omentum are inflamed. The presence of eosinophils throughout the samples suggests there is likely an underlying hypersensitivity or allergic etiology (e.g. food allergy, endoparasitism, etc.). No underlying infectious agents are detected in the lesion using routine stains. There is no evidence of an underlying neoplastic condition.

**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. Iliac trifurcation was unremarkable.

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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 left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**SPECIES**

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**Adrenal Glands**

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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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm at the caudal pole and 0.4 cm at the cranial pole.

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**Spleen**

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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.

**WEIGHT**

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**Liver**

**INTERPRETED BY**

Eric Lindquist, DMV  
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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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Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**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.

**REFERRING VET**

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**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of pathology.

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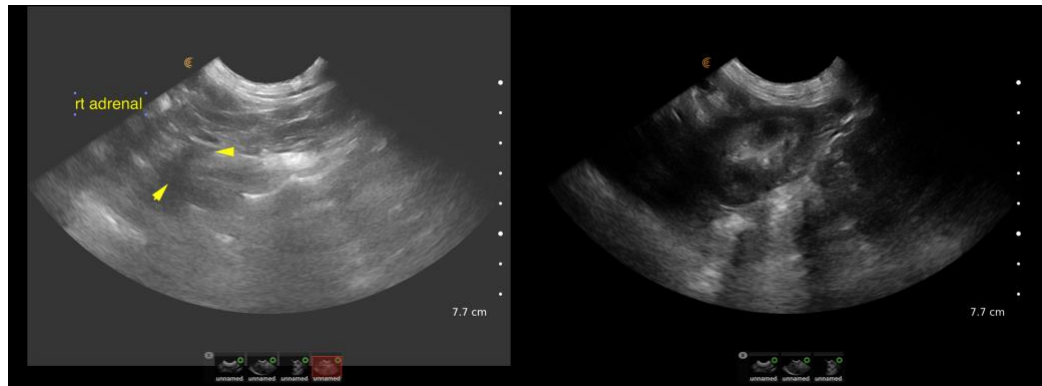
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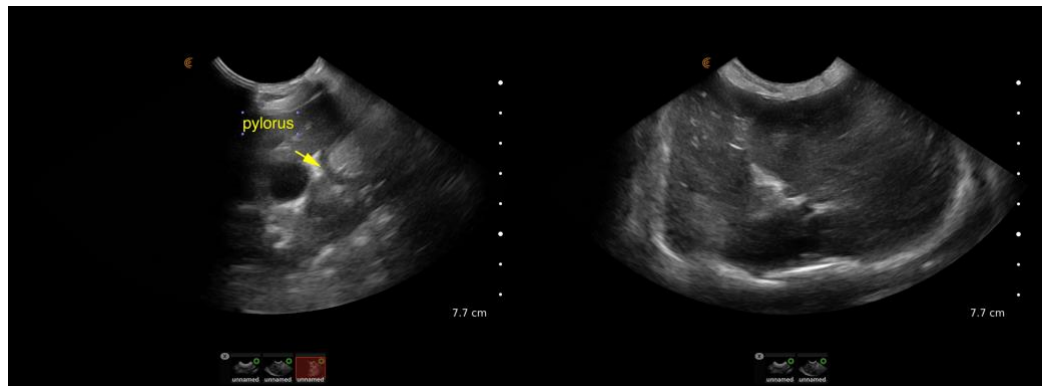
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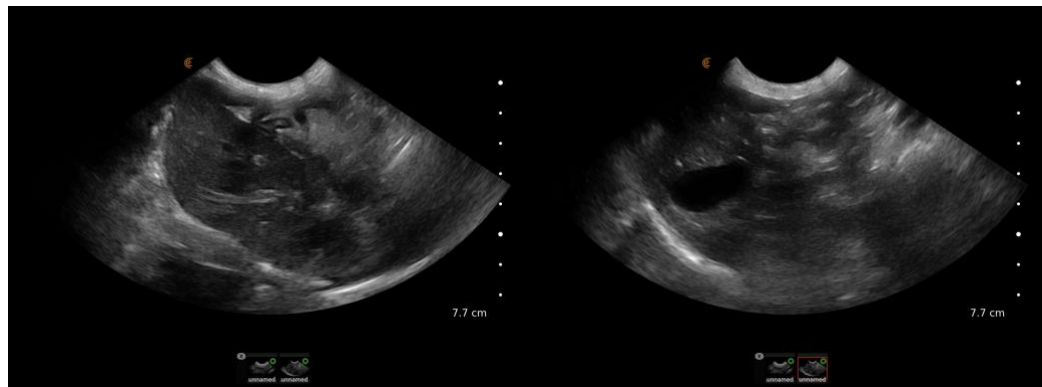
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**HOSPITAL NAME**

Petvax

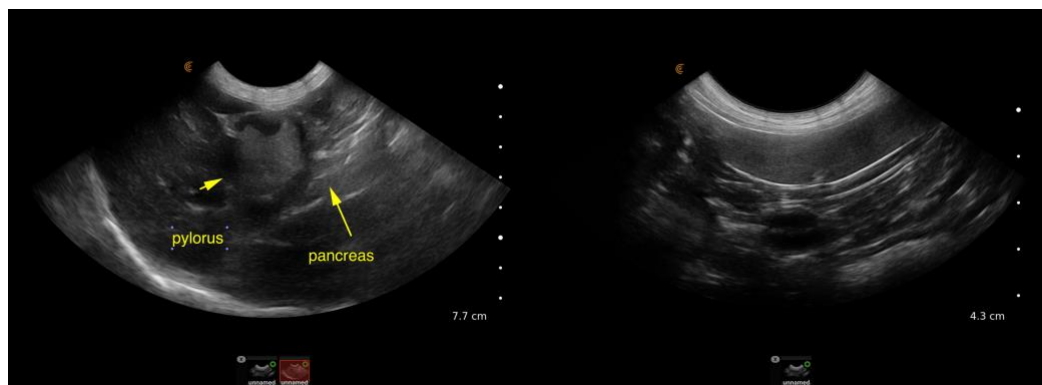


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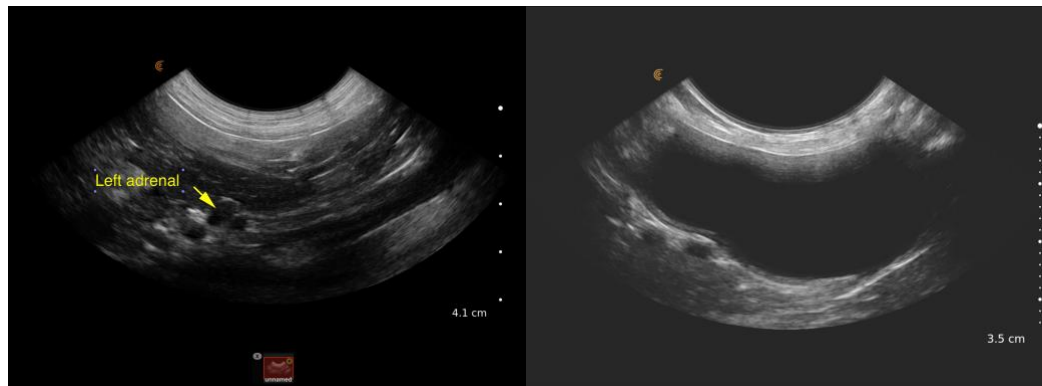
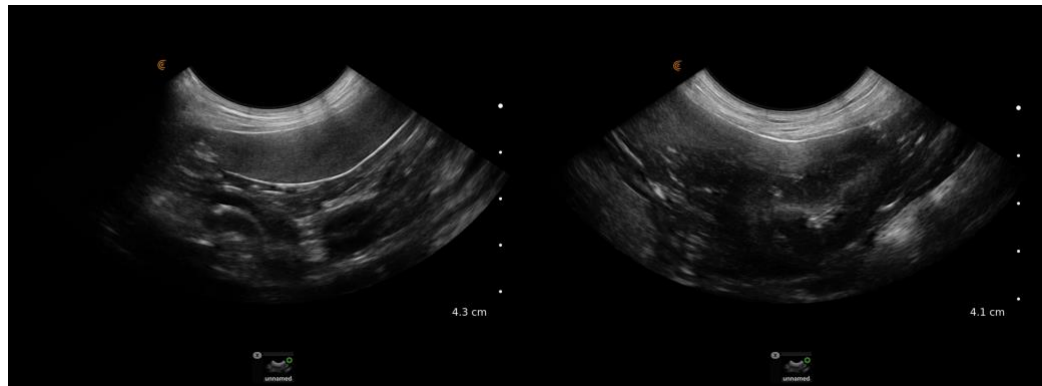
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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