

**DATE PRESENTING CLINICAL SIGNS**

11/5/21

History: continuous vomiting in the morning, not daily. History of eating a brillo pad (10/29) we induced v+ and it was thrown up whole.

PATIENT

Lab Results: high creatinine level, GGT, and ALT.

Carter Wood

Date of Previous IntraPet Ultrasound: No previous

Sedation: Not required for a diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Pitbull Terrier

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.

SEX

Neutered Male

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.

AGE

2018

WEIGHT

84 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
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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.

HOSPITAL NAME

Padonia VH

REFERRING VET

Dr. Yousef

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

14198

Gastrointestinal

Minor shadowing **pyloric** material (a grouping measured 2.5 cm) noted in this patient, non-obstructive passive pattern. No fluid accumulation was noted prior to the material. This may represent medications or small amount of foreign matter. The stomach was empty otherwise. The small intestine and colon were unremarkable.

Pancreas

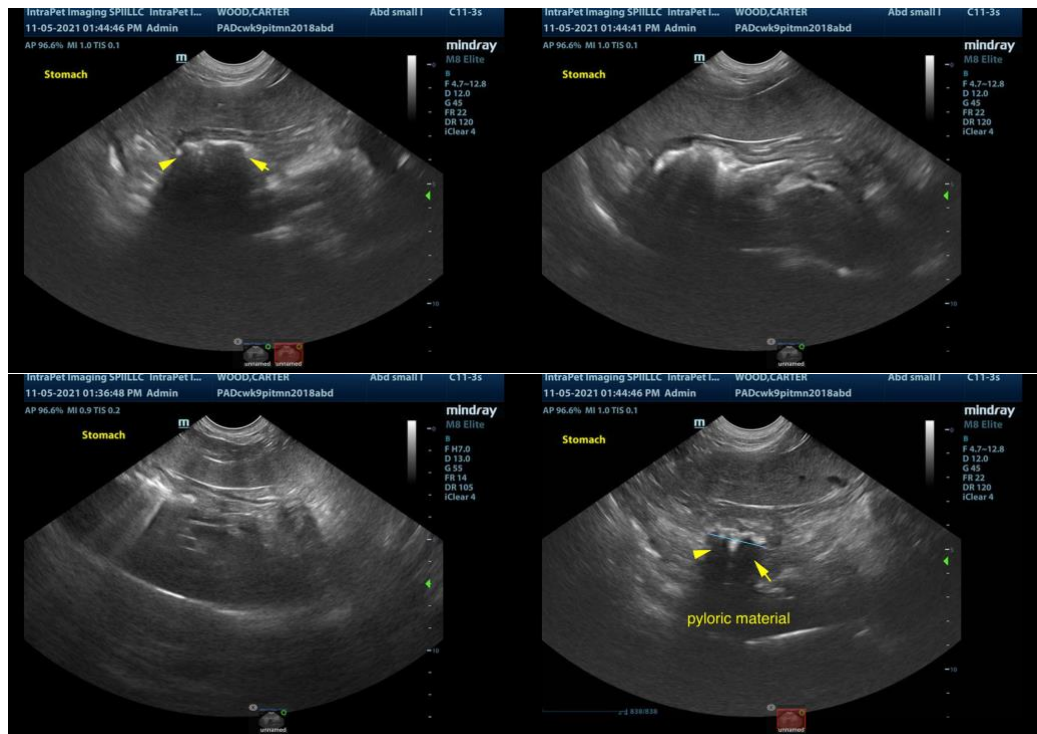
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor soft shadowing pyloric material (consistent with sponge or similar), non-obstructive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If vomiting is a persistent issue, endoscopy would be indicated. However, the material present may dissolve. The material was present in multiple views. If surgery is to be performed, I strongly recommend immediate sonogram, just prior to surgery as this material may move or may be expelled through vomiting. However, the material appears non-obstructive and therefore a conservative approach can be taken. Recheck sonogram is necessary.





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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