



**PATIENT**

Kiba Farrell

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Neutered male

**AGE**

11 months

**WEIGHT**

43 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

42369

**DATE**

11/7/22

**PRESENTING CLINICAL SIGNS**

History: acute vomiting for two days, chewed large amount of nyla bone  
Abnormal PE/Chem/CBC/UA Results: pending

**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 **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 5.4 cm. The right kidney measured 4.5 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 left adrenal gland measured 0.5 cm.

**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 was noted.

**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.



**PATIENT**

**Gastrointestinal**

Kiba Farrell

The **stomach** in this patient revealed pyloric foreign body with gastric stasis. Cloth like material appeared to be anchored in the pylorus and continued into the small intestine with accordion pleating. Tortuous intestinal contour was noted.

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**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.

**SEX**

Neutered male

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**AGE**

11 months

**ULTRASONOGRAPHIC FINDINGS**

Pyloric and intestinal fabric foreign body. Possible linear attachment.

**WEIGHT**

43 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support with gastrotomy and enterotomy is recommended. Surgical intervention is essential in this patient.

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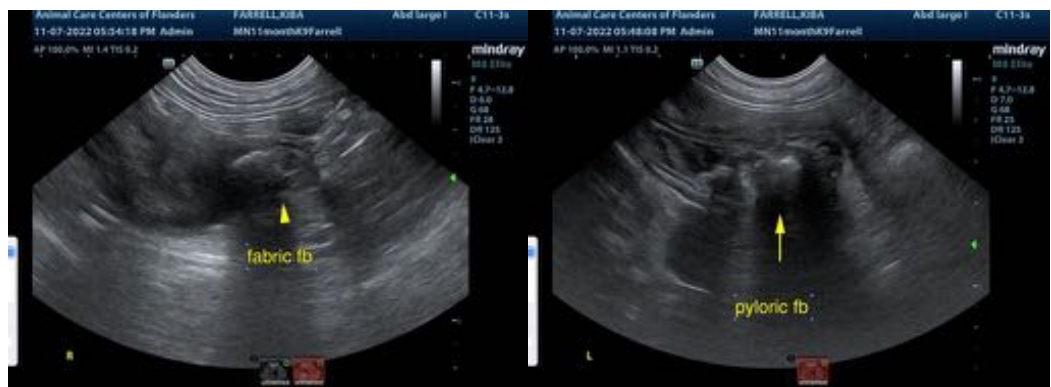
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com