



PATIENT PRESENTING CLINICAL SIGNS

Remington Monroy

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

5 years

WEIGHT

82 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser/Lofler

INVOICE

94562

DATE

12/14/21

History: Transferred from rDVM yesterday for possible foreign body ingestion. Vomiting several times. No known ingestions, but history of getting into things

Abnormal PE/Chem/CBC/UA Results: - discussed history and rads from Reid, some gas distension from colon, other loops that appear to be SI with gas not obvious for obstruction. CBC: 13.9 k/u/l, HCT 55.7% Chem 10: Glu 145 mg/dl, ALB 4.1 g/dl EPOC - Glu 132, HCT 57%, rest wnl. K 3.7, LAC 1.64

Repeat rads: FINDINGS: The stomach is small in size, containing gas and a small amount of structure, heterogenous soft tissue opaque ingesta. There is mild variability in the definitive segments of small intestine, the containing gas and fluid. On the lateral views, there is a segment of bowel that contains structure, heterogenous soft tissue opaque material. It is uncertain if this represents feces within the colon or is possibly a segment of small bowel. Caudal to the right 13th rib, there is a focal, linear mineral opacity that is also noted in a similar position in the previous study. This most likely represent a hypoplastic rib associated with a transitional vertebra. No changes are identified in the discernible liver, spleen, kidneys or urinary bladder. Serosal detail is normal. CONCLUSIONS: The consistency of the ingesta within the gastric lumen is uncertain. This could represent normal food with delayed gastric emptying. Foreign material cannot be completely ruled out. As stated, there is a segment of bowel that contains structured soft tissue opaque material in the midabdomen. This could represent foreign material or partially digested food within the small intestines, or possibly feces within the colon. Regardless of the position, no evidence of a complete mechanical obstruction is identified in the small intestines.

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 7.08 cm. The right kidney measured 7.73 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.



PATIENT

Liver

Remington Monroy

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.

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Gastrointestinal

The **stomach** was empty. Minor shadowing material was noted in the pylorus and measured 2.0 cm. The duodenum and small intestine appeared empty. This may represent oral medications. The distal small intestine was unremarkable. The duodenum was poorly visualized owing to regional artifact.

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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.

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ULTRASONOGRAPHIC FINDINGS

Non-obstructive shadowing material in the stomach. This may represent simple medications.

Otherwise, unremarkable abdomen.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend supportive care and 24 hour n.p.o. A recheck sonogram is recommended to assess if the material is still present in pylorus. If so then endoscopy or gastrotomy would be indicated. However, the material is non-obstructive. There was no fluid back-up noted prior to the structure. Therefore, this may represent simple oral medications or material that would be vomited or may transit.

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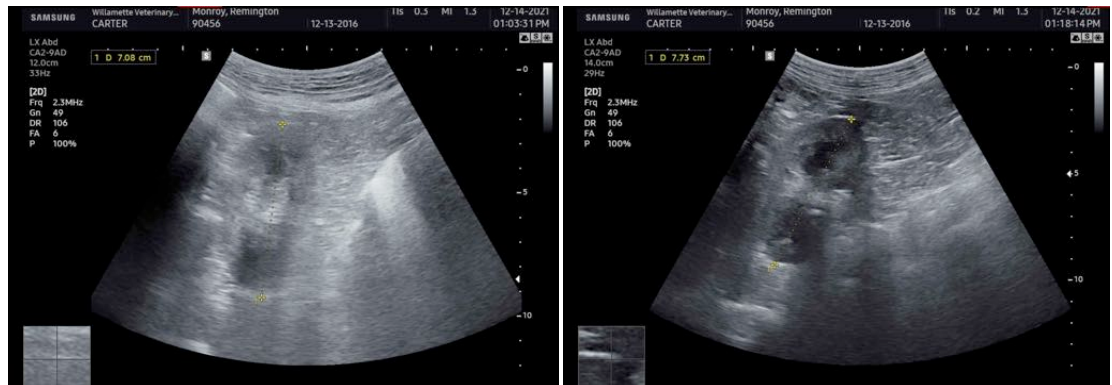
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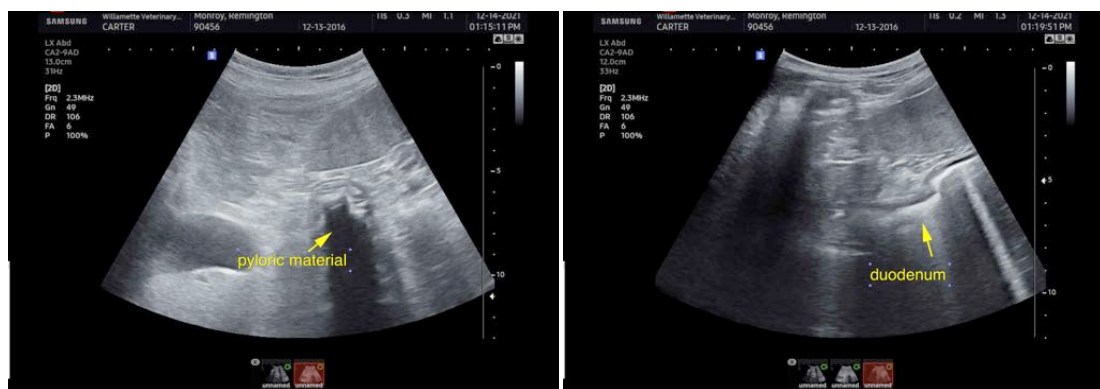
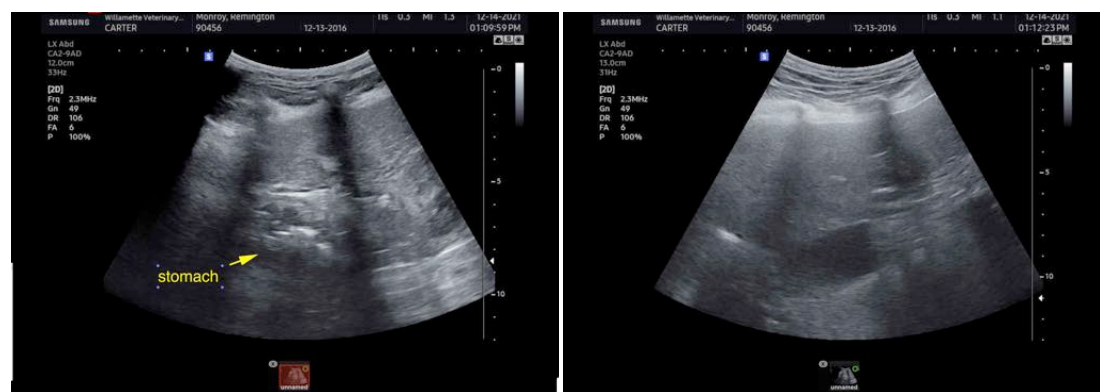
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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