



DATE PRESENTING CLINICAL SIGNS

12/15/25

Patient History: Female dog Presenting Complaint: Kona presents for acute vomiting and lethargy Patient History: - Acute onset vomiting starting yesterday afternoon when owners returned home (after being away 11am-6pm) - Initial vomitus contained food (breakfast and dog bone), progressed to bile, then water only - Vomiting episodes continued through night, waking owner approximately hourly - Currently food-averse: refused plain rice this morning - Drinking water throughout - Trembling - Extremely lethargic: laid in snow when taken outside this morning, reluctant to move - Recent history of pica: ate fabric from laundry hamper earlier this week (less than previous episodes) - Previous visit last week for similar signs: - Enema performed with string material retrieved - Improved after that visit and was normal all week until yesterday - Client unsure if all material was passed at that time - Nose abrasion noted by owner (worsened recently)

PATIENT

Kona Franco

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12/6/15

WEIGHT

37.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Shannahan

INVOICE

72586

Current Medications: Unasyn, Potassium Chloride, Buprenorphine, Ondansetron, Cerenia.

Labwork Results: labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Propofol.

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralizations noted in both kidneys. Right kidney measured 5.77 cm. Right kidney measured 5.57 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. Left measured 2.29 cm x 0.66 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally. It 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.

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** was overdistended with fluid and echogenic debris. Linear foreign body was noted anchored in the stomach and continued into the small intestine with accordion pleating. The colon was 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.

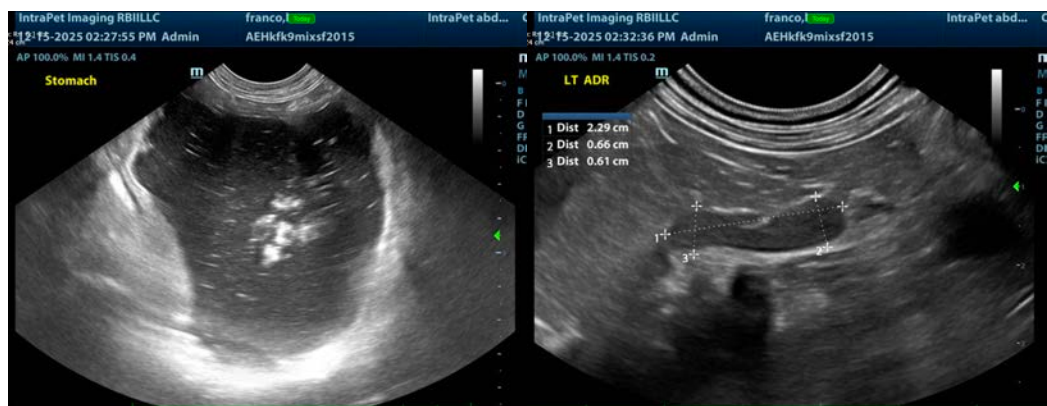
ULTRASONOGRAPHIC FINDINGS

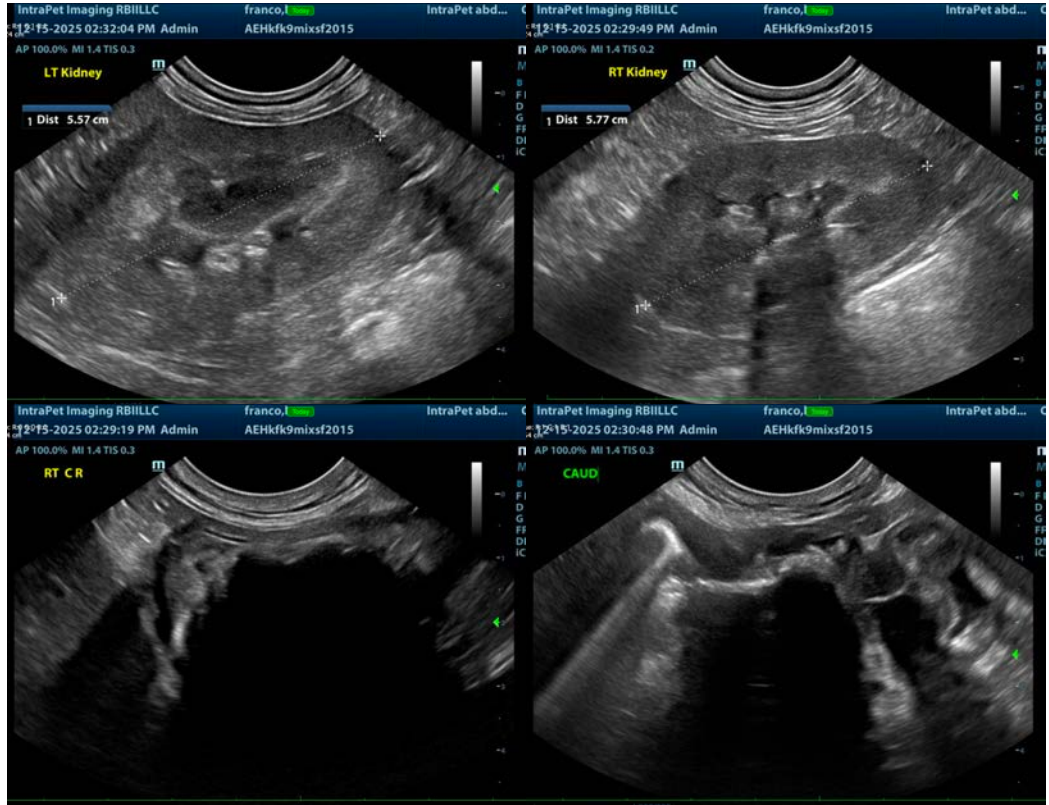
- Gastrointestinal linear foreign body anchored in the stomach and jejunum with accordion pleating.
- Age related renal changes.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery indicated. No overt peritonitis at the time of sonogram. However, underlying GI disease may be an issue. GI biopsies warranted to rule out underlying disease.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.





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.

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