



PATIENT

Faith Hechinger

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

10

WEIGHT

46.6

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

45081

DATE

2/11/23

PRESENTING CLINICAL SIGNS

Healthy in general. Four-day history of vomiting and not eating. Seen at RDVM, hospitalized with IVF and Cerenia 24 hours ago but continue to regurgitate.

Abnormal PE/Chem/CBC/UA Results: Generalized decreased muscle mass, dehydrated 5-7 %. Tense on abdominal palpation and regurgitated about 2 L of foul smell green color fluid. X rays showed a very fluid filled dilated stomach with a segment of SI vs Colon that is gas distended. Thoracic x rays showed mildly dilated esophagus and possible emerging pneumonia. Placed NG tube and removed about 1.4 L of fluid. BW: hypokalemia, hyperlactemia and hemoconcentration.

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. The left kidney measured 7.47 cm. Slight hypoechoic nodule or recent infarct noted at the dorsal cortex of the right kidney. The right kidney measured 7.62 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.

Spleen

The **spleen** presented subtle micronodular changes.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The stomach and upper gastrointestinal tract revealed stasis continuing into the mid jejunum, where a 3-4 cm shadowing luminal foreign body was noted. Variable small intestinal thickening noted associated with the foreign body obstruction, without overt loss of mural detail. Reactive mesentery and early peritonitis noted around the obstruction.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Small intestinal obstruction with unhealthy bowel
- Subtle micronodular splenic changes and subtle nodular renal cortices – cannot rule out emerging round cell neoplasia/lymphoma, splenitis more likely.
- Age related hepatic and pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory recommended with enterotomy and GI biopsies +/- sampling of other organs such as the spleen and kidneys.

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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.

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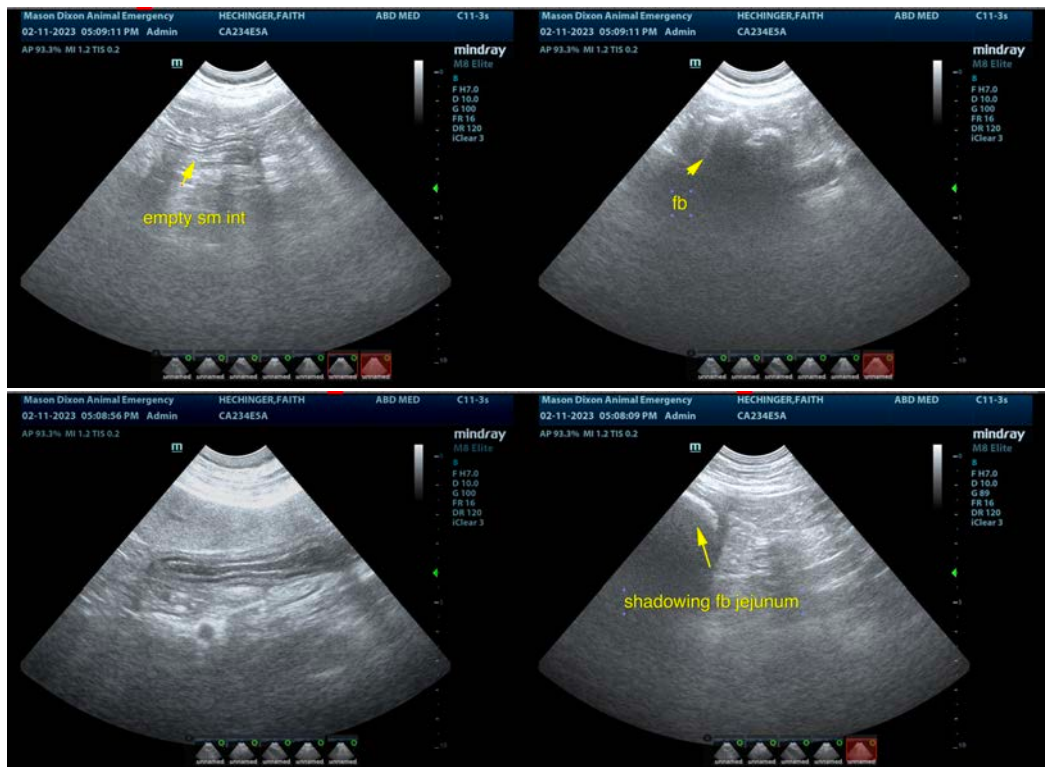
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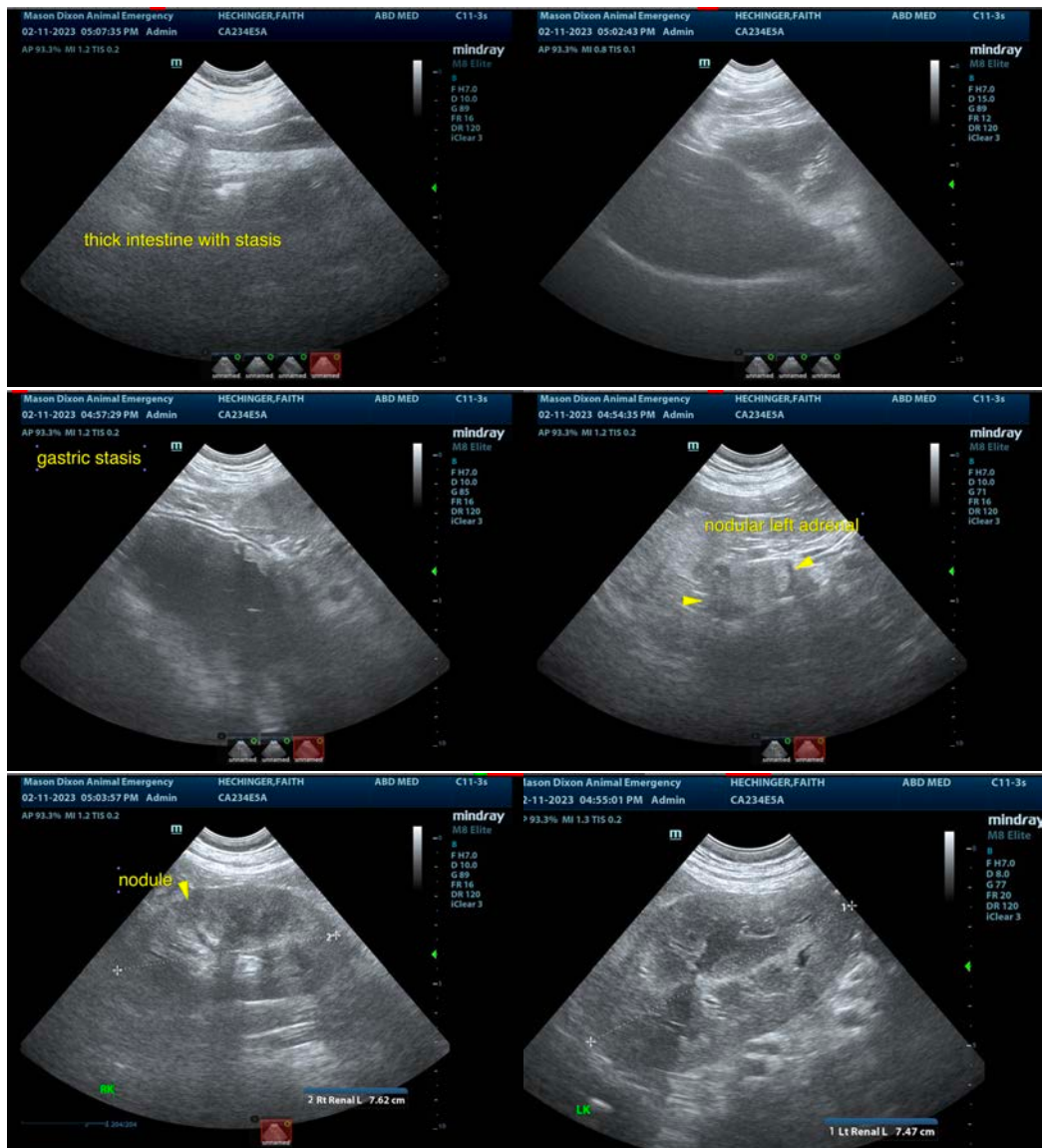
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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