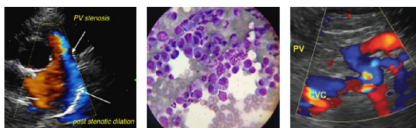


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fredgromalak@gmail.com



 **SonoPath**
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Remy Le Beau
Close 23747D

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years

WEIGHT

28.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

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REFERRING VET

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PRESENTING CLINICAL SIGNS

Remy started vomiting on Saturday night. He ate breakfast on Sunday but through it up soon after and continued to vomit bile/fluid throughout the day. He was not fed on Sunday night. He ate a little on Monday until last night but has also continued to vomit. Owner has been giving subcutaneous fluids and initially gave ondansetron Sunday and Monday. Remy continued to vomit despite getting ondansetron. He develop some diarrhea last night which contained bird seeds. Owner gave cerenia last night orally and he has not vomited since, however he did not want to eat this morning which was concerning to the owner. Remy does not usually eat toys and does not get any human food. No recent diet changes.

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 prostate was uniform at 1.7 cm.

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 right kidney measured 6.71 cm. The left kidney measured 6.77 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 right adrenal gland measured 0.61 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 0.61 cm at the caudal pole and 0.59 cm at the cranial pole.

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.

Liver

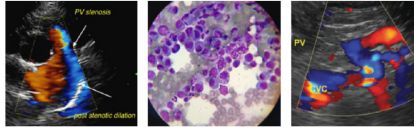
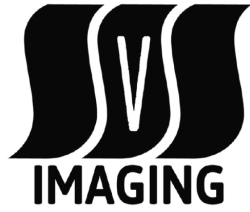
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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 shadowing material. The small intestine and colon were unremarkable. The distal small intestine was empty. Some chyme transit noted in the upper duodenum, followed by 2.8 cm obstructive shadowing material with linear attachment anchored in the pylorus, followed by empty small intestine. The mid small intestine appeared to be intussuscepted upon itself

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owing to the linear foreign body presence. Reactive mesenteric lymph nodes noted up to 1.08 cm x 2.3 cm in length.

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.

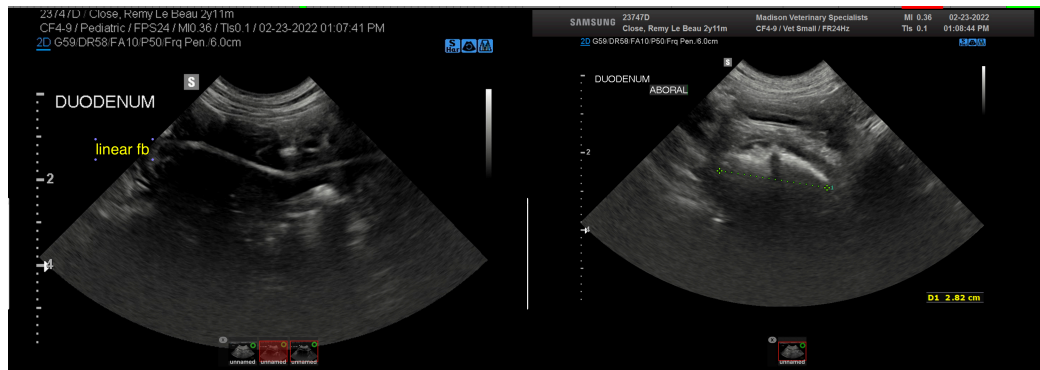
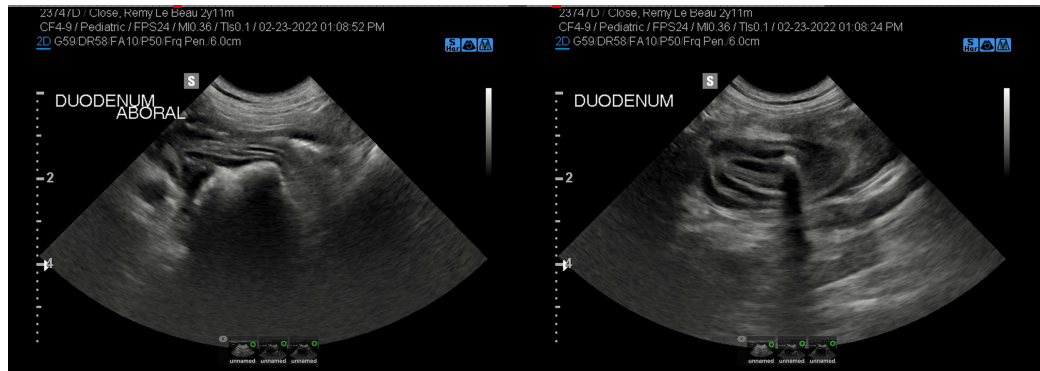
ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal linear foreign body anchored in the pylorus and upper jejunum (fabric material)
- Secondary intussusception
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

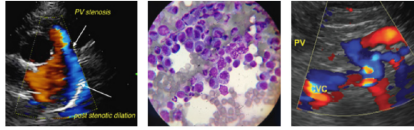
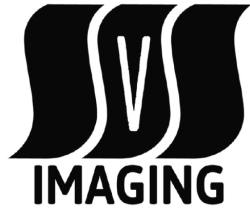
Gastrotomy and enterotomy recommended with lymph node and intestinal biopsies to rule out underlying disease.

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.



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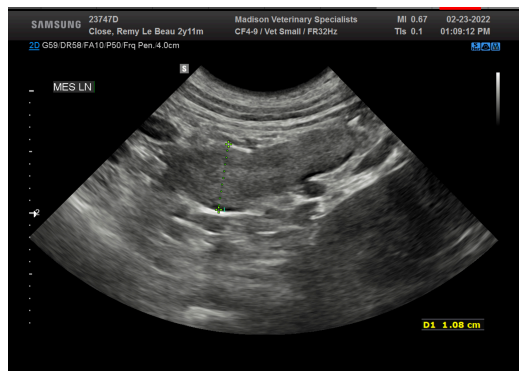
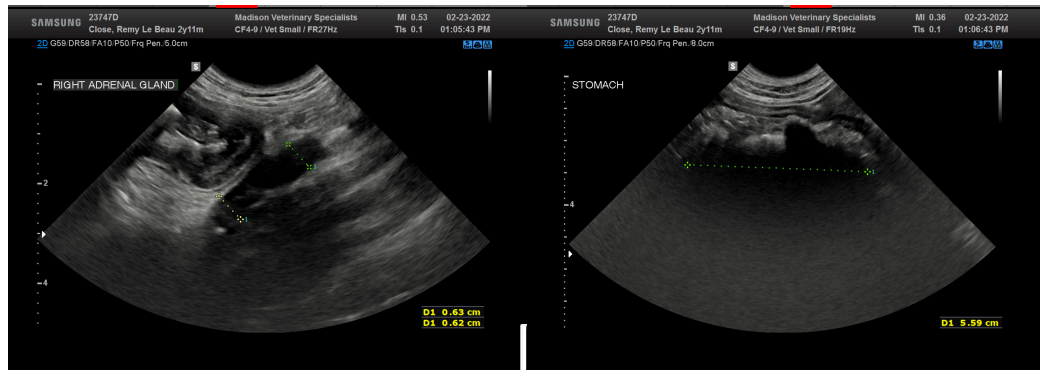
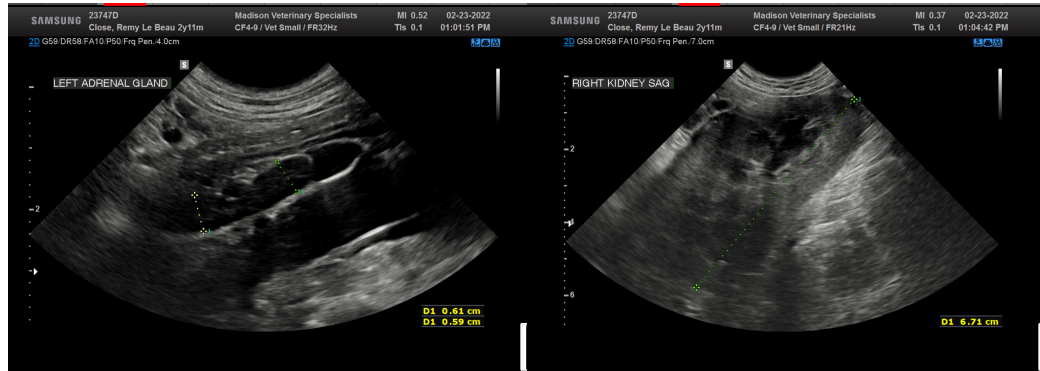
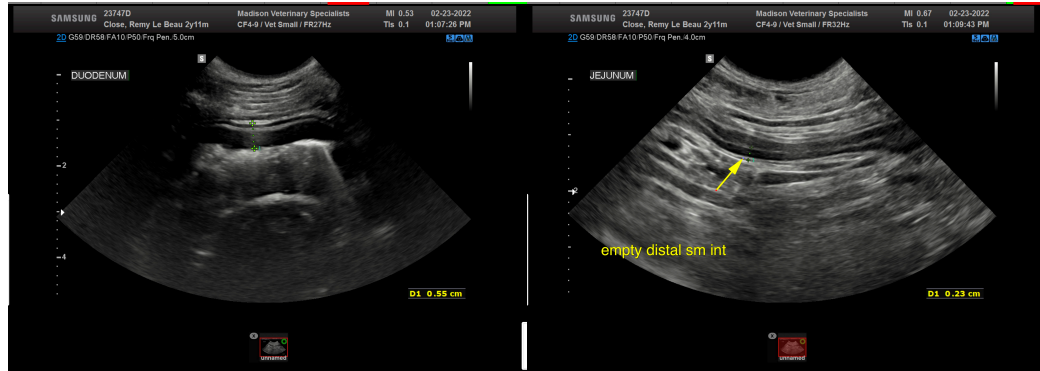
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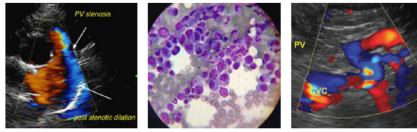
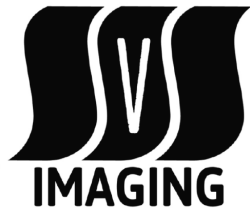
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com