



**PATIENT**

Oscar Capone

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42591

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: Vomited once on 2/23, and has been nearly anorexic since (but did eat this AM, first meal in 4 days). CBC / Chem on 2/23 showed significant neutrophilic leukocytosis (39k) else unremarkable. No pain on deep palpation or with probe pressure

**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 right kidney measured 4.85 cm. The left kidney measured 4.99 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 0.36 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 0.54 cm at the cranial pole and 0.4 cm at the caudal 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 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**

Oscar Capone

The distal small intestine revealed a 4.3 cm sharp shadowing foreign body and was localized in what appears to be the jejunum. Upper gastrointestinal stasis was followed by empty small intestine and divided by the foreign body obstruction. Areas of spastic small intestine was noted. Reactive mesentery was noted around the foreign body obstruction. Minor free fluid was noted; however, reactive mesentery was noted upon the intestinal serosa was noted.

**SPECIES**

Canine

**BREED**

**Pancreas**

Pug

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Small intestinal foreign body.

3 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Exploratory surgery is indicated with GI biopsies. Rubber or plastic material is likely in this patient. Intestinal resection may be necessary depending upon surgical findings.

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42591

**DATE**

2/6/23





**PATIENT**

Oscar Capone

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

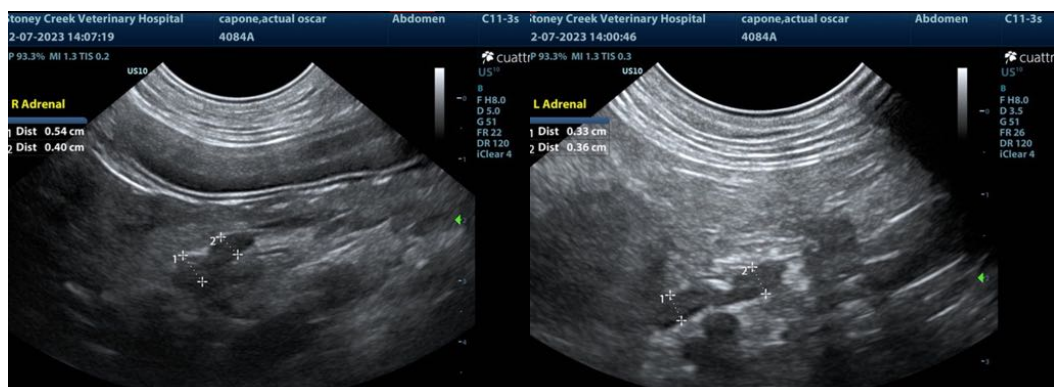
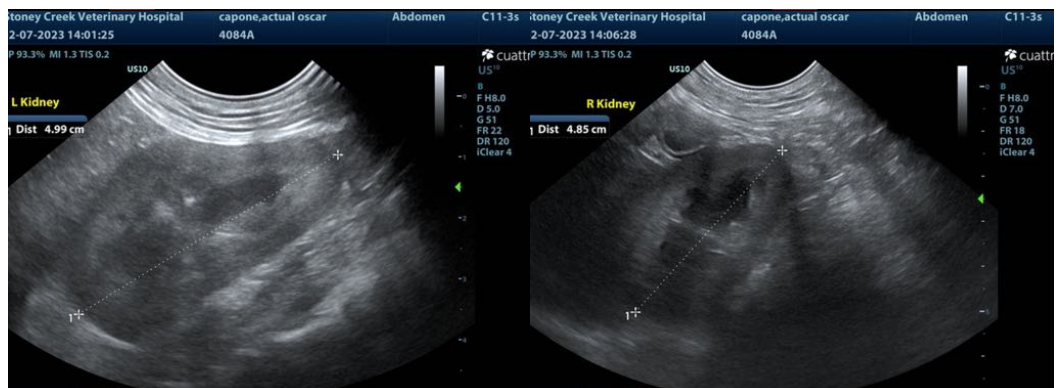
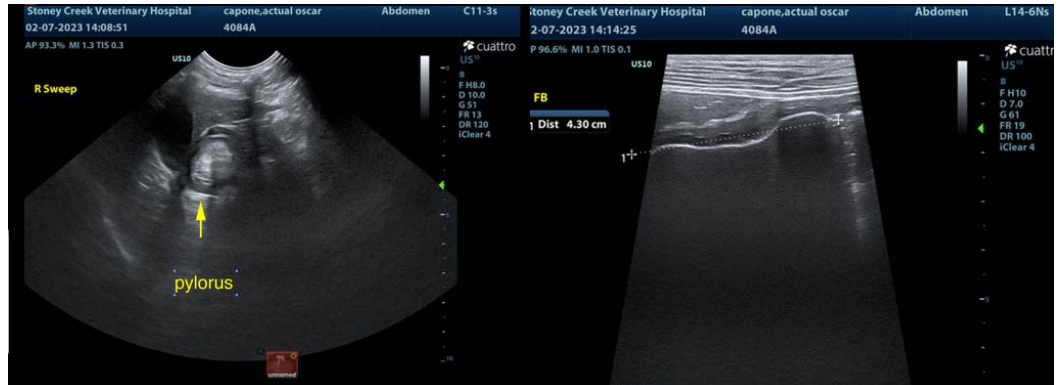
Dr. Mengine

**INVOICE**

42591

**DATE**

2/6/23



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