



**PATIENT**

Poppy Savage

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

8 months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

Dr. Green

**INVOICE**

42652

**DATE**

2/8/23

**PRESENTING CLINICAL SIGNS**

History: Presented on emergency 2/5/23 due to a 1 week history of vomiting fluid, recent anorexia, diarrhea, hematochezia noted yesterday. Radiographs showed marked gastric distention with fluid and gas. UGI contrast study showed significant volume of barium retained in the gastric lumen after >12 hours, no foreign material appreciated.

Abnormal PE/Chem/CBC/UA Results: Gastric distention, NAF otherwise.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 kidneys measured 4.0 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 0.4 cm. The right adrenal gland measured 0.4 cm.

**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**

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The **gastrointestinal tract** revealed hyperperistalsis with a minor amount of transiting, slightly shadowing material that measured up to 1.0 cm. This is most consistent with transiting barium given the patient's history. Fluid filled content appeared to be transiting normally in the small intestine.

**SPECIES**

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**Pancreas**

**BREED**

Dachshund

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**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Transiting barium, gastroenteritis presentation.

**AGE**

8 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no overt obstruction. Recheck sonogram is recommended if the patient is not responding to clinical signs. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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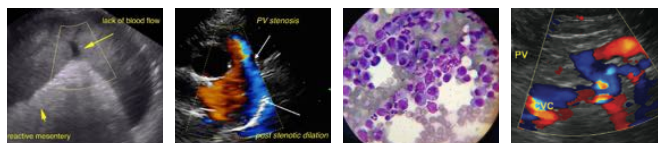
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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