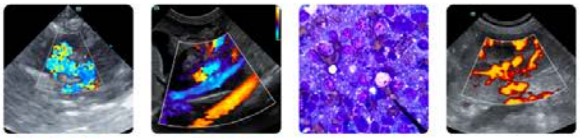

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Grace Kuiper

SPECIES

Canine

BREED

CKCS x

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.62 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

72825

DATE

1/9/26

PRESENTING CLINICAL SIGNS

Medium firm palpable structure about 2-3 cm in mid abdomen. Persistent anorexia. Diagnosed with pancreatitis at RDVM. Vomited last night, diarrhea today. Refusing to eat. Started Emavert, Methadone, Pantoprazole

Abnormal PE/Chem/CBC/UA Results: PLT mildly low, Lipase elevated, Na low, Cl low, K low, Pancreatic Lipase elevated. No rads

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Mineralization noted in both kidneys. Right kidney measured 3.91 cm. Left kidney measured 3.7 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. Right measured 1.48 cm x 1.47 cm at the cranial pole and 0.61 cm at the caudal pole. Left measured 2.22 cm x 0.55 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was subnormal in size. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed significant stasis from the stomach to the distal small intestine. A distinctly shadowing intestinal foreign body measuring approximately 3.0 cm noted in the mid abdomen followed by empty small intestine. Slight free fluid noted between intestinal loops.

Pancreas

Some hyperechoic and mixed echogenic changes noted in the **pancreas**, suggestive for concurrent pancreatitis.

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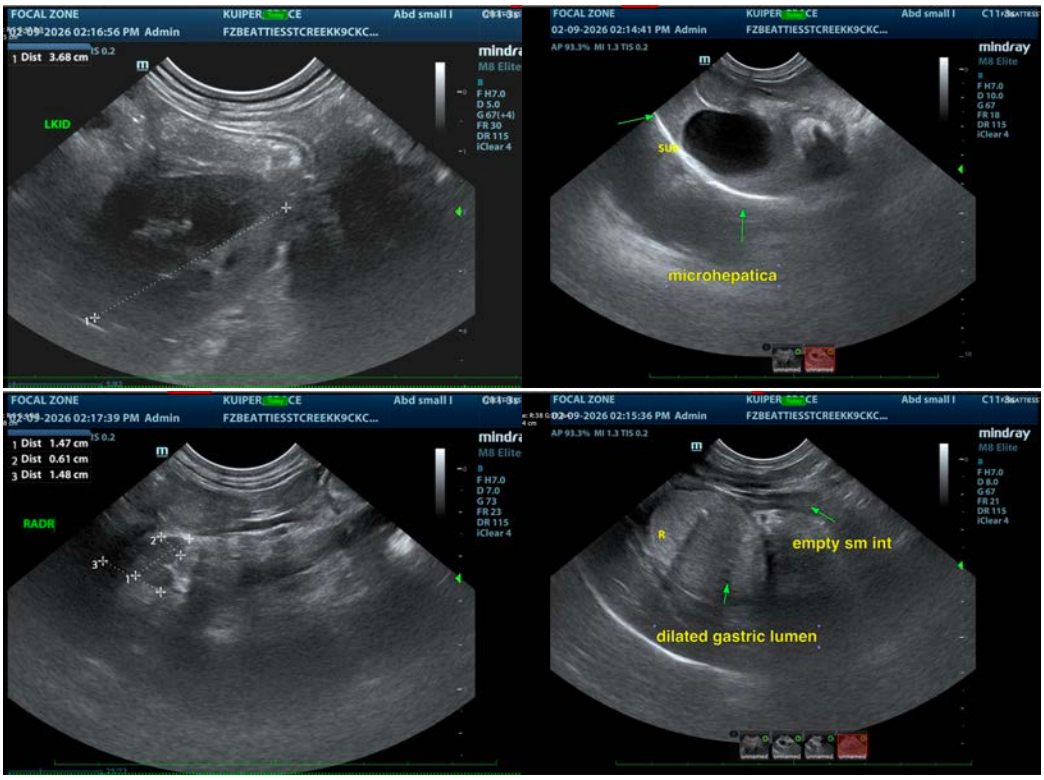
ULTRASONOGRAPHIC FINDINGS

- Obstructive small intestinal foreign body.
- Possible concurrent pancreatitis.
- Microhepatica.
- Age related renal changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The interfering ingesta in this patient did not allow for full assessment for portosystemic shunting. However, given the significant microhepatica, I cannot rule out the possibility. Immediate surgical intervention is necessary regarding the intestinal foreign body. However, liver inspection and biopsy indicated with eventual bile acid profile warranted after recovery from the intestinal obstruction. No evidence of neoplasia. However, GI biopsies would be warranted to rule out concurrent 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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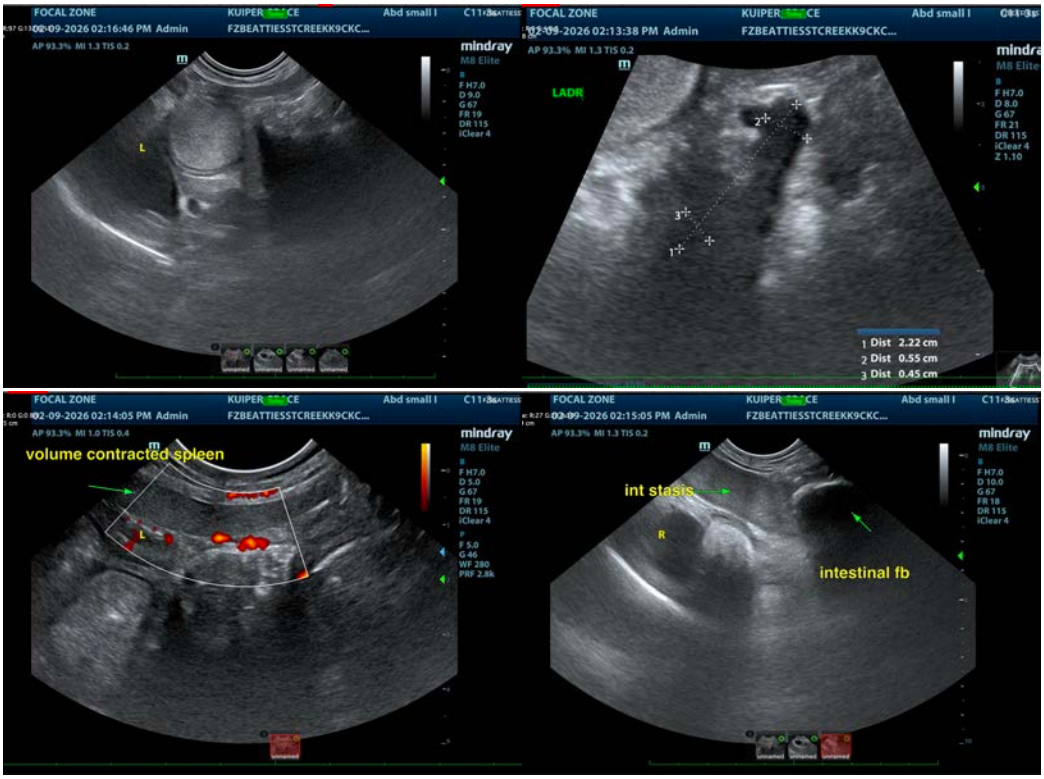

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com