



PATIENT

Geo Lindsay

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

6 Years

WEIGHT

8.2kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

46188

DATE

3/27/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for decreased appetite since Thursday. Started with diarrhea and vomiting on Friday. Has been lethargic and hiding under the bed. Had a coughing episode around 8:30pm and midnight on Sunday. Owner thought Geo was in respiratory distress, so she rushed him into the hospital. Owner notes that he may have gotten into trash. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: ate great Wednesday

Abnormal PE/Chem/CBC/UA Results: Abdominal: Tender on cranial abdominal palpation Radiographs – Severe gastric dilation, distended/fluid filled pylorus vs. mass like effect; GIT unremarkable CBC – WNL CHEM – gluc (130) EPOC – pH (7.5) pO2 (71.2) pCO2 (27.1)

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 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 left kidney measured 4.1 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 2.0 cm x 0.31 cm at the cranial pole and 0.36 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 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 chyme and stasis with some shadowing structures. Translucent foreign body noted in the upper duodenum followed by empty small intestine. Regional inflammation noted.



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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. 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.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Upper duodenal foreign body with stasis
- Gastric shadowing structures – may represent retained ingesta.

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Exploratory gastric surgery warranted. No obvious evidence of neoplasia.

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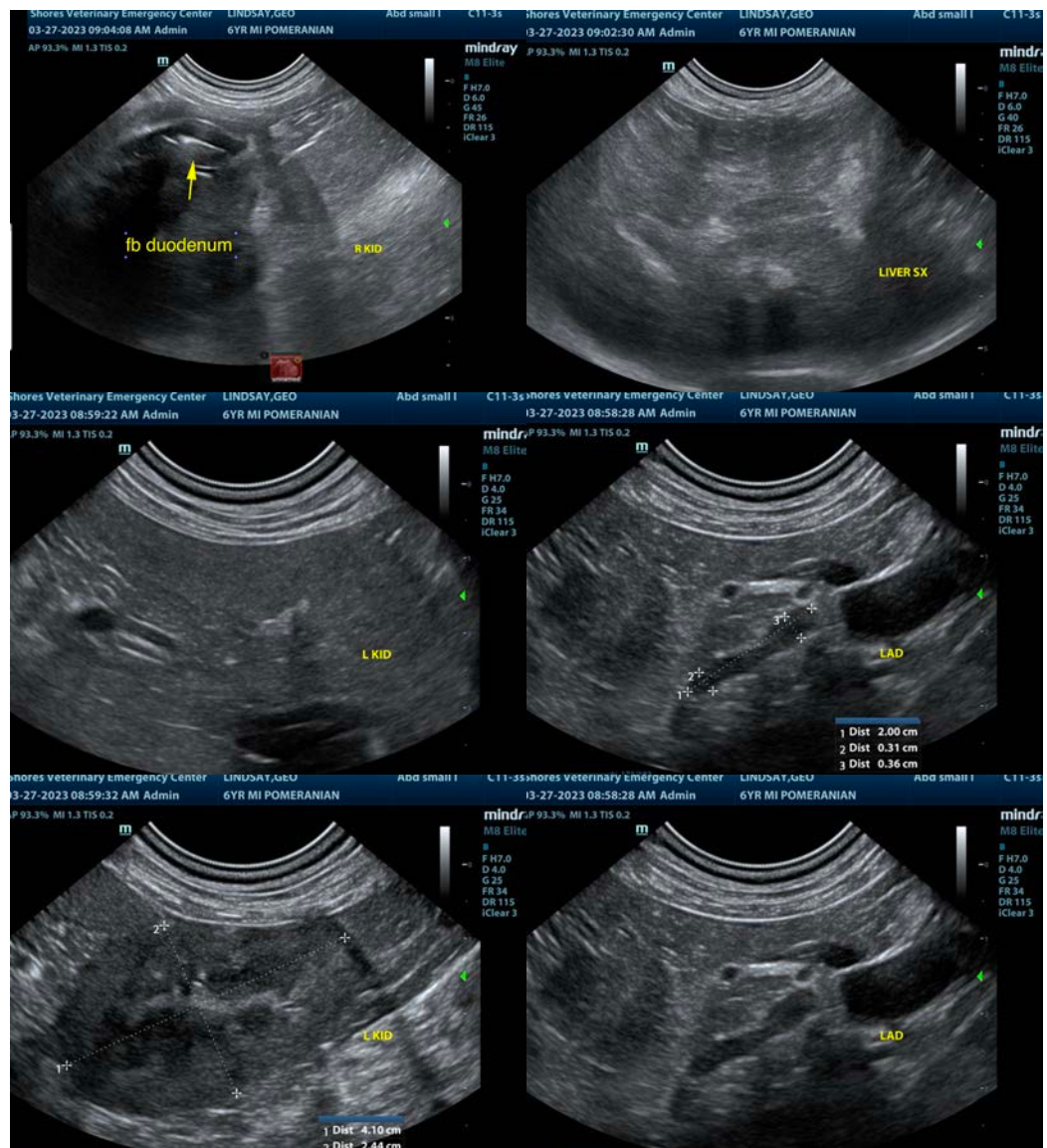
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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