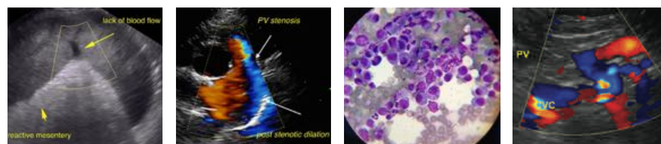

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1-800-838-4268 info@sonopath.com

PATIENT

Jill Hilegass

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

49.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

97911

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: Vomiting since 3/26 and anorexic. Unable to hold down water, V+ despite oral Cerenia rx'd by rDVM. Current meds: IVF, Cerenia
Abnormal PE/Chem/CBC/UA Results: BUN 38(27 H); ALKP 630 (212 H); WBC 17.4 (16.76 h); Neut 15.42 (11.54 H)

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 left kidney measured 6.0 cm. The right kidney measured 5.78 cm.

Adrenal Glands

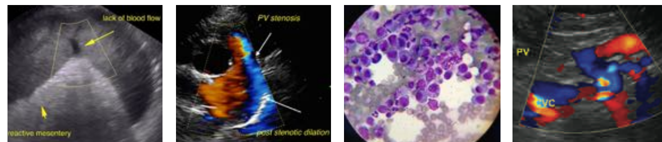
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.68 x 1.45 cm at the cranial pole and 1.23 cm at the caudal pole. The left adrenal gland measured 2.46 x 0.68 cm at the cranial pole and 0.65 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.



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Gastrointestinal

The **stomach** was over distended with fluid. The mid small intestine revealed a 2.0 cm, shadowing hard foreign body with stasis in the upper gastrointestinal tract followed by an empty small intestine.

Pancreas

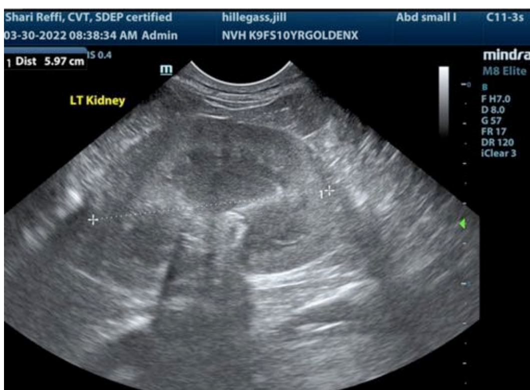
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

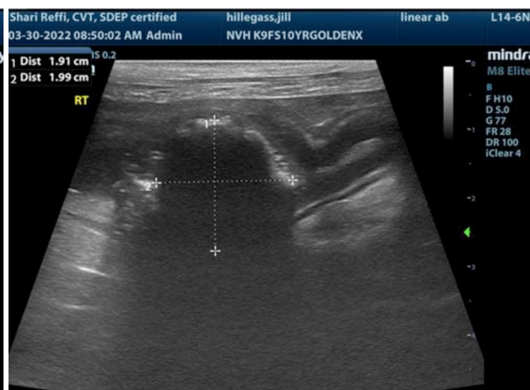
ULTRASONOGRAPHIC FINDINGS

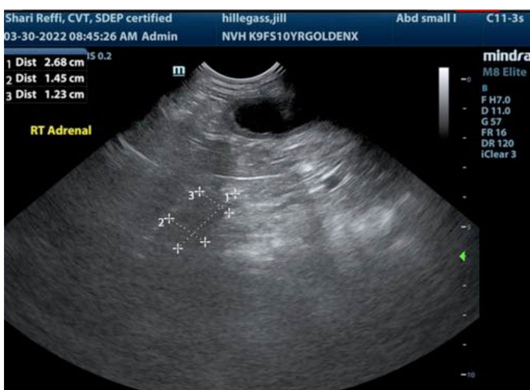
Small intestinal foreign body.

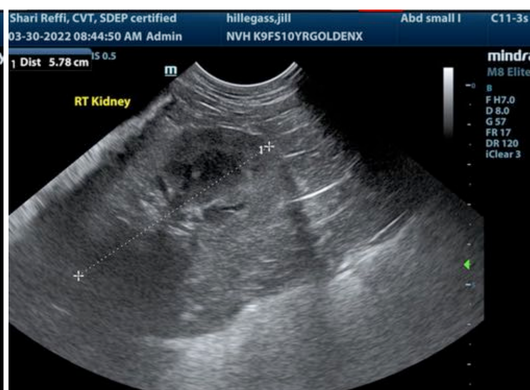
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obstruction and immediate exploratory surgery is warranted. Structurally the GI appears unremarkable, yet full obstruction is present. Gastric decompression with gastric tube prior to surgery may be appropriate to avoid aspiration. GI biopsies are indicated to rule out underlying disease.









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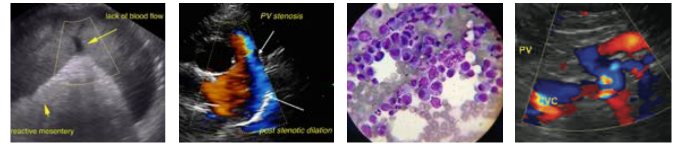

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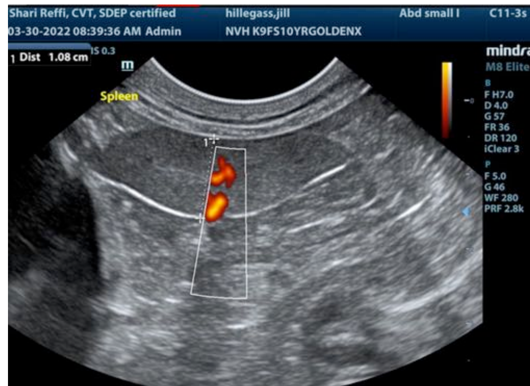

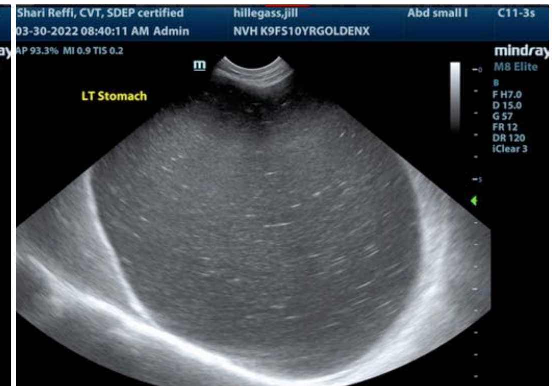

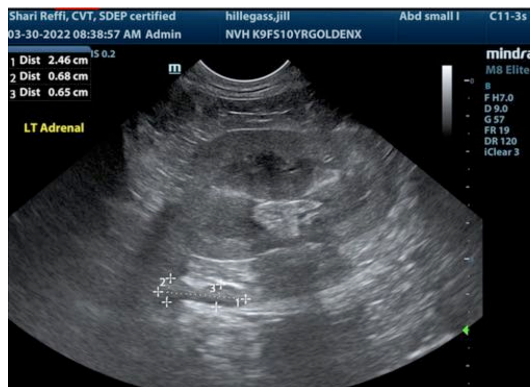

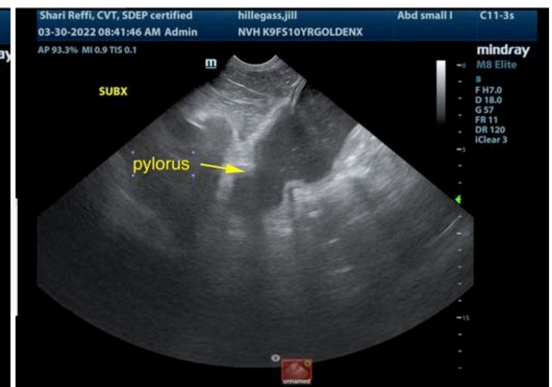

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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