

PATIENT

Vali Lindquist

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

5 Years 3 Months

WEIGHT

17.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

36630

DATE

3/31/22

PRESENTING CLINICAL SIGNS

Ingested and subsequently vomited the cuff of a sweater 2 days ago, has vomited bilious fluid since then. Anorexic this morning.

Abnormal PE/Chem/CBC/UA Results: subdued, mildly febrile (T=103.4°F), slightly dehydrated. CBC, chemistry WNL. Radiographs suspicious for small intestinal foreign body obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation and suspended debris.

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 4.0 cm. The right kidney 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 0.40 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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** was mildly subnormal in size. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed multifocal shadowing material with overdilatation and some chyme noted. The shadowing material ended up to 4.0 cm. A linear foreign body attachment was noted with accordion pleating in the small intestine. Regional inflammation noted, consistent with emerging peritonitis. Portions of the intestine appeared partially intussuscepted over the intestinal foreign structure. The colon was empty.

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

- Gastrointestinal linear and fabric type foreign body with concurrent intussusception and emerging peritonitis.
- Bladder sand and debris



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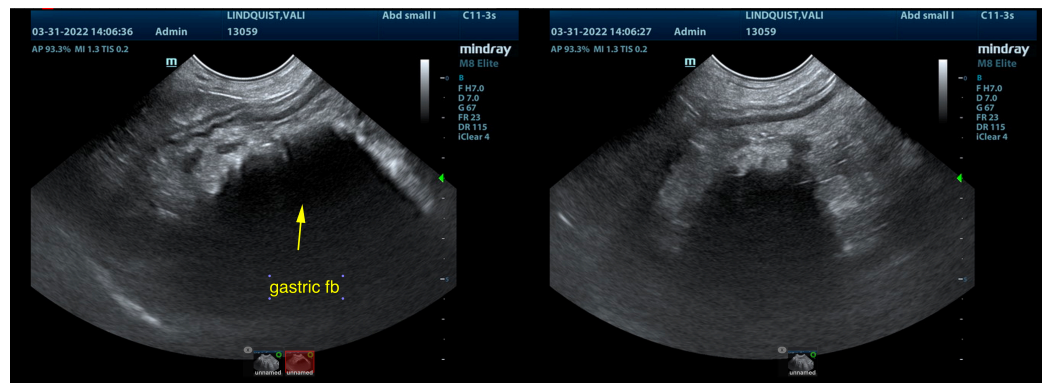
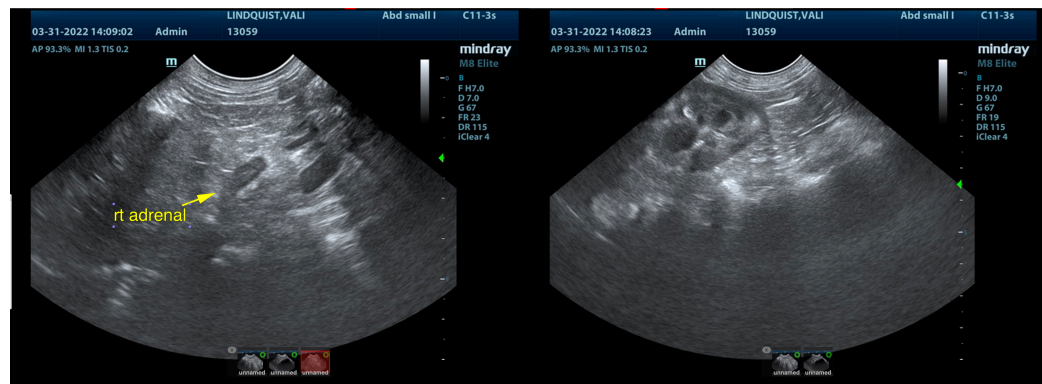
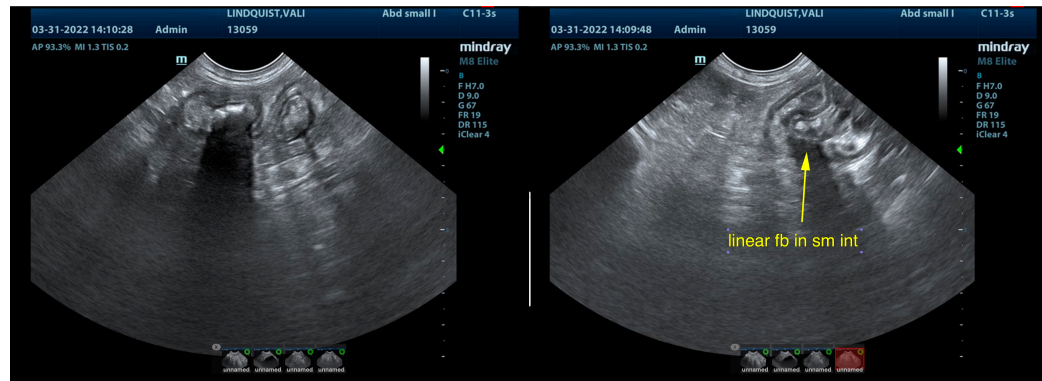
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate gastroenterotomy recommended with GI biopsies. Bladder lavage may be appropriate at surgery.

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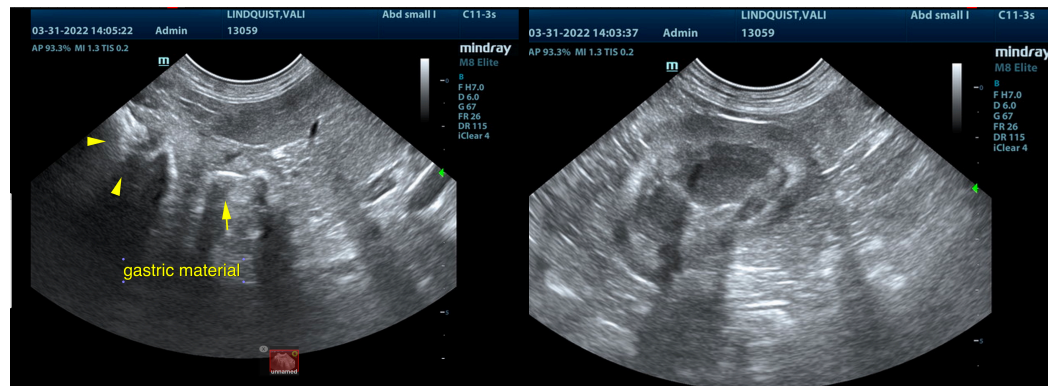
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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