



**DATE**

03/07/26

**PRESENTING CLINICAL SIGNS**

**PATIENT**

Jax Roberson

**Patient History:**

Date: 03-05-2026 Notes: Ingested a toy a month ago. went to rdvm 3/5/26-- suggestive of FB on rads and Clostridium on fecal medical hx- none medications- Metronidazole and Provable

**SPECIES**

Canine

presents to AEH for vomiting, intermittent anorexia, weight loss, and diarrhea

following ingestion of a toy. Patient History: - Ingested stuffed, rope, squeaker toy approximately 1 month ago; vomited up some material at that time - Intermittent anorexia since ingestion; weight loss from 25-27 lb to 22 lb - Periods of inappetence lasting 1-2 days, then resumes eating, followed by vomiting - Increased defecation frequency; recent severe diarrhea, worsened in past week - Dewormer prescribed by rdvm, not yet administered - No current medications.

**BREED**

Poodle Mix

**Problem list:**

**SEX**

Spayed Female

Suspected intestinal foreign body with partial obstruction, possible chronicity  
Weight loss, intermittent anorexia, vomiting, and diarrhea (GI signs)  
Clostridial overgrowth on fecal analysis

**AGE**

07/23/24

Current Medications: At ER Trazadone, Buprenorphine, Pantoprazole, Ondansetron.

Labwork Results: Labwork submitted and attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**WEIGHT**

24.4 pounds

Stat Report: Requested.

Imaging Performed by: Andi Parkinson BS RDMS

**INTERPRETED BY**

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

**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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

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 4.8 cm in length. The right kidney measured 5.28 cm in length.

**REFERRING VET**

Dr. Jamie Ruby

**Adrenal Glands**

**INVOICE**

14134

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 1.53 cm x 0.34 cm width at the cranial pole and 0.50 cm width at the caudal pole. The right adrenal gland measured 1.9 cm x 0.47 cm width at the cranial pole and 0.49 cm width 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. The spleen measured 2.05 cm width.

### ***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** revealed a large amount of gastric fundic fluid and echogenic material. The pylorus appeared to be free of evident obstruction at the time of the sonogram, yet no transitive chyme was noted into the upper duodenum or small intestine which were empty. The colon was slightly thickened yet otherwise unremarkable. Pyloric dysfunction or delayed outflow is suspected. I do not appreciate a direct gastric foreign matter, however, isoechoic material within the ingesta causing delayed outflow is a possibility.

### ***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.

### ***Free Abdomen***

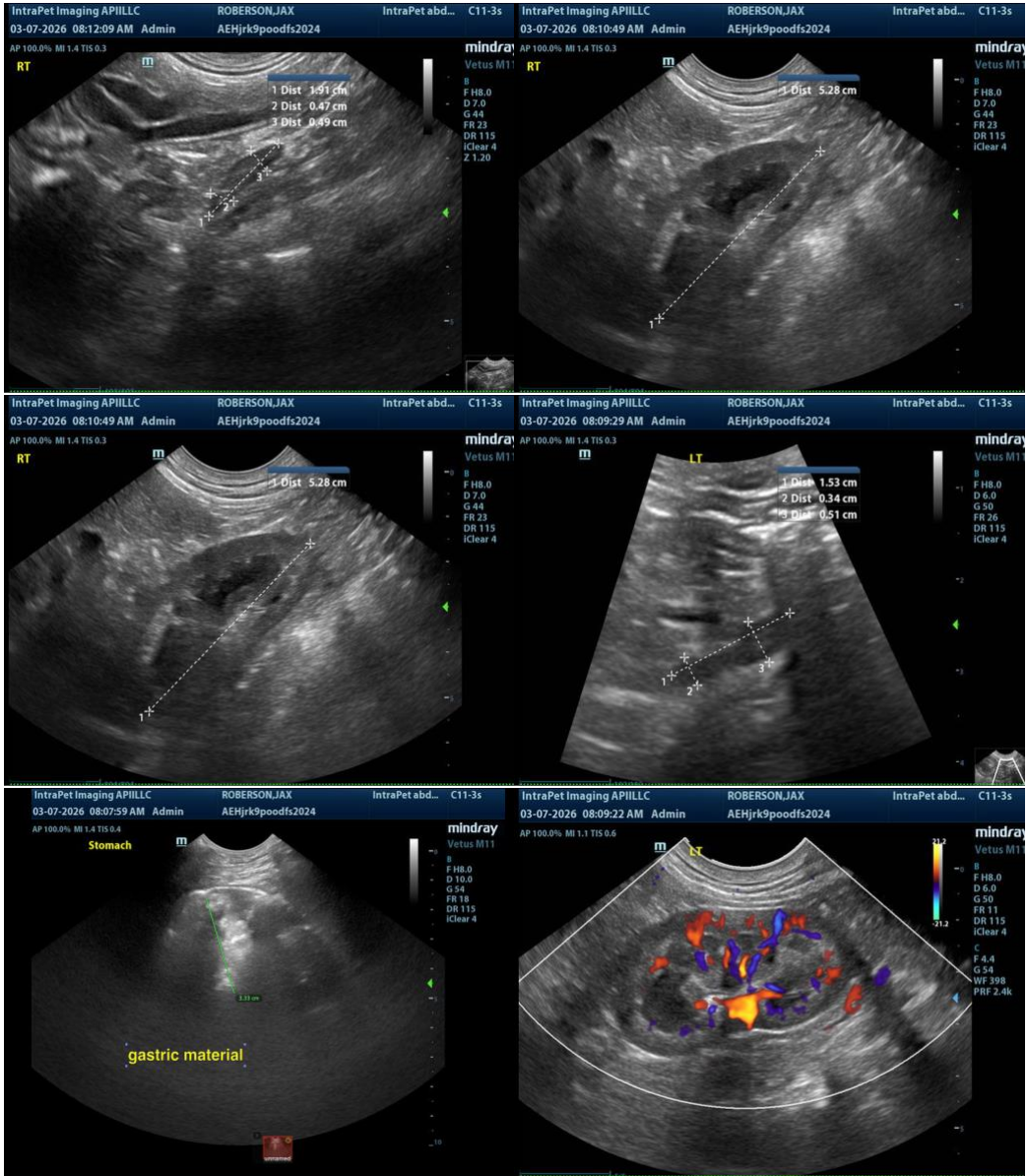
Ring downs were noted throughout the diaphragm.

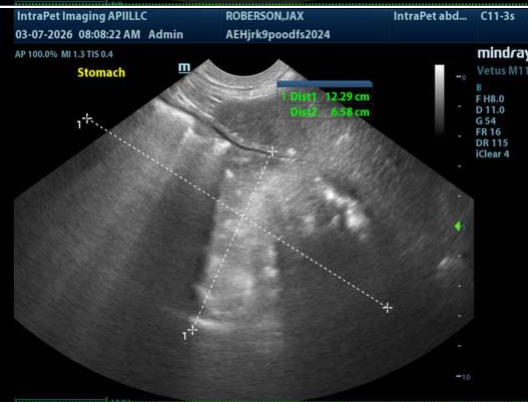
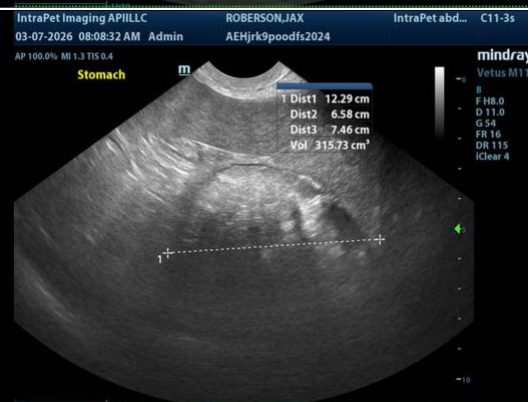
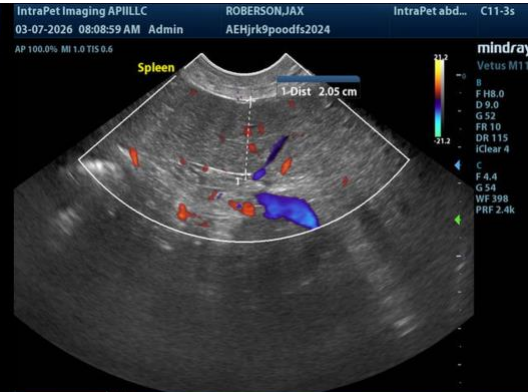
## **ULTRASONOGRAPHIC FINDINGS**

- Delayed emptying gastric outflow- cannot completely rule out soft foreign matter yet no obvious obstruction was noted. Pyloric dysfunction is suspected.
- Ring downs throughout the diaphragm.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I believe the best approach in this patient is conservative therapy with IV fluid support and NPO for 24 hours to recheck sonogram of the pyloric outflow. There's a significant amount of gas and artifact that's obscuring portions of the gastric interpretation. Induction of vomiting and recheck sonogram could also be considered as an option. Chest radiographs are warranted.







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.

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