



PATIENT

Sadie Wallace

PRESENTING CLINICAL SIGNS

History of eating fabric; vomiting; suspected FB
Abnormal PE/Chem/CBC/UA Results: normal WBC but toxic profile; remainder wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

BREED

Labrador Retriever

SEX

Intact female

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 right kidney measured 6.66 cm. The left kidney measured 6.61 cm.

AGE

7 months

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 2.48 x 0.46 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 2.6 x 1.7 cm at the cranial pole and 0.72 cm at the caudal pole.

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Shohola VH

INVOICE

Dr. DeMeo

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.

DATE

3/8/22



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Gastrointestinal

Sadie Wallace

The **stomach** was over distended with anechoic fluid. The small intestine revealed an intussusception with an underlying shadowing linear structure. It appears to be anchored in the pylorus and continued into the small intestine. Variable distal small intestinal thickening was present. Reactive mesentery was present.

SPECIES

Canine

BREED

Labrador Retriever

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.

SEX

Intact female

ULTRASONOGRAPHIC FINDINGS

Fabric type foreign body with intussusception and linear obstruction anchored in the pylorus.

AGE

7 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Immediate exploratory surgery is recommended. GI and lymph node biopsies as well as culture is indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

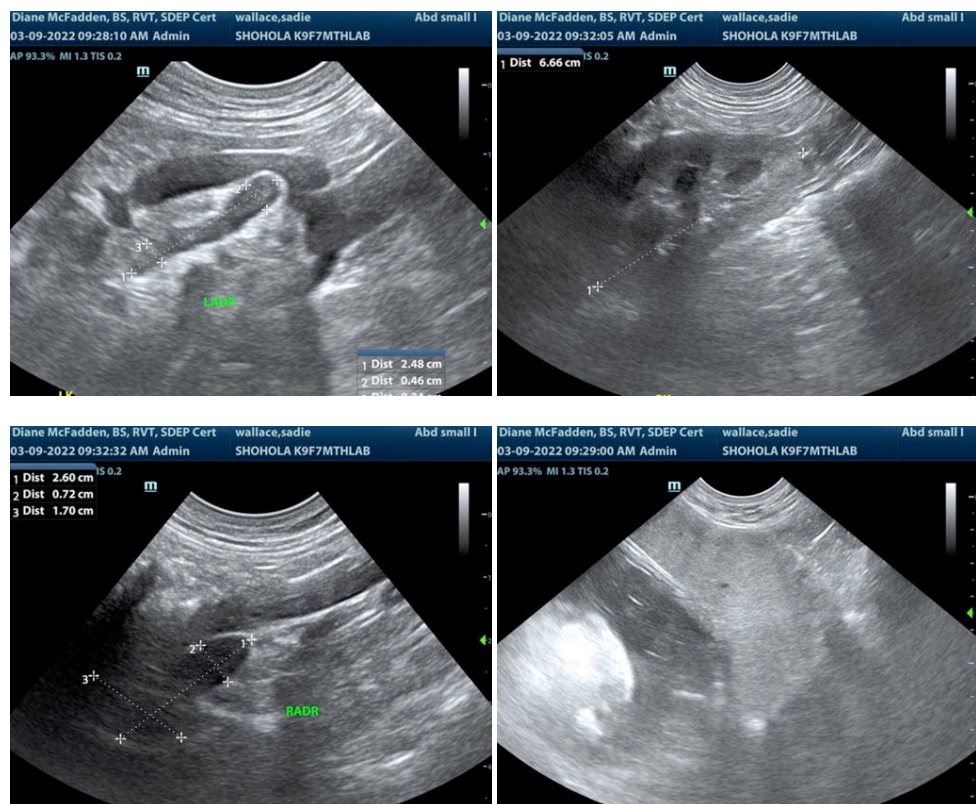
Shohola VH

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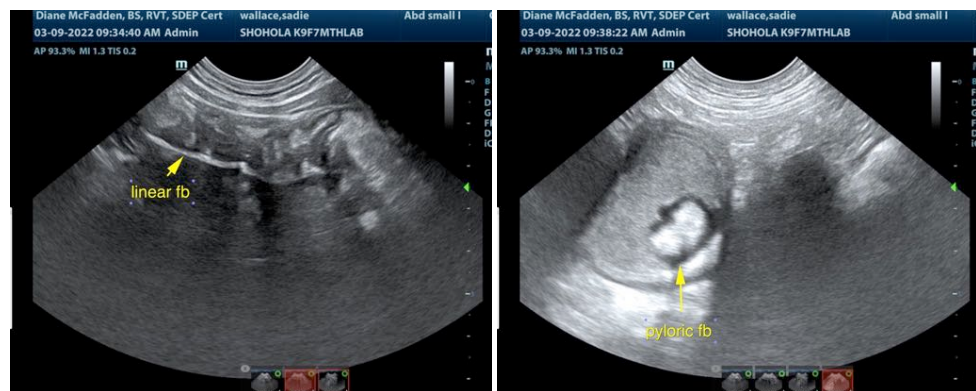
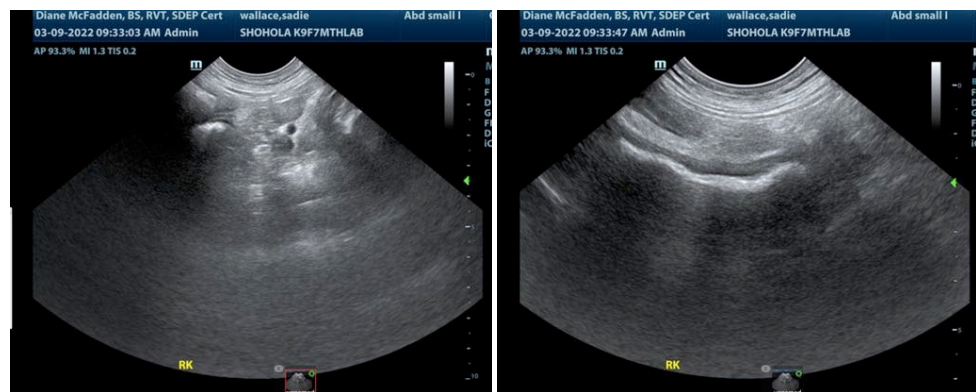
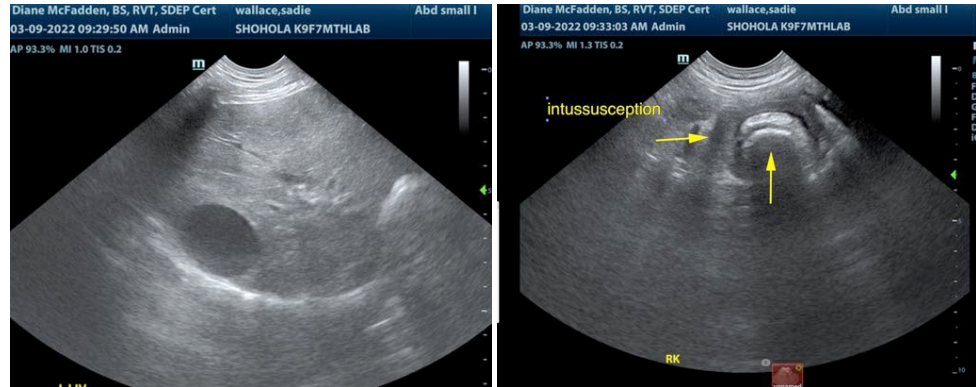
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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