



PATIENT

Winter Clouse

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

1 Year 11 Months

WEIGHT

67.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Hollomon

INVOICE

36003

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Presented to another ER last night for vomiting for the last 24 hours. Yesterday morning around 5 am she started vomiting, she did eat some chicken and rice that morning but is not interested in eating now. Yesterday she had a bowel movement inside the house which appeared normal. She does eat chew toys, socks and fabric, her owner has had some toy pieces missing recently. Winter is the only dog in the house. She has been more restless, unable to lay down to sleep and more lethargic than normal. She presented today to REPMC for abdominal ultrasound and continued work up for possible FB. P is painful upon palpation.

Abnormal PE/Chem/CBC/UA Results: See attached labwork - Elevated RBCs, WBCs (neutrophilia), Low K and Cl, rest wnl. No additional radiographs taken today - chose AUS over rads (see rads from yesterday ER visit)

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 7.5 cm.

Adrenal Glands

The **left adrenal gland** was visualized obliquely, measuring 0.5 cm. The **right adrenal gland** measured 0.6 cm at maximum width.

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 fluid. Pyloric fabric foreign body noted measuring approximately 4.0 cm, anchored in the pylorus and continuing into the duodenum and jejunum.



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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 fabric type foreign body obstruction followed by empty small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery recommended. Gastrotomy and enterotomy would be necessary in this patient. No evidence of peritonitis at this point.

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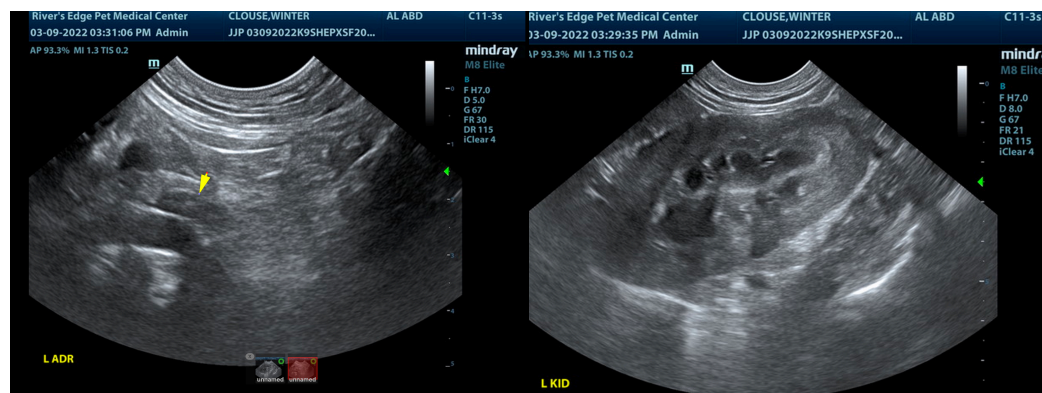
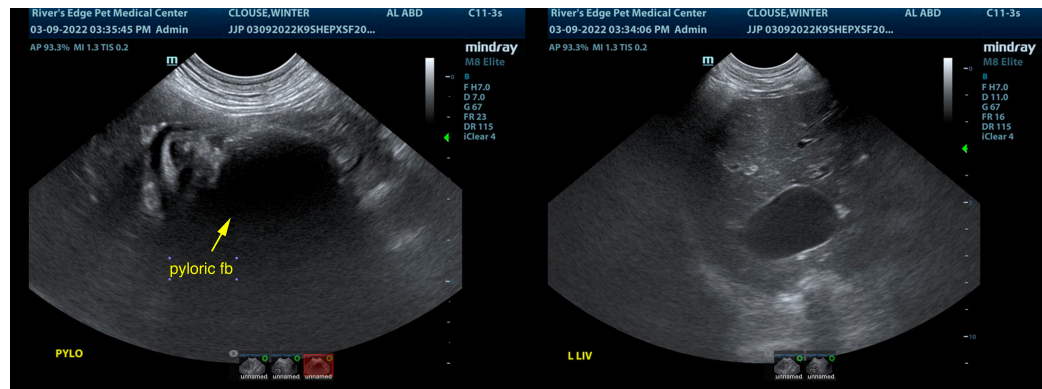
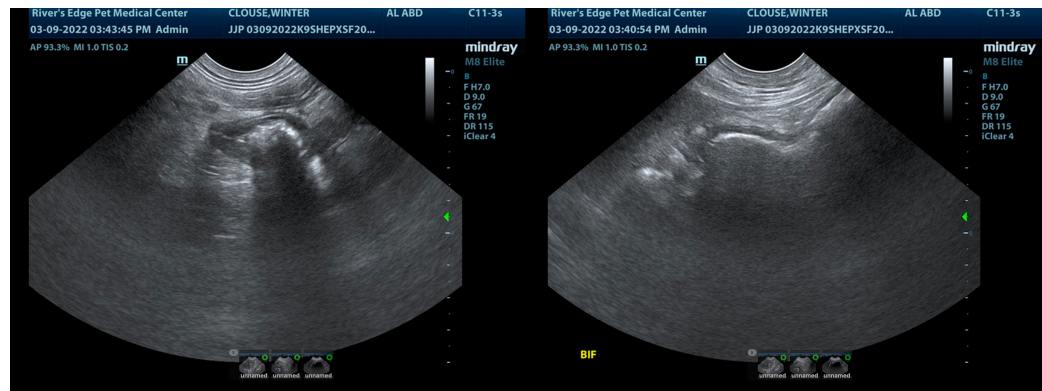
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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