



PATIENT

Dom Joy

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered male

AGE

2 years

WEIGHT

40 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Miller

INVOICE

98177

DATE

4/9/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting, diarrhea few days ago, no BM since 4/8, decreased appetite, lethargy, weight loss. Chewed up a bed sheet approx 6 weeks ago, nothing known of since then. Previous Health Concerns: gastritis Current Medications: none Appetite/When did they eat last: decreased for few days, bland diet few meals past 3-4 days
Abnormal PE/Chem/CBC/UA Results: Abdominal: tucked, tense with palpation 1) 2V Abd Rads – some material in stomach, intestines mostly empty, questionable fabric material in mid-abdomen but no obstructive pattern 2) CBC/Chem/EPOC: chem:calcium 7.5 L, wbc 17.52 H, neu 14.73 H, neu 84.1% H, mono 1.5% L, hgb 19.8 H, potassium 5.8 H, lactate 3.20 H 3) Cortisol 5.8

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 7.45 cm and the right kidney measured 7.1 cm.

Adrenal Glands

The **adrenal glands** are not visualized.

Spleen

The **spleen** was mildly enlarged, uniform and folded upon itself caudally and cranially. This is a positional variant.

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.



PATIENT

Gastrointestinal

Dom Joy

The **stomach** was filled with progressively shadowing material that continued from the pylorus into the upper duodenum. Therefore, gastrotomy and duodenotomy are likely necessary. This is consistent with carpeting or similar material. There is a minor amount of stasis noted. The small intestine and colon were unremarkable.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastrointestinal foreign matter.

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

40 kg

Immediate exploratory gastrotomy is recommended. GI biopsies are warranted to rule out underlying disease.

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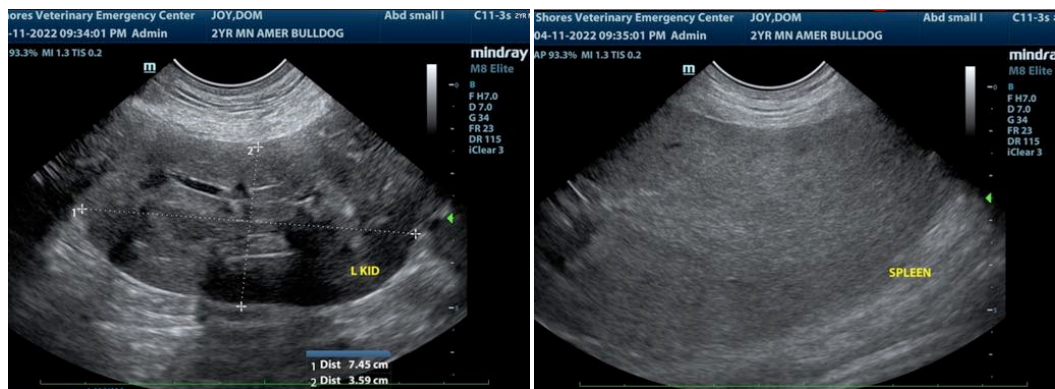
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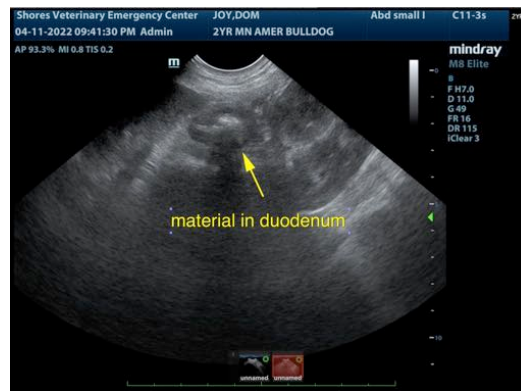
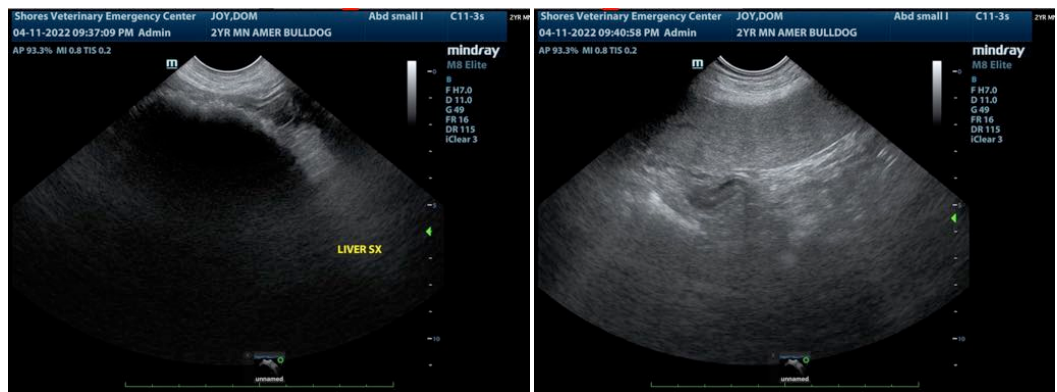
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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