



PATIENT PRESENTING CLINICAL SIGNS

Finley Raschko
Acute vomiting and diarrhea; chronically thin, P is regurgiting blood (more than blood tinged, less than frank blood)
Abnormal PE/Chem/CBC/UA Results: See attached - Increased PCV, WBC

SPECIES ULTRASONOGRAPHIC EXAMINATION

Canine

BREED

Pit Bull X

Multiple images of the heart were submitted. Subjectively subnormal regarding contractility. However, structurally unremarkable. Left atrial size was subnormal with subnormal LA/AO ratio. Contractility was consistent with likely underlying shock. IV fluid support warranted.

Multiple views of the liver revealed no evident pathology.

SEX

Neutered Male

In the cranial mediastinal area, in the region of the esophagus, a 7.0 cm, fairly uniform structure with a cavitated center was noted and appeared to be within the esophagus, as a large amount of stasis was noted prior to the structure. This may represent mass or foreign body. It would be accessible through endoscopy.

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

50 Pounds

Given the cardiac presentation, clinical evaluation for shock would be indicated. Given the hemoconcentration, dehydration may be a significant issue. Otherwise, direct thoracotomy would be indicated, or CT. However, given the patient history of blood tinged regurgitant fluid, esophageal perforation is a strong potential. The structure appears to be non-vascular and possibly tissue oriented. However, I would expect vascularity on power doppler assessment, which was not present, therefore a cavitated foreign structure is more likely.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Prognosis is very guarded. Intervention is urgent either through endoscopy to assess, or through thoracotomy to address from a surgical standpoint. Prognosis is extremely guarded. It is odd that the esophagus is dilated all the way to the gastroesophageal inlet. Further abdominal sonogram imaging the gastroesophageal inlet may be helpful, as a second foreign body or lesion could not be ruled out.

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

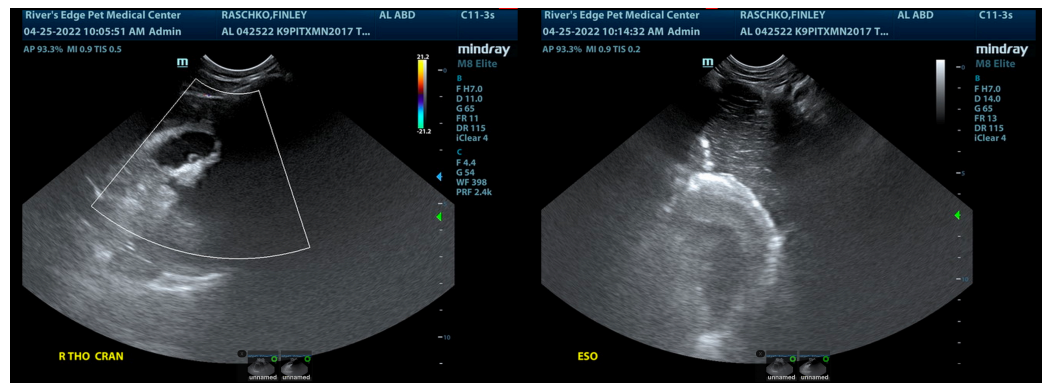
Dr. David Gray

INVOICE

37135

DATE

4/25/22





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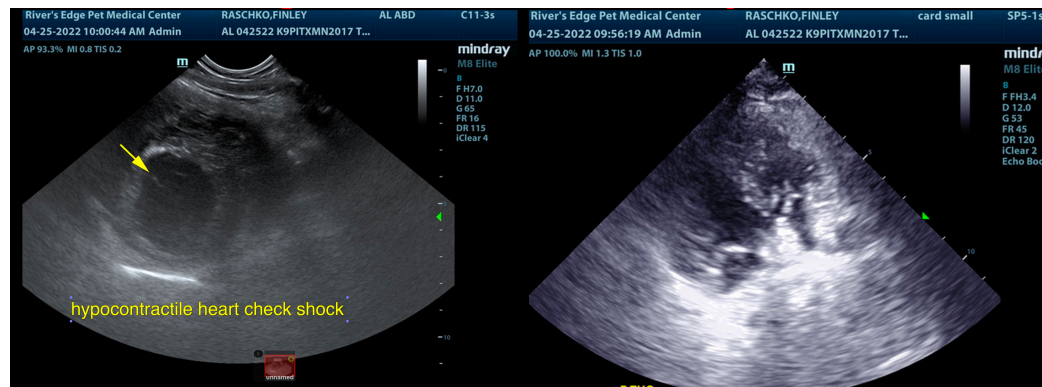
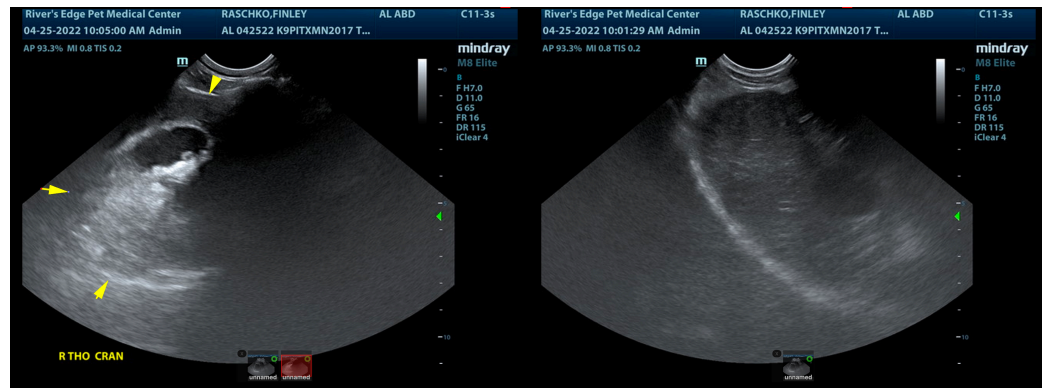
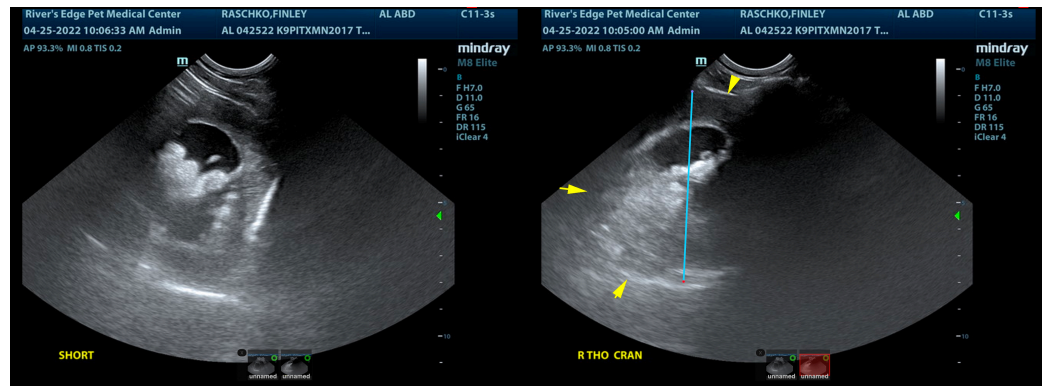
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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