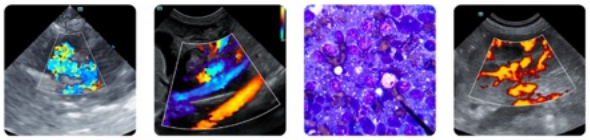


PATIENT

Scarlett Martin

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

9 years

WEIGHT

44.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

74927

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Drank toilet water with blue alkaline cleaner last week and vomited many times Wednesday, then was anorexic and lethargic. Pet Poison Helpline report was concerned for GI irritation or possible ulcerations. Examined Friday evening, dehydrated and tachycardic, bloodwork unremarkable, treated with IV fluids, cerenia, omeprazole, sucralfate and sent home. Still hyporexic and lethargic over weekend. Drinking a lot of water. No additional vomiting, but is swallowing and burping. Today, tachycardic with some suspicious dilated small intestinal loops on POCUS. Rads show bunched and possibly dilated intestines in ventral mid to caudal abdomen. Bloodwork unremarkable other than mild hyponatremia, hypochloremia, mildly elevated ALKP and stress leukogram. History of splenectomy in 2021, histopath showed benign changes. Chronic low normal to slightly low HCT since then. History of babesia and secondary IMHA in 2021, recovered with medical treatment.
Tachycardia HCT 36.4% WBC 18.64 Neu 15.56 Mono 1.28 Plt 697 Na 142 Cl 101 ALKP 239 FAST scan cardiac- no effusion USG 1.020 Proteinuria 100

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

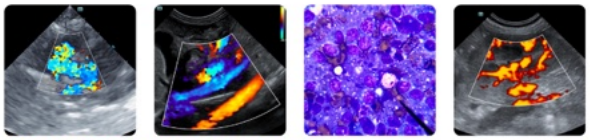
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.4 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.37 x 0.75 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 2.56 x 1.33 cm at the cranial pole and 1.15 cm at the caudal pole.

Spleen

The **spleen** was not visualized as it was previously removed.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was over distended with fluid. This is consistent with fluid consistent with gastric ileus. This is consistent with foreign bodies measuring up to 3.4 cm. The foreign body appeared to be localized in the pyloric outflow. Linear attachment was noted to the pyloric outflow with accordion pleating. Small intestinal dilation was noted and followed by empty small intestine. The colon was unremarkable.

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 linear foreign body obstruction with accordion pleating.

Bilateral adrenal enlargement, potential PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended with enterotomy and gastrotomy are essential in this patient. GI biopsies are warranted to rule out underlying disease. There were no overt neoplastic criteria present. However, underlying inflammatory bowel may be an issue.

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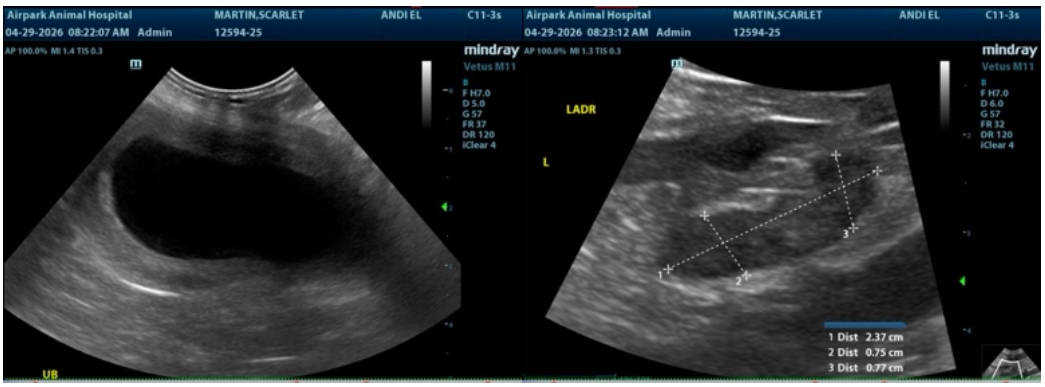

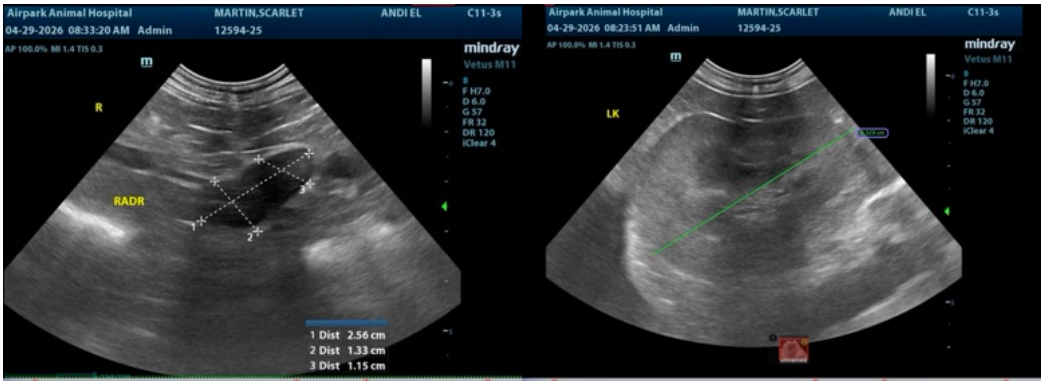

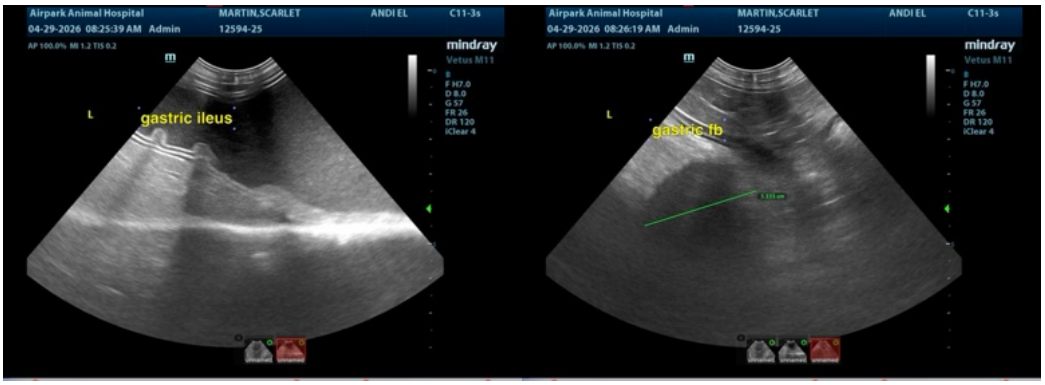

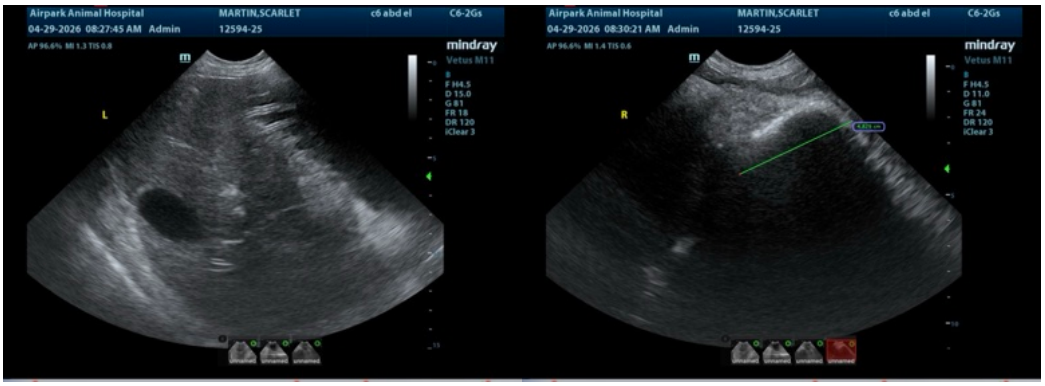

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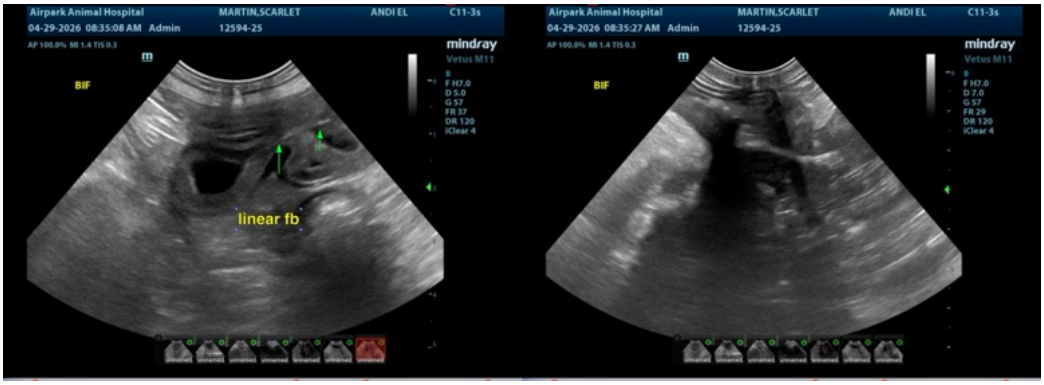

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com