



## DATE PRESENTING CLINICAL SIGNS

4/4/26

**Patient History:** 1.5 months worth of chronic intermittent GI signs (vomiting and diarrhea). Vomiting right now, lethargic at home, passed bowel movement yesterday and very small one today. On PE, HR 200, BP unable to be read. Gave 10mL/kg fluid bolus and brought up to 70, gave 5mL/kg bolus and normalized. Some scant FF noted in abdomen.

## PATIENT

Sullivan Leister

## SPECIES

Canine

## BREED

American Bully

## SEX

Neutered Male

## AGE

2/4/21

## WEIGHT

26.6 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## HOSPITAL NAME

VEG Pikesville

## REFERRING VET

Dr. Brough

## INVOICE

74210

**Current Medications:** Cerenia 1mg/kg IV, Ondansetron 0.5mg/kg IV, Methadone 0.37mg/kg IV.

**Labwork Results:** Labwork and Rad report submitted.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Requested.

**Imaging Performed by:** Andi Parkinson, BS, RDMS.

## 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 **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. Right kidney measured 6.5 cm. Left kidney measures 7.17 cm.

### 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. Right measures 2.93 cm x 0.93 cm at the cranial pole and 0.59 cm at the caudal pole. Left measures 2.64 cm x 0.64 cm at the cranial pole and 0.72 cm at the caudal pole.

### 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 upper **gastrointestinal tract** was overdistended with a significant amount of fluid accumulation in the stomach. The jejunum revealed a 6.9 cm shadowing foreign body with a minor amount of free fluid. Reactive mesentery noted upon portions of the small intestine.

### ***Pancreas***

The **pancreas** was prominent, hypoechoic, and mildly irregular.

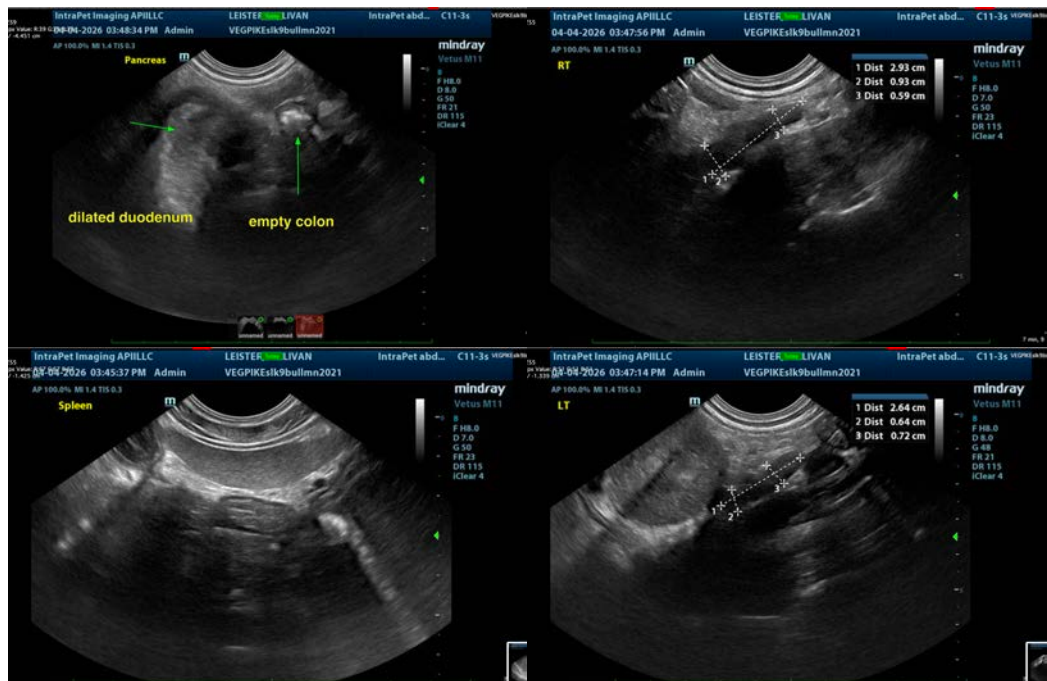
### **ULTRASONOGRAPHIC FINDINGS**

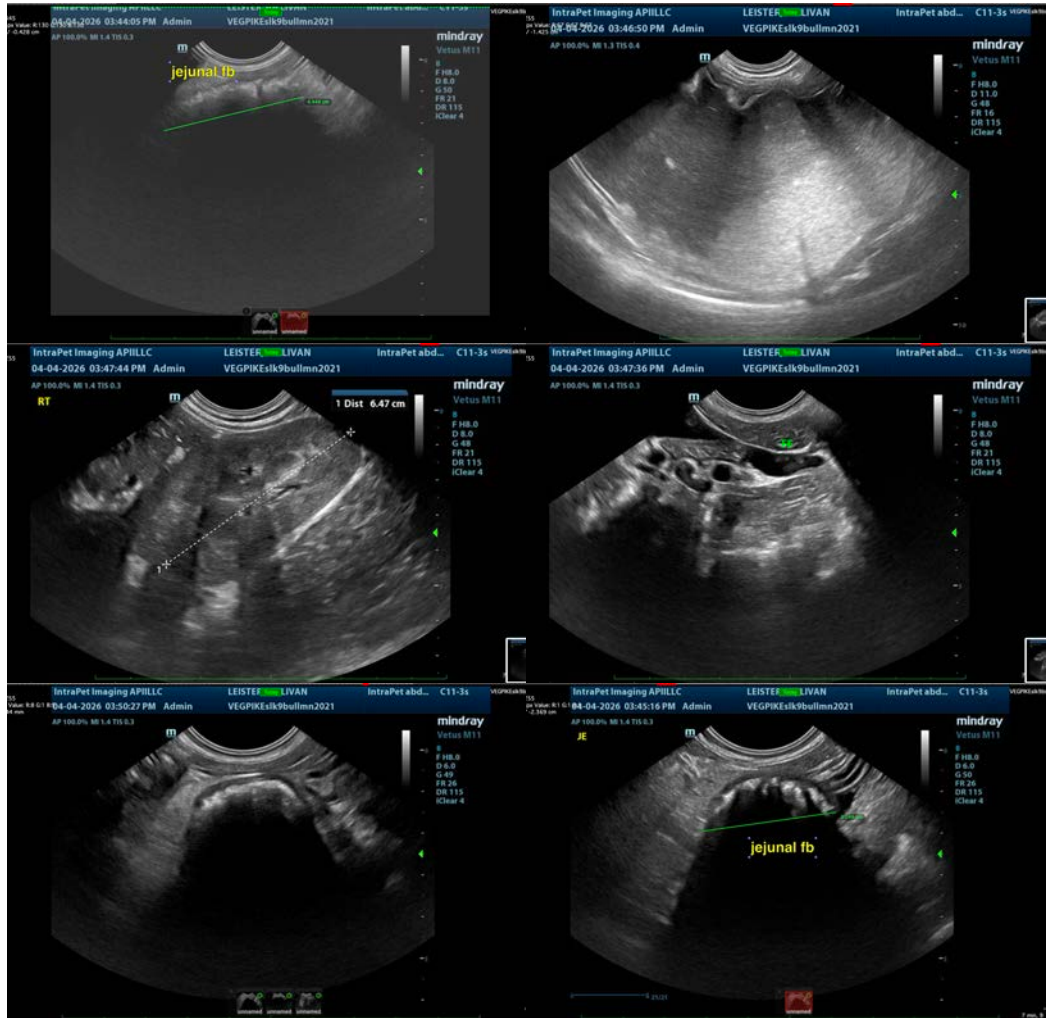
- Obstructive jejunal foreign body with slight free fluid and reactive mesentery.
- Prominent, hypoechoic, mildly irregular pancreas.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Enterotomy and intestinal biopsies warranted to rule out underlying disease.

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.





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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)