



PATIENT

Samson Wales

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

2 Years 8 Months

WEIGHT

37.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wymard

HOSPITAL NAME

Brookwood AC, LLC

REFERRING VET

Dr. Wymard

INVOICE

21859

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: P seen on 3-29-23 for vomiting, inappetence, and lethargy of about 2-3 days duration. CBC: Mild neutrophilia with left shift, mild monocytosis --> inflammatory leukogram Chem 17 + lytes: decreased amylase, hypokalemia (3mmol/L), hypochloremia (107mmol/L) --> suspect secondary to gastric vomiting/upper GI obstruction (Mechanical vs functional) Snap CPL: Negative/normal Ab rads: stomach - thickened wall with possible foreign material in stomach, region of intestine (C-shaped) that is abnormally distended and possible region of intestine adjacent to this with abnormal looking material in mid abdomen. P had FB sx. on 3-30-23. Several tampons removed w/ linear material from caudal duodenum. 2 enterotomy sites. Sx. Report: Enterotomy preformed in ileum: Doyen clamps placed. #15 blade used to make incision orad to foreign material. Removed piece of cotton material consistent with tampon with string attached. Able to milk a second piece of foreign material. Cut string as it was anchored and unable to extrude through site. Closed site with 3-0 monoweb using simple interrupted pattern. Leak tested with sterile saline. Section lavaged. Mesenteric rent was noted at site of Doyan retractors - apposed with simple interrupted suture using 3-0 monoweb. Second enterotomy site made in duodenum - able to extrude long segment of string and cotton material. Closed site with 3-0 monoweb in simple interrupted pattern. Leak tested with saline. Lavaged and returned to abdomen. Gloves changed and reran bowels with no further foreign material palpated. Intestinal segments evaluated with improved color, good pulses, poor peristalsis. The abdomen was lavaged using 1 L warm sterile saline and removed with suction. Omental patches draped over enterotomy sites. P was hospitalized the day after FB sx. Not super interested in food but stable. After that, P did great at home. Then, yesterday (4-4-23) evening P seemed uncomfortable. HR was elevated and P had "abnormal" shallow breathing per O which has since resolved. Lethargic. P is still E/D/U/D normally. Tried to bite O yesterday. On PE today, P is moderate to markedly painful in abdomen (along entire length of abdomen). Incision looks great. No fever.

Abnormal PE/Chem/CBC/UA Results: Painful abdomen. BW not performed yet today.

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. The left kidney measured 6.2 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The **left adrenal gland** was 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. The right adrenal gland measured 0.6 cm.

The **right adrenal gland** was not visualized.



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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** revealed slight coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable. Trace amounts of free fluid were noted between the liver lobes and spleen.

Gastrointestinal

The **stomach** was overdistended with fluid. The small intestine and colon revealed variable thickening with reactive surrounding mesentery. Distal small intestine revealed a mural abscess, measuring approximately 5.0 cm with reactive surrounding fat. A multifocal echogenic foci was noted, suggestive for gas. Undulating small intestine was noted, suggests accordion pleating, however, I cannot rule out a thread or similar foreign body.

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.

Free Abdomen

Trace amounts of **free fluid** were noted between the liver lobes and spleen.

ULTRASONOGRAPHIC FINDINGS

- Obstructive small intestinal pattern with jejunal abscess and peritonitis
- Slight coarse architecture and minor increased portal markings in the liver, trace free fluid between the liver lobes and spleen
- Stomach overdistended with fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated. GI biopsies are warranted to rule out chronic underlying disease.



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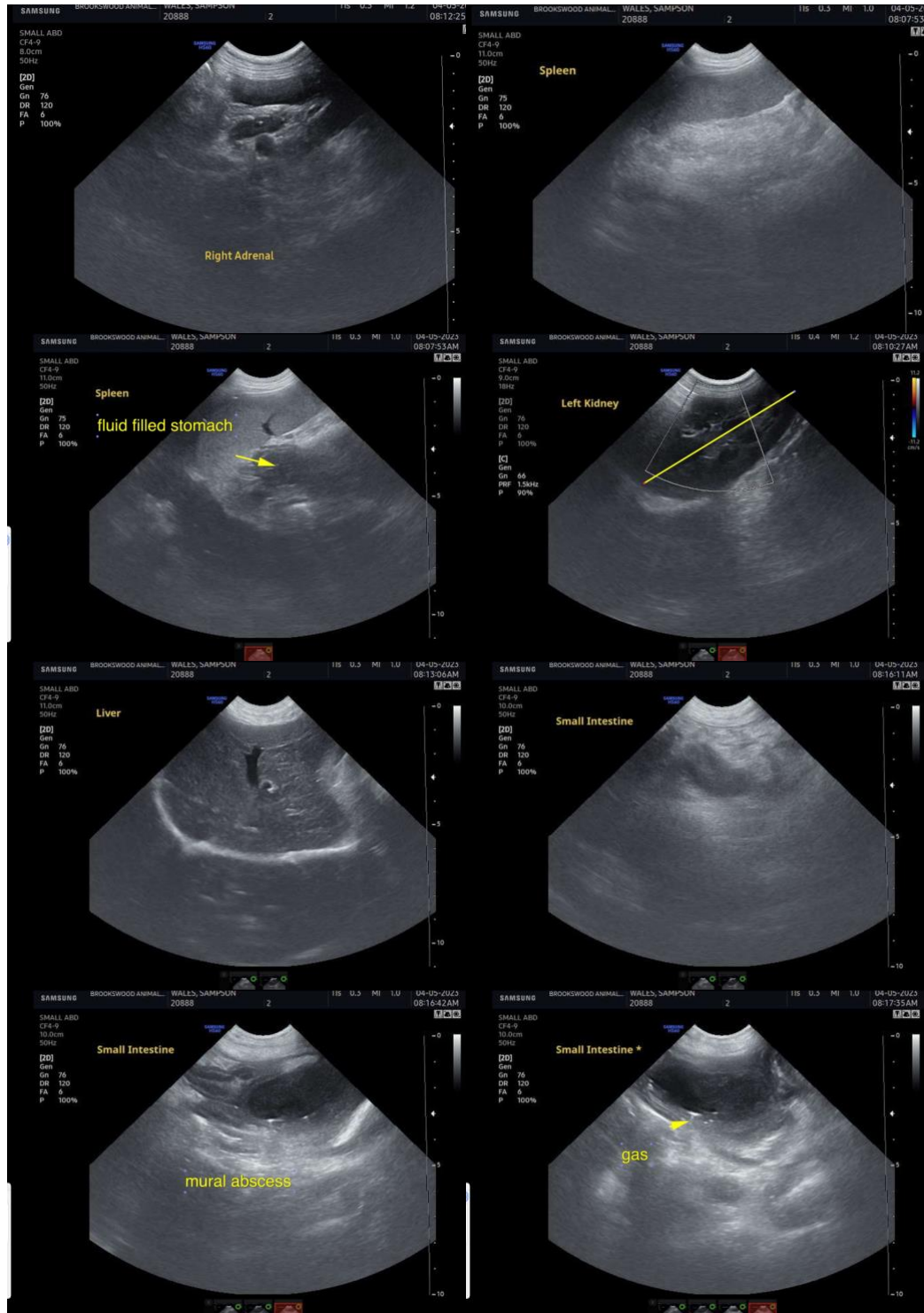
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com