**PATIENT**

Sadie Riedesel

**SPECIES**

Canine

**BREED**

Mountain Cur

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Doerscher

**INVOICE**

36748

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

1 yr ago AUS DX Hepatopathy w/liver cyst 2 weeks ago @ Wellness visit BW showed elev liver values but P was WNL otherwise. P presented Monday for V, not eating, known ingestion of leather glove, bird from outdoors, and part of a plastic bucket. Rads done, showed radioopaque small objects (should be passable) but no evidence of obstruction. Did SQF, Cerenia, bland diet. P presented today w/o much improvement, still not eating but no V. Rads generally unchanged from Monday. Have not repeated BW from 2 weeks ago.

Abnormal PE/Chem/CBC/UA Results: 3/26/22 CBC unremarkable, ALT 315, ALP 2574, Chol 349, T4 WNL, 4dx HWT negative Soft abdomen w/o obvious mass effect, some discomfort w/abd palpation. Although P has only lost 0.5 lbs, P appears thinner to original DVM as well as O (ribs more prominent).

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 right kidney measured 7.77 cm. The left kidney measured 7.0 cm.

**Adrenal Glands**

The **right adrenal gland** revealed a hyperechoic adenomatous type nodule measuring 1.0 cm at the cranial pole. Caudal pole measured 0.5 cm. The **left adrenal gland** revealed a slightly heterogeneous nodular change, not pathological. The left adrenal measured 2.0 cm x 0.5 cm.

**Spleen**

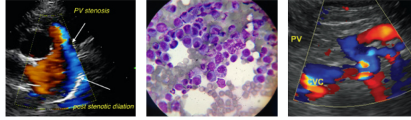
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hyperechoic lipogranulomatous change was noted. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The left medial **liver** revealed a cystic liver mass measuring 3.0 cm. This may be benign. Parenchymal nodular changes noted elsewhere in the liver. The cystic duct and neck of the gallbladder revealed a polypoid change measuring approximately 2.0 cm. This may be related to the cystic mass.

**Gastrointestinal**

The **stomach** revealed a shadowing foreign body obstructing the pylorus, measuring approximately 3-4 cm. The foreign body was present in multiple views. The gastric foreign matter appears to have a separate linear structure as well with gastric stasis. The linear attachment continued into the duodenum and small intestine. Intestinal stasis noted with obstructive pattern in the distal small intestine as well. Accordion pleating noted in the small intestine as well. Reactive mesentery noted associated with the small intestine, consistent with emerging peritonitis.

**PATIENT**

Sadie Riedesel

**SPECIES**

Canine

**BREED**

Mountain Cur

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Doerscher

**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.

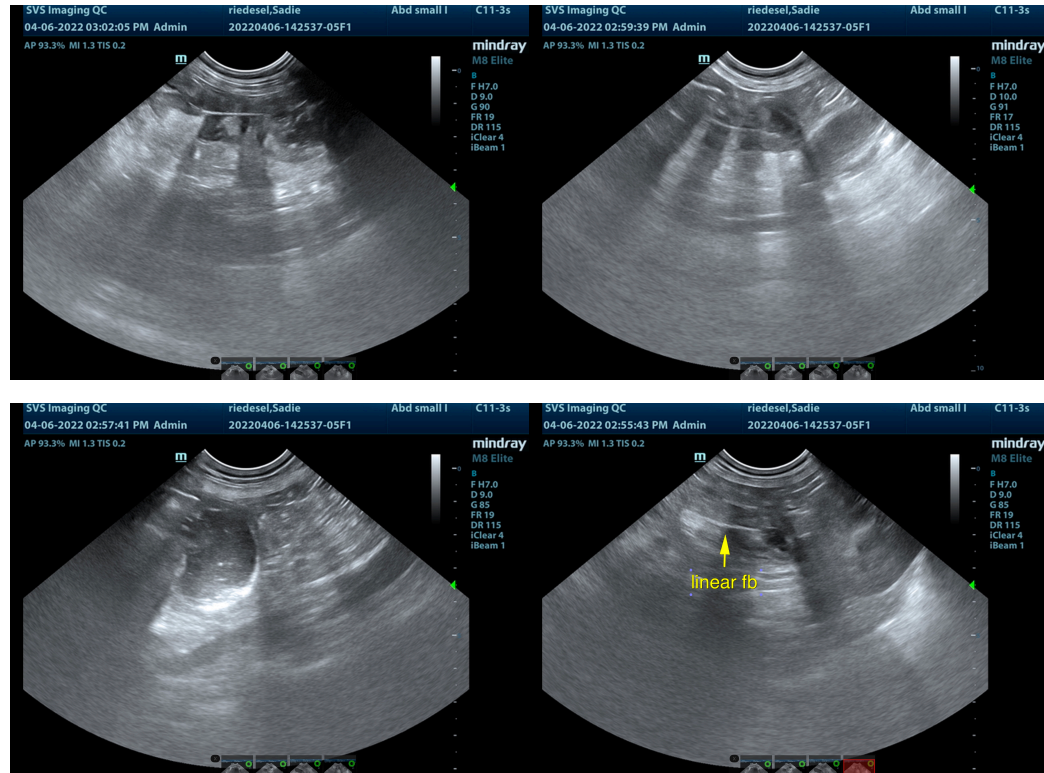
**ULTRASONOGRAPHIC FINDINGS**

- Gastric foreign matter with cystic liver mass, may be benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend exploratory surgery with expectation towards gastroenterotomy. Liver inspection and biopsies recommended, especially with the parenchymal nodules, cystic mass and gallbladder polyp, which may all be related. GI biopsies warranted to rule out underlying disease.

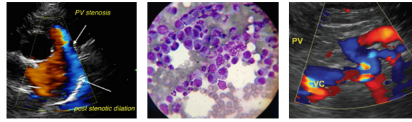
According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

**INVOICE**

36748

**DATE**

4/6/22



**PATIENT**

Sadie Riedesel

**SPECIES**

Canine

**BREED**

Mountain Cur

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IUUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

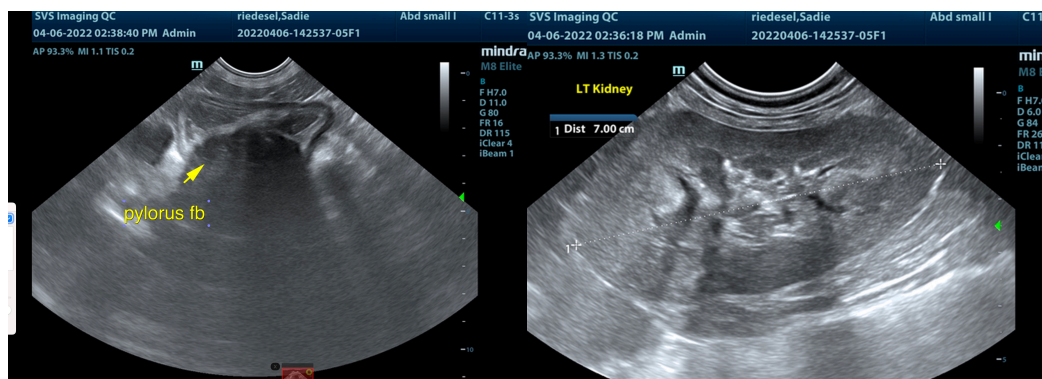
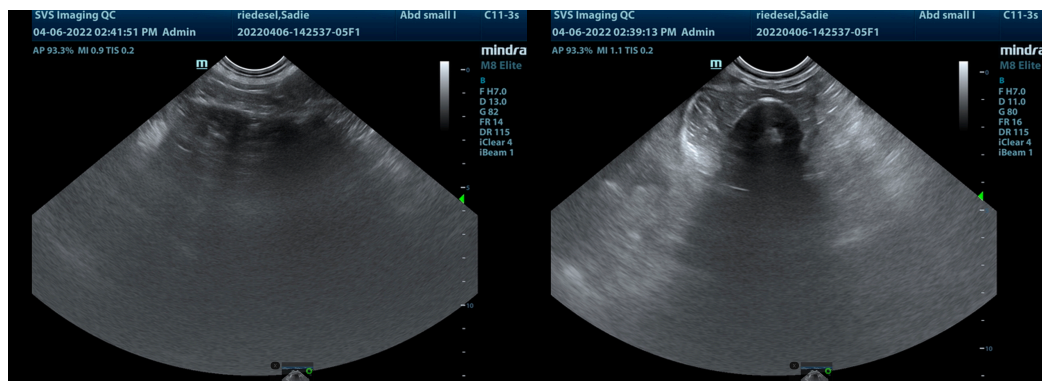
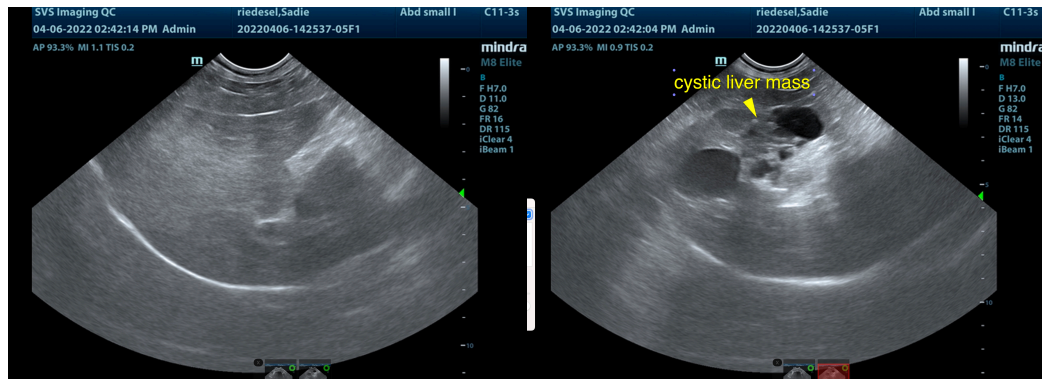
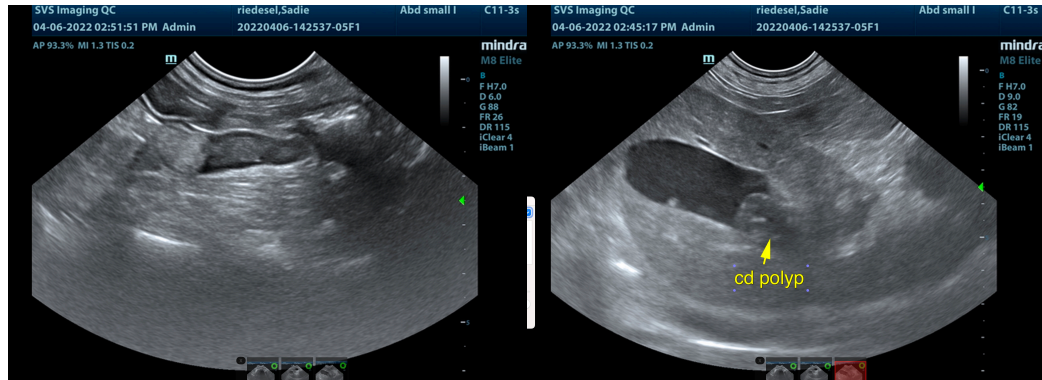
Dr. Doerscher

**INVOICE**

36748

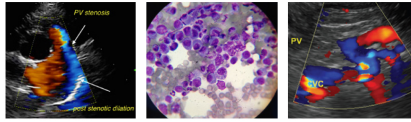
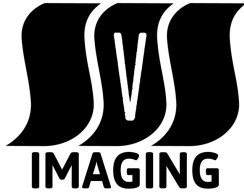
**DATE**

4/6/22



IMAGING PERFORMED BY

svsimaging.net 309-737-3070



**SonoPath**

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

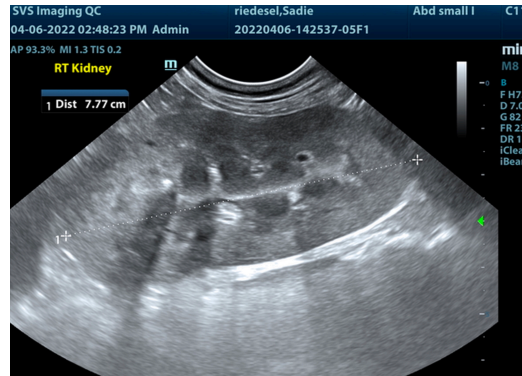
Sadie Riedesel

**SPECIES**

Canine

**BREED**

Mountain Cur



**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Doerscher

**INVOICE**

36748

**DATE**

4/6/22

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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)