



**PATIENT PRESENTING CLINICAL SIGNS**

**Toby Xu** History: P presents for 2 day duration of vomiting and lethargy and inappetence. Having bloody diarrhea in clinic and green-yellow discharge from nose (possible regurg?) P seen 3 months ago for coughing and diagnosed with aspiration pneumonia and collapsing trachea, has been on prednisone q48h but hasn't taken in the last few days.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: WBC 33.04 K/ul, Neutrophils 27.8 k/ul with bands suspected, monocytosis 2.53 k/ul, eos 0.03 k/ul Creat 2.6 mg/dl, BUN 62 mg/dL, Phosphorus 13.8 mg/dL, K+ 3.1 mmol/L, Cl 107 mmol/L, ALT 145 U/L, ALP 1,895 U/L, GGT 13 U/L (Elevation in 12/2021 BUN 41, ALT 170, ALP 438)

**Canine**

**BREED**

**Dachshund ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered male

**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 was noted. Ureteral papillae were normal.

**AGE**

11 years

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 4.0 cm. The right kidney measured 4.0 cm.

**WEIGHT**

13.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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. The left and right adrenal gland measured 0.5 cm.

**IMAGING PERFORMED BY**

Dr. Fowler

**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 was noted.

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Fowler

**INVOICE**

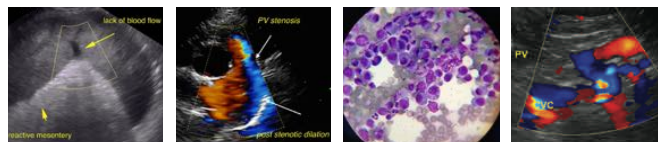
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**Liver**

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

**DATE**

4/9/22



**PATIENT** lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Toby Xu

**SPECIES** *Gastrointestinal*

Canine

The **gastrointestinal tract** revealed a pyloric foreign matter that was obstructive with a large amount of chyme connected to the small intestine. A linear foreign body and accordion pleating was noted. The foreign body appeared to be anchored in the jejunum. Reactive mesentery was noted.

**BREED**

Dachshund

*Pancreas*

**SEX**

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.

Neutered male

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Gastrointestinal foreign body with linear attachment and accordion pleating.

Reactive mesentery.

**WEIGHT**

13.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate exploratory surgery is warranted with gastrotomy and enterotomy. GI biopsies are indicated.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

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**PATIENT**

Toby Xu

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

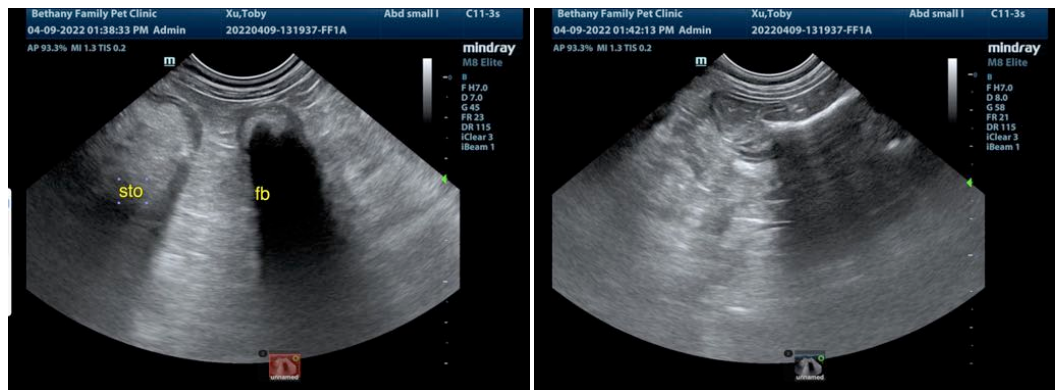
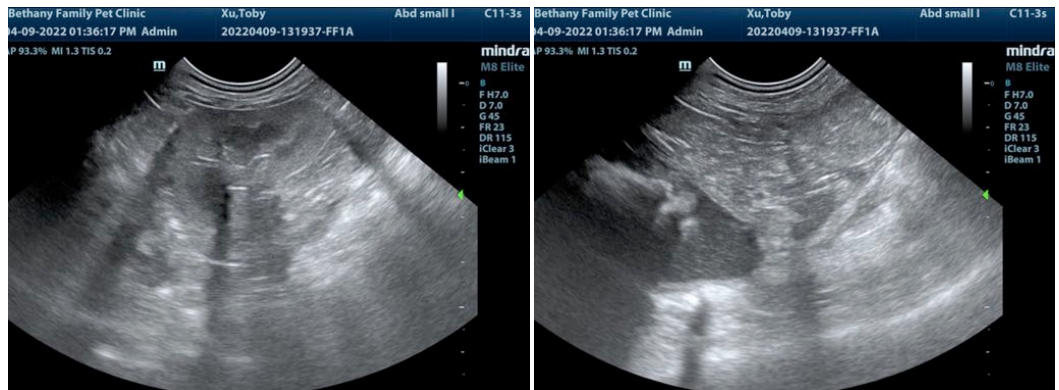
Neutered male

**AGE**

11 years

**WEIGHT**

13.2 lbs



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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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