

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Initially presented to AEH 5/9 as a referral for vomiting. BW, X-rays and abdominal US performed at rDVM prior to arrival.

PATIENT

Cosmo Hemphill

SPECIES

Canine

BREED

Mixed Breed

SEX

Intact Female

AGE

8/7/20

WEIGHT

51.2 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. Roper

INVOICE

15175

BW: NSF. **ULTRASONOGRAPHIC FINDINGS:** Gastrointestinal Examination of the gastrointestinal tract revealed a definitive linear structure in the gastric lumen with a separate linear structure in the duodenum. The linear structures are nonobstructive however are likely irritative as the irregular mucosal changes and regional inflammatory pattern noted around the stomach extending to the pancreas. A needle or similar material is likely. • A 4 cm linear gastric structure with a separate small intestinal linear structure • Regional inflammation/gastritis Treated AEH - large amount of diarrhea. Eating well and was discharged. Discharged prior to final US results. Discharged Tuesday night - initially eating but somewhat lethargic. Then this morning did eat chicken and rice (shredded rotisserie chicken) Having loose stool stool throughout the day. Then this evening - vomited and now straining to defecate. Has been known to get into bathroom trash - tampons. Also last week chewed plastic peanut butter jar.

Current Medications: Ampicillin, Protonix, Buprenorphine.
 Date of Previous IntraPet Ultrasound: 5/9/22. See attached.
 Sedation: IV DexDom.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, 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. The left kidney measured 6.5 cm. The right kidney measured 5.6 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. The left adrenal gland measured 2.72 cm x 0.56 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.5 cm x 0.67 cm at the caudal pole and 0.57 cm at the cranial 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 **stomach** was empty. The prior linear structure is no longer present. Gastric wall has largely resolved. The gastric wall presented areas of hypertrophy. No loss of mural detail. Pericapsular inflammation noted on the prior sonogram is no longer present.

Pancreas

Minor heterogeneous hypoechoic **pancreatic** changes noted.

Free Abdomen

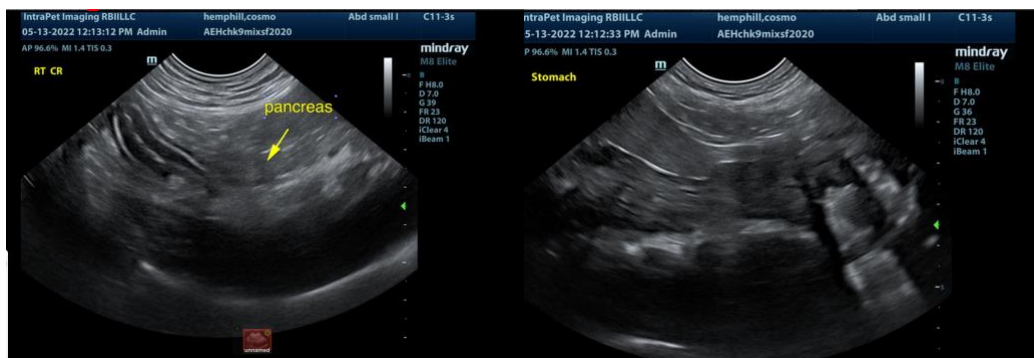
A mesenteric **lymph node** (3.1 cm x 0.67 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

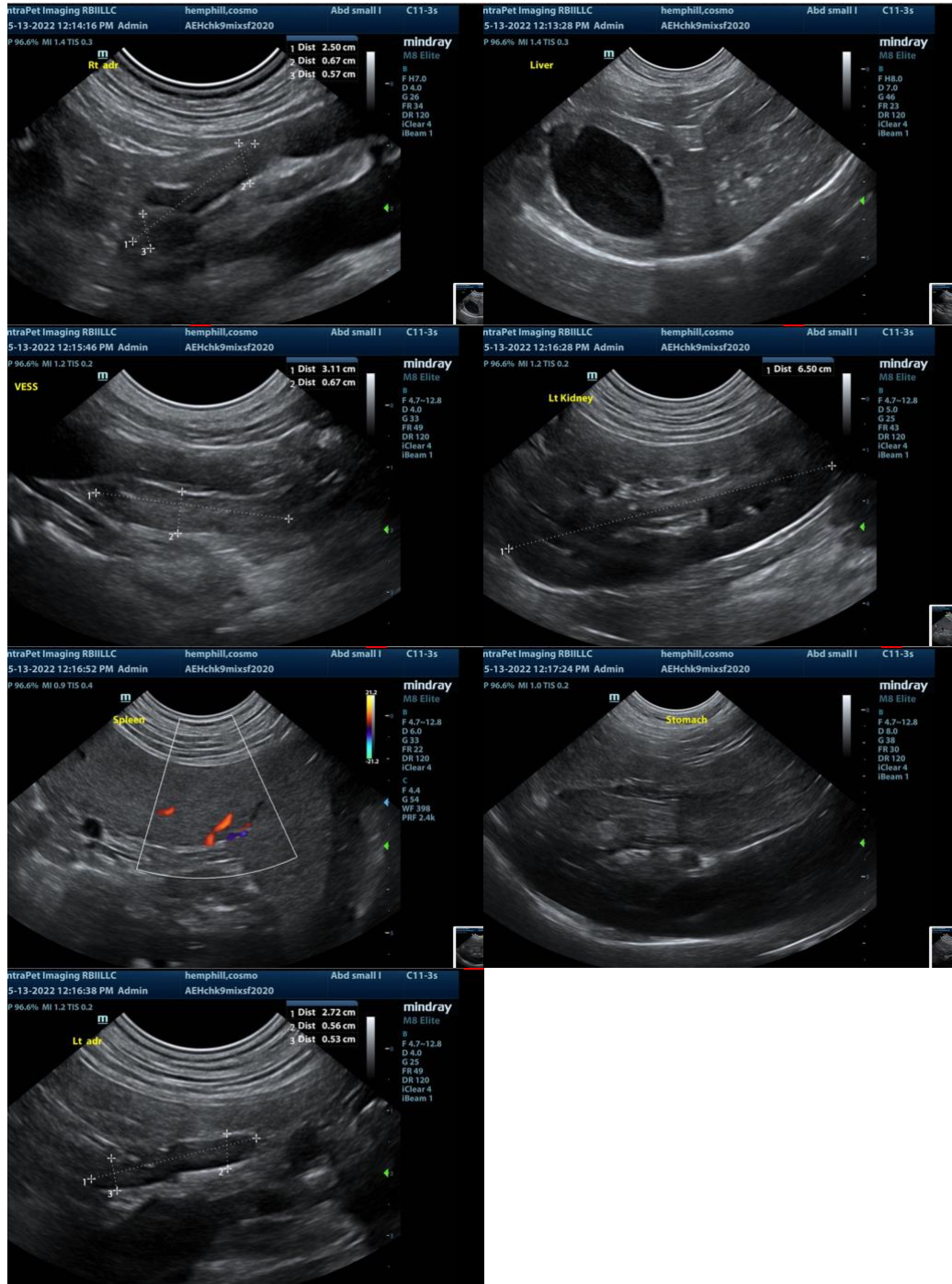
ULTRASONOGRAPHIC FINDINGS

- Minor residual gastritis
- Possible low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No further foreign body presence. The linear material likely vomited or passed distally. Continual GI protectant protocol warranted, however, if any clinical signs are persistent.





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.

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