**DATE**

5/17/22

**PATIENT**

Piggy Adelong

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

1/1/12

**WEIGHT**

8.1 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

37687

**PRESENTING CLINICAL SIGNS**

Was seen at regular vet last week for failure to thrive, vomiting, loose stool and not eating. She was placed on medications and the results came back mostly normal. Today. She stopped eating and drinking again and is shaking or possibly shivering. Walking very slow and won't use the bathroom Diet: Prescription Hills Diet For Kidney And Urinate Tract ATO- PC: - Wed: Loose stool, shaking, vomiting, not eating - Thurs: rDVM: UA, cbc/chem/lytes- elevated WBC (CPL not performed), given convenia, cerenia injection, sq fluids Sent home with cerenia, gabapentin, ID low fat diet (Os didnt give diet) - Did well for a few days - Declined - Soft stool sunday - Monday- today saw rapid decline- shaking, lethargic, not eating - No vomiting since thursday- on cerenia No hx of people food, no DI, no toxicity Walks on leash to use bathroom and puppy pads no changes in diet Feeds urinary diet + boiled chicken + little bit of pupperonis (Os know these are not the best for her but she loves it) Medical Hx: - Adopted, possible allergy to grain- had been on grain free diet - Last july- GI issue- saw AEH- Vomiting, defecating, not eating- started on GI diet- improved - Dental in past - Hx of urinary accidents, took urine, ph elevated, crystals, culture negative- put on urinary diet Current diet: - Urinary diet - due to crystals - Os want to switch back to GI diet hx of GI issues- did well on this.

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 4.37 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 1.75 cm x 0.59 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 1.77 cm x 0.63 cm at the caudal pole and 0.80 cm at the cranial pole.

**Spleen**

The **spleen** was folded upon itself caudally. Slight free fluid noted adjacent to the spleen.

**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

Examination of the **gastrointestinal tract** revealed linear foreign body measuring approximately 1.6 cm, such as a meat skewer or similar with regional hypoechoic, ill-defined intestinal wall. Regional inflammation noted. Other smaller linear foreign bodies also present. The remainder of the small intestine revealed slight areas of muscularis hypertrophy. Some gastric stasis was present. Slight free fluid noted in the region of the intestinal 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.

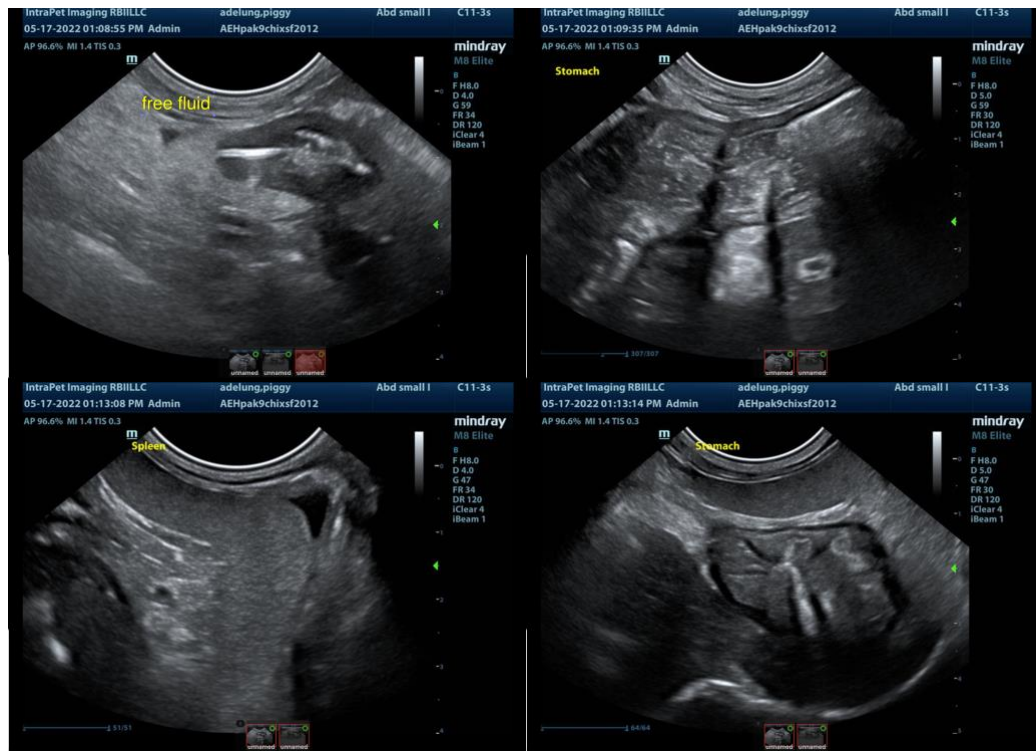
### ULTRASONOGRAPHIC FINDINGS

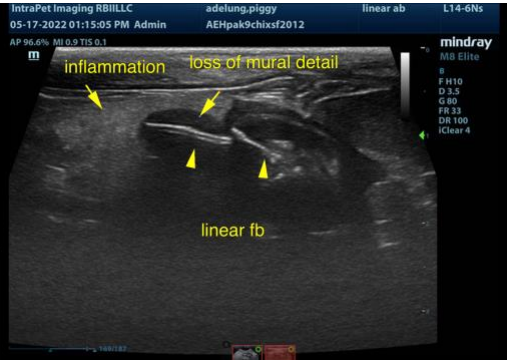
- Linear intestinal foreign body with early penetration and regional peritonitis

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possibly underlying intestinal neoplasia. However, likely chronic inflammatory bowel with concurrent foreign body. Immediate exploratory surgery recommended with resection and anastomosis. Abdominal lavage recommended. Histopathology of the affected portion of intestine strongly recommended.

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, Cert. IVUSS, CEO of SonoPath.com**  
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