



PATIENT

Remington Rogers

SPECIES

Canine

BREED

Chihuahua Smooth Coat

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

37672

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Dog presented ADR and not eating. Did vomit for a day or two, but not since then. Back pain noted in thoraco lumbar area. Panel/ CBC essentially WNL. Cranial abdominal pain. Ultrasound done to rule out GI disease is possible

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 right kidney measured 3.78 cm. The left kidney measured 3.7 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 right adrenal gland measured 1.54 cm x 1.0 cm at the cranial pole and 0.50 cm at the caudal 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 overdistended with luminal fluid. The pylorus was thickened. A linear foreign body was noted from the pylorus into the small intestine. Regional irregular intestinal contour noted. The linear foreign body traversed the entire stomach. The distal small intestine revealed shadowing material, likely the anchor.

Pancreas

The **pancreas** was hypoechoic and irregular in the left limb with enhanced surrounding mesentery, suggestive for pancreatitis.



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ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal linear foreign body with concurrent enteritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The area where the linear foreign body was anchored could not be completely ascertained. Sedation and examination of the base of the tongue recommended. Immediate exploratory surgery warranted. This is consistent with fishing line or similar.

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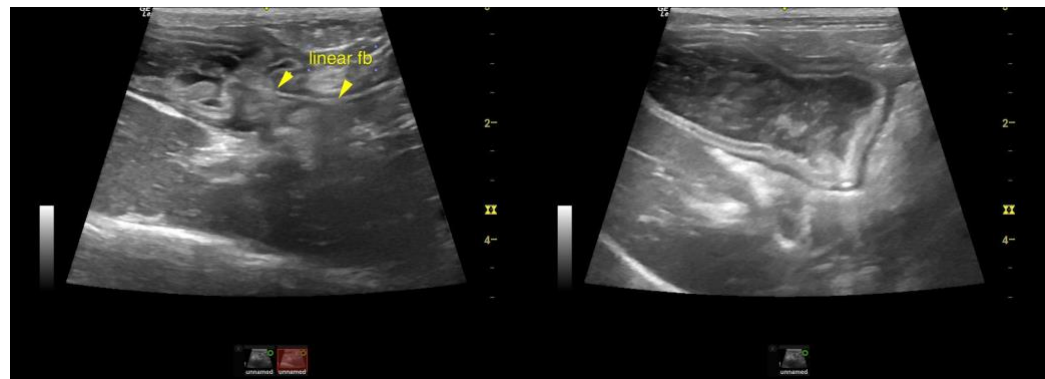
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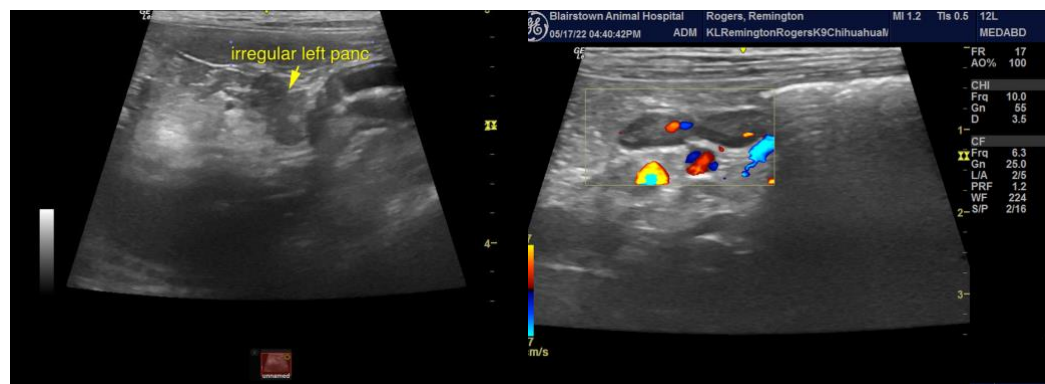
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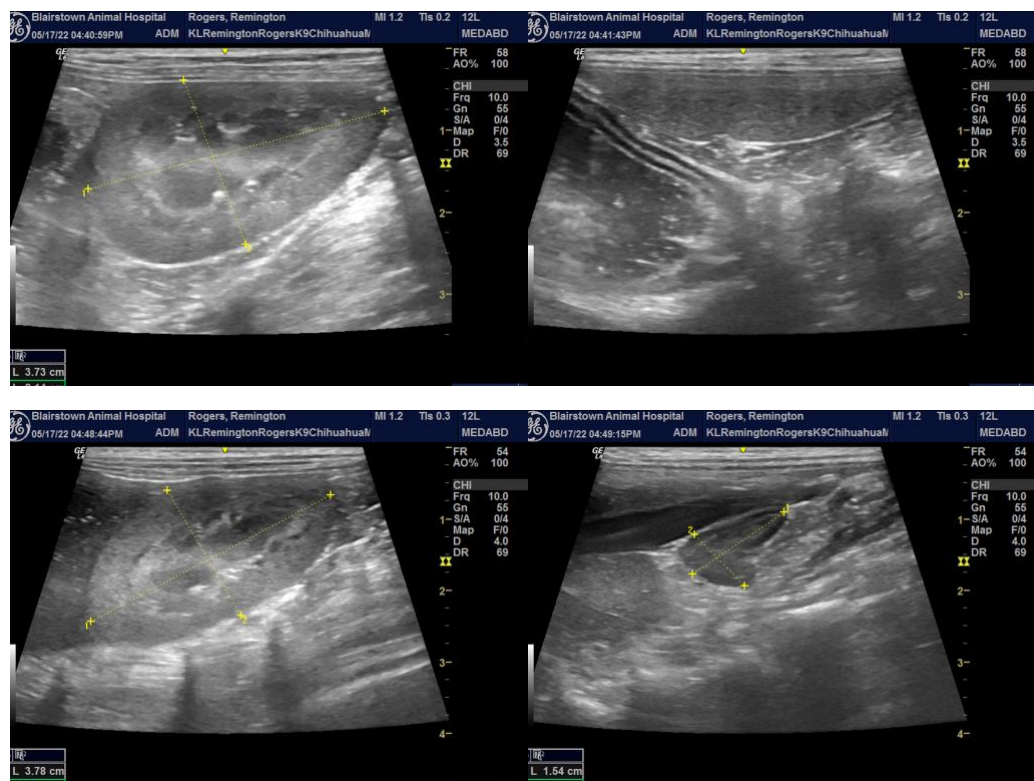
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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