


DATE PRESENTING CLINICAL SIGNS

5/17/26

PATIENT

Willie Kinger

SPECIES

Canine

BREED

Great Pyrenees x

SEX

Neutered Male

AGE

8/6/25

WEIGHT

26 kg

INTERPRETED BY
Eric Lindquist, DMV,
DABVP, Cert. IVUSS
HOSPITAL NAME
Mason Dixon Animal
Emergency
REFERRING VET

Dr. Longbottom

INVOICE

75211

Patient History: Owner reports Willie swallowed a ~6-inch wooden skewer from a Chinese restaurant in one bite on Tuesday evening. Since then he has been passing normal stools without hematochezia, had intermittent lethargy, has been eating grass, and had malodorous flatus last night. He coughed up a small amount of liquid on Friday morning and vomited grass this morning. Urination is normal with good water intake. Owner notes possible chicken sensitivity.

V/D: Vomiting/regurgitation began Friday morning as a small liquid regurgitation episode; vomited grass and gastric contents this morning. No diarrhea reported. Stools generally normal with one episode of suspected constipation yesterday followed by normal defecation, normal stool again this morning. No blood noted in either vomit or stool.

Current Medications: IVF, Maropitant and Pantoprazole.

Labwork Results: Labwork submitted and attached. BW essentially normal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic.

Stat Report: Requested.

Imaging Performed by: Andi Parkinson, BS, 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 right kidney measured 7.52 cm. The left kidney measured 7.27 cm.

Adrenal Glands

The adrenal glands were normal in length. Width was slightly subnormal for this breed. The left adrenal gland measured 3.27 cm x 0.35 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 2.44 cm x 0.45 cm at the caudal pole and 0.56 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 **pyloric outflow** revealed a 4.0 cm hyperechoic, partially shadowing structure penetrating the pyloric wall. No stasis noted. Regional inflammation noted around the gastric wall, obscuring some visibility of the stomach itself. The small intestine and colon were unremarkable.

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.

Free Abdomen

Juvenile mesenteric lymph nodes noted, example measured 3.02 cm x 0.86 cm.

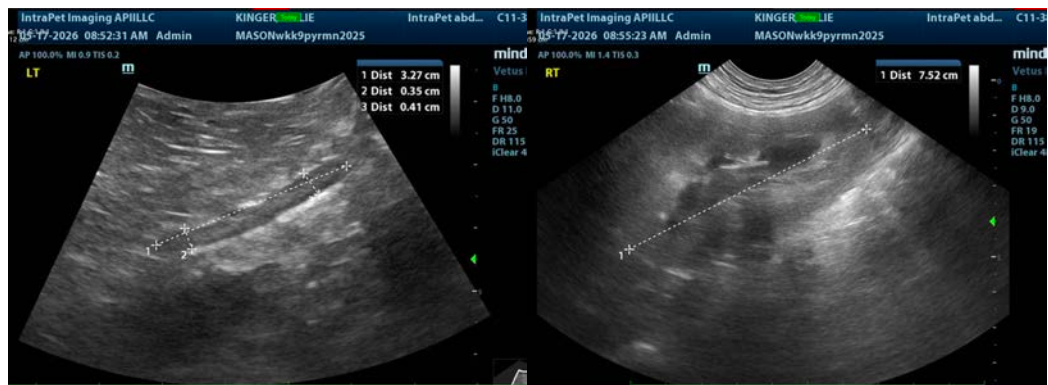
ULTRASONOGRAPHIC FINDINGS

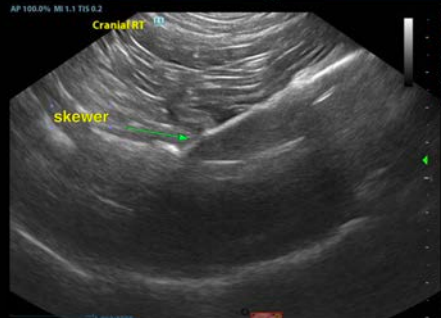
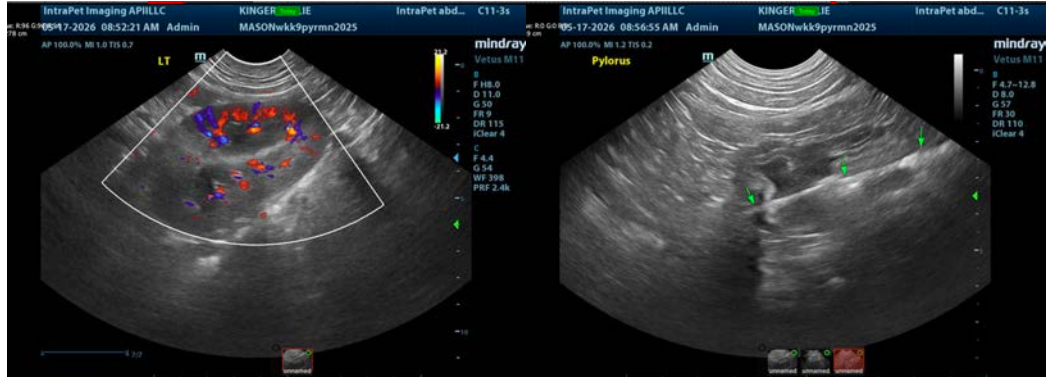
- Minor gastric wall thickening with a hyperechoic 4.0 cm shadowing linear structure consistent with wood consistency and regional inflammation.
- Slightly subnormal adrenal size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention recommended. Endoscopy could be considered; however it may be difficult to extract the structure given that it appears to be embedded in the wall entering into the pylorus and duodenum.

I cannot rule out underlying Addison's, but this is not the immediate issue. Baseline cortisol would be ideal prior to surgical intervention to ensure no surgical complications with anesthesia, just in case the patient is an occult Addisonian.





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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