

**PATIENT**

Dani Marcotte 270712

**SPECIES**

Canine

**BREED**

Shar Pei X

**SEX**

Spayed Female

**AGE**

7 Months

**WEIGHT**

20.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Mallo

**INVOICE**

38040

**DATE**

5/27/22

**PRESENTING CLINICAL SIGNS**

Dani originally presented to WVRC Racine on 05/26/2022. She had been vomiting ~24 hours. She was slow to eat (unusual for her). In some of the vomit, there were strings from a rope toy. Did have some diarrhea. Owners had recently changed food. Dani had ABXR performed 05/26/2022 that were concerning for GI FB. She was hospitalized ~12 hours and recheck rads 05/27/2022 still a bit concerning.

**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 6.5 cm. The left kidney measured 5.74 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 0.59 cm at the caudal pole and 0.33 cm at the cranial pole. The left adrenal gland measured 0.34 cm at the cranial pole and 0.33 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.

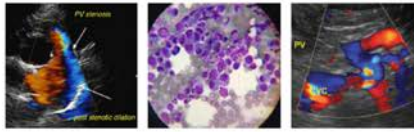
**Liver**

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**

Upper **gastrointestinal** stasis noted. The duodenum revealed shadowing 4.0 cm of luminal materials. Upper gastrointestinal obstructive pattern was followed by empty small intestine. Separate jejunal foreign body noted, measuring 3.5 cm. Reactive mesenteric lymph nodes noted, measuring 2.35 cm x 1.08 cm.

**Pancreas**



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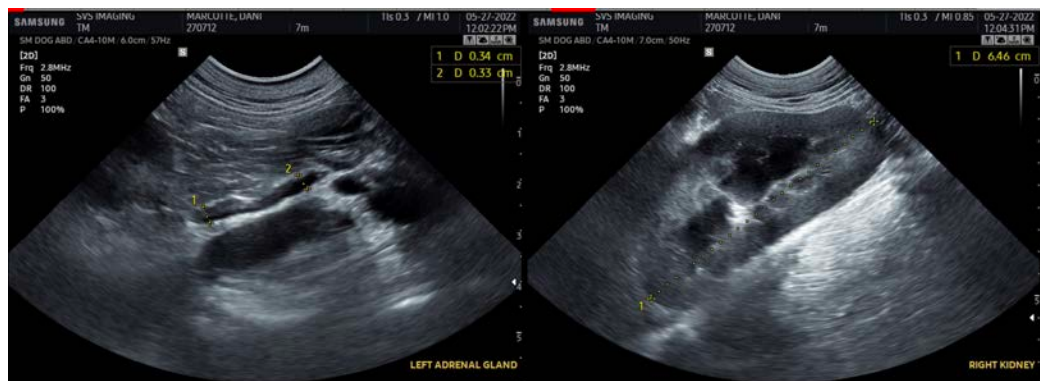
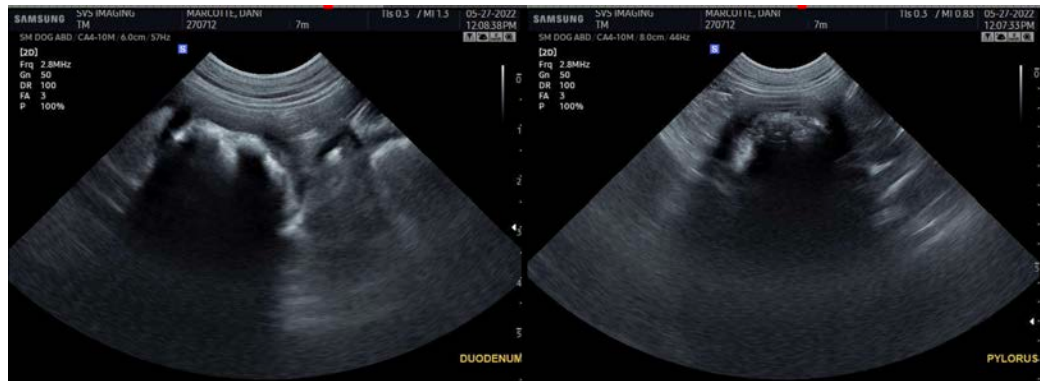
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Gastrointestinal obstructive foreign bodies in the stomach, duodenum and jejunum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery recommended. GI biopsies warranted to rule out underlying disease. Linear attachment appeared to be present and anchored in the pylorus.



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SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



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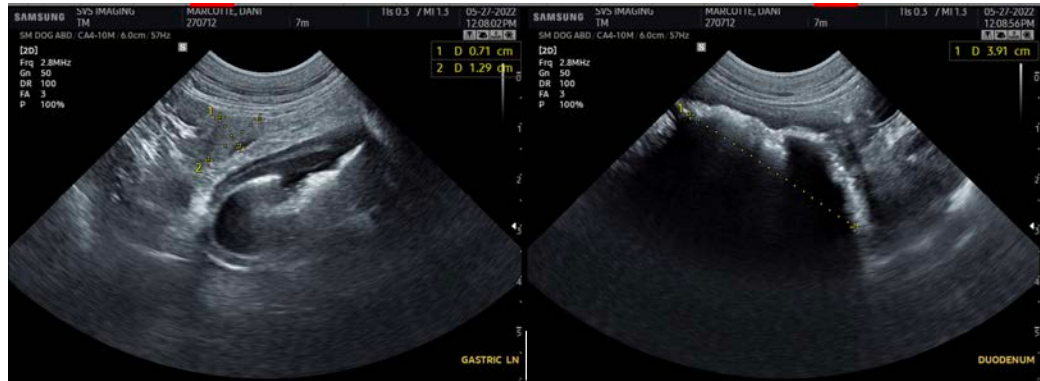
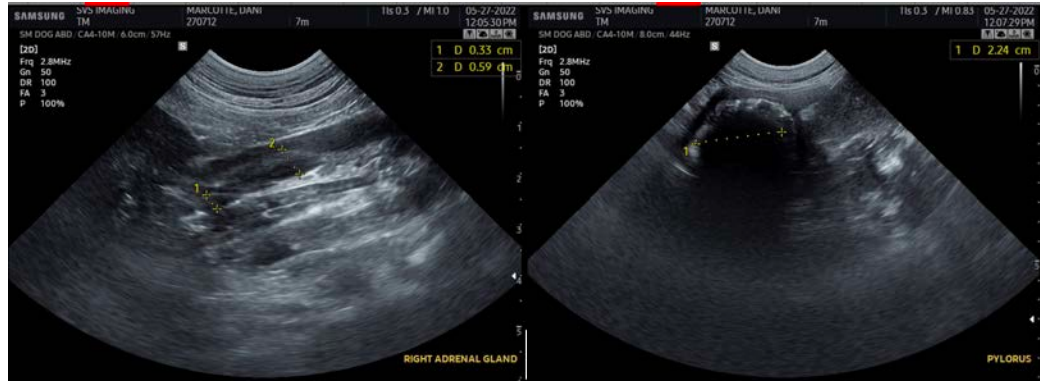
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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