



PATIENT

Millie Webb

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Spayed female

AGE

4 years

WEIGHT

24.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

**IMAGING
PERFORMED BY**

Kacie Edwards

HOSPITAL NAME

Boren Veterinary
Medical Teaching
Hospital

REFERRING VET

Dr. Pillai

INVOICE

44164

DATE

5/4/23

PRESENTING CLINICAL SIGNS

History: PERTINENT CLINICAL HISTORY: Inappetence, lethargy, abdominal pain suspect FB based on radiographs and f.a.s.t. scan, LEADING DIFFERENTIAL/DIAGNOSIS: Suspect FB

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 6.21 cm and the left kidney measured 6.01 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 2.45 x 0.43 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 2.08 x 0.5 cm at the cranial pole and 0.51 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 was 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.



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Gastrointestinal

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Soft shadowing material was noted in the pyloric outflow in this patient. There is a string type density continuing into the duodenum and appeared to be anchored in the jejunum with tortuous, irregular contour. A trace amount of chyme or grass was noted in the pyloric outflow. Minor reactive mesentery was noted around the intestine. This is consistent with emerging peritonitis. The regional lymph nodes were slightly enlarged.

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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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Linear foreign body pattern pylorus to jejunum with tortuous contour.

4 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

I recommend immediate exploratory surgery with expectations towards gastrotomy and enterotomy. The tortuous contour of the jejunum is definitive for linear foreign body tethering. GI biopsies are warranted at the time of surgery.

24.6 kg

INTERPRETED BY

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.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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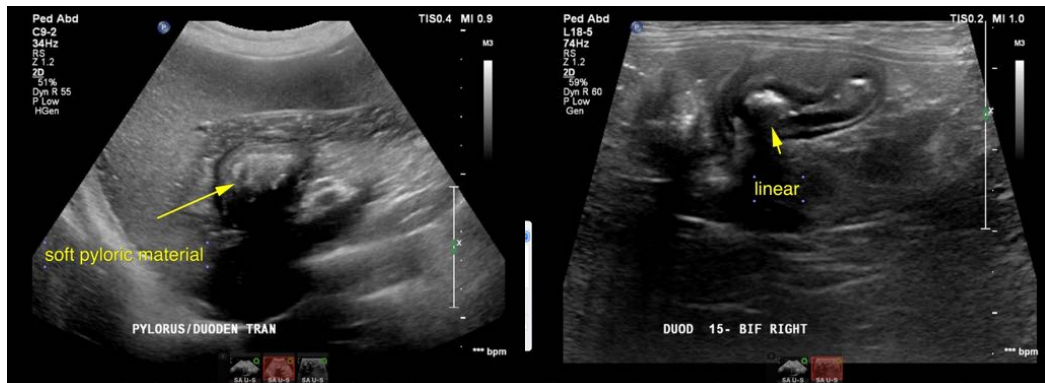
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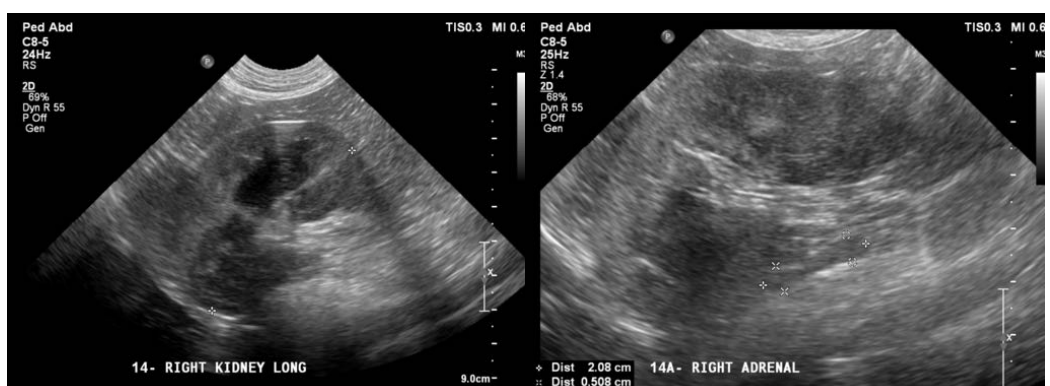
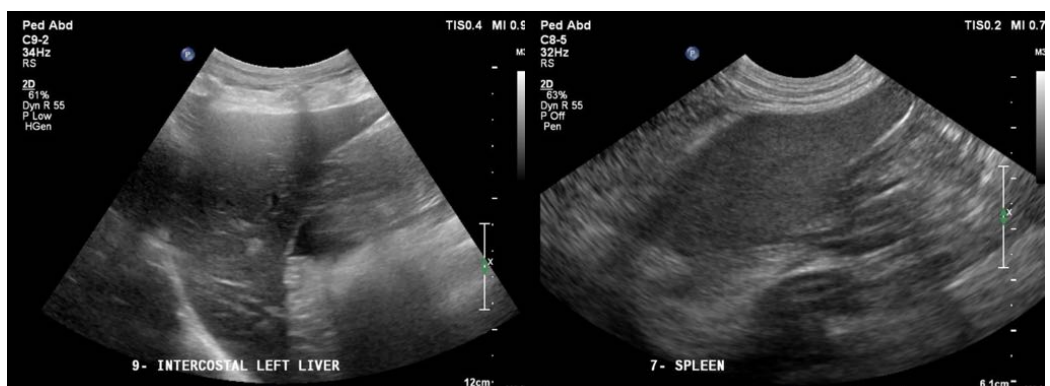
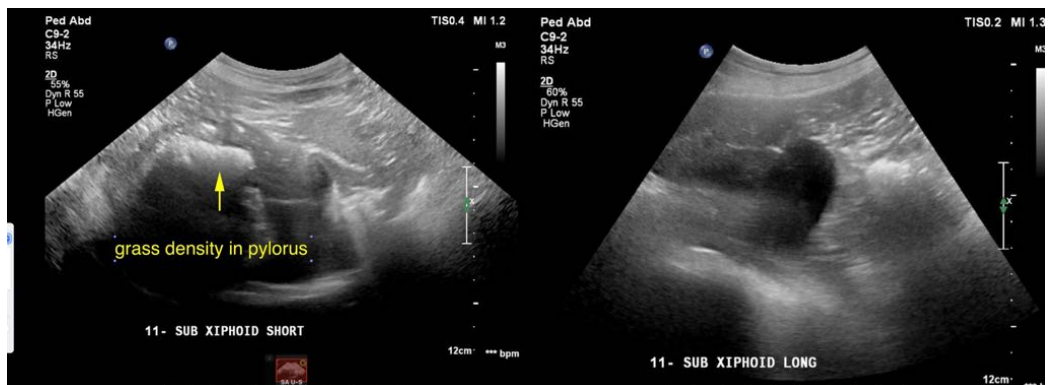
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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