



**PATIENT**

Khali Pandya

**PRESENTING CLINICAL SIGNS**

History: Vomiting for a couple days. Unable to keep water down. Vomited some watermelon rind.  
Abnormal PE/Chem/CBC/UA Results: WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Bull Terrier

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 was noted. Ureteral papillae were normal.

**SEX**

Neutered male

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 6.5 cm. The right kidney measured 5.1 cm.

**AGE**

1 ½ years

**WEIGHT**

38 lbs

**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 2.65 x 0.53 cm. The right adrenal gland measured 3.21 x 0.66 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Rodriguez

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.

**HOSPITAL NAME**

Foxfield VS

**Liver**

**REFERRING VET**

Dr. Rodriguez

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.

**INVOICE**

31074

**DATE**

6/17/22



**PATIENT**

**Gastrointestinal**

Khali Pandya

The upper **gastrointestinal tract** revealed hyperperistalsis and stasis followed by empty small intestine. Reactive mesentery was noted around the small intestine. A 2.5 cm translucent structure was noted in the jejunum. This is consistent with a rubber wall or similar material. Reactive mesentery/early peritonitis was noted.

**SPECIES**

Canine

**BREED**

Bull Terrier

**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Jejunal obstructive pattern with translucent foreign body with reactive mesentery/early peritonitis.

**AGE**

1 ½ years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

38 lbs

Immediate surgical intervention is recommended. GI biopsies are indicated.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Dr. Rodriguez

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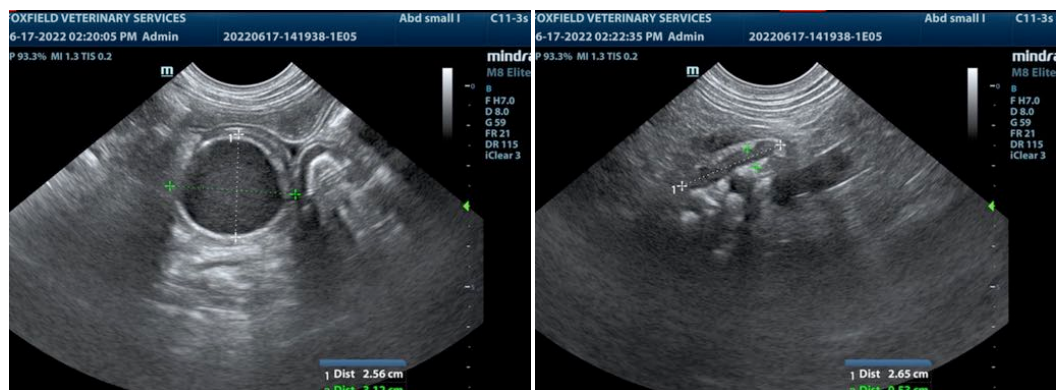
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**PATIENT**

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**SPECIES**

Canine

**BREED**

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**SEX**

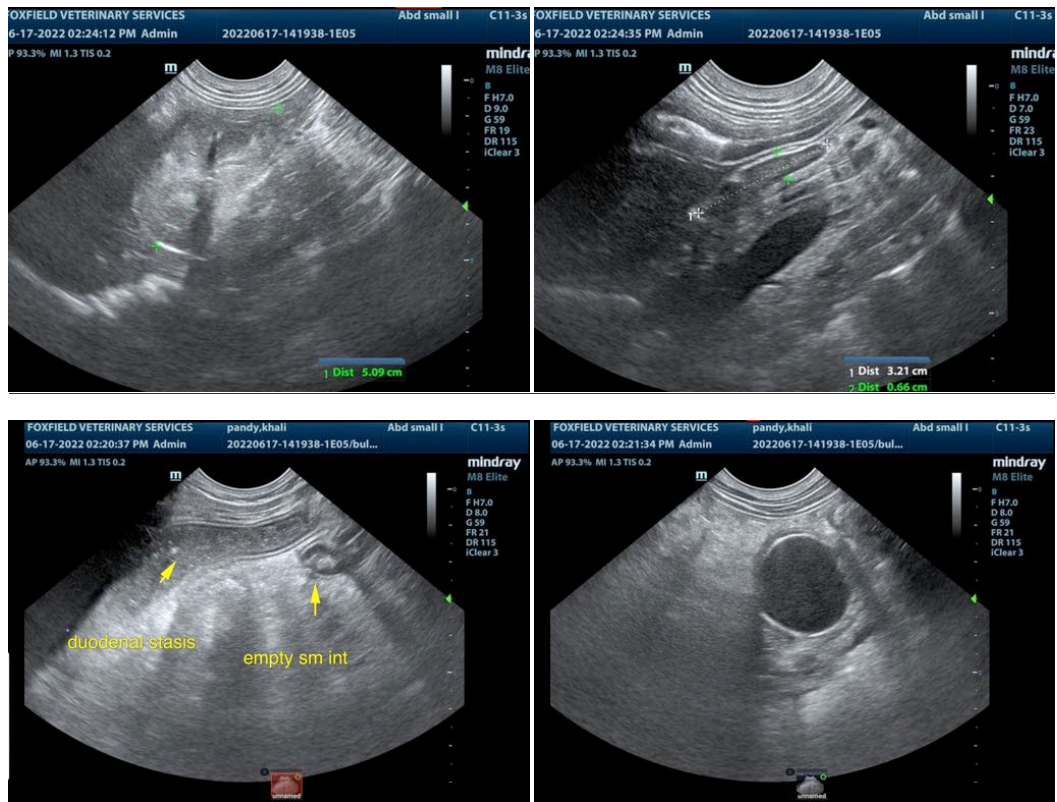
Neutered male

**AGE**

1 ½ years

**WEIGHT**

38 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
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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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