

**PATIENT**Jenny Montero  
18859C**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Spayed Female

**AGE**

9 Years 8 Months

**WEIGHT**

14.7 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Dr. Lovejoy- Madison  
VS**INVOICE**

16216

**DATE**

6/22/22

**PRESENTING CLINICAL SIGNS**

History: Jenny was presented to MVS ER for vomiting and lethargy that began overnight on 6/22/2022. Since last night Jenny has vomited 6 times; 4 times overnight and twice this morning. She was offered food last night, ate normally but has since refused food and treats, which is very abnormal for her. Jenny has had 2 foreign body surgeries in the past, however the owner didn't notice her getting into anything. Jenny has not had any episodes of diarrhea and has been voiding normally.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change. The bladder wall measured 0.55 cm at mild to moderate repletion.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the right kidney. Pelvic mineralization was noted in the left kidney, non-obstructive. Mineralization was present in the kidneys. The right kidney measured 5.52 cm. The left kidney measured 5.75 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 0.78 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 0.74 cm at the caudal pole and 0.67 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** revealed slight increased portal markings with normal size and contour otherwise. Minor biliary mineralization was noted, non-obstructive. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

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The **gastric** wall was prominent with echogenic mucosal remodeling. The jejunum revealed 5.13 cm shadowing foreign body and a separate 2.6 cm shadowing foreign body, followed by empty small intestine. Dilated small intestine was noted prior to the foreign body. Slight free fluid was noted at the level of the obstruction. Variable intestinal thickening was noted, suggestive for underlying disease.

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**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.

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English Bulldog

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Chronic inflammatory bowel presentation with 2 jejunal foreign bodies and localized free fluid
- Slight increased portal markings in the liver and minor biliary mineralization (nonobstructive)
- Age-related renal changes with left kidney pelvic mineralization and right kidney pyelectasia
- Age-related abdominal changes otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate exploratory surgery warranted with GI biopsies. Abdominal lavage is warranted, as minor local peritonitis is present.

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14.7 kg

GI Foreign Body Research

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.

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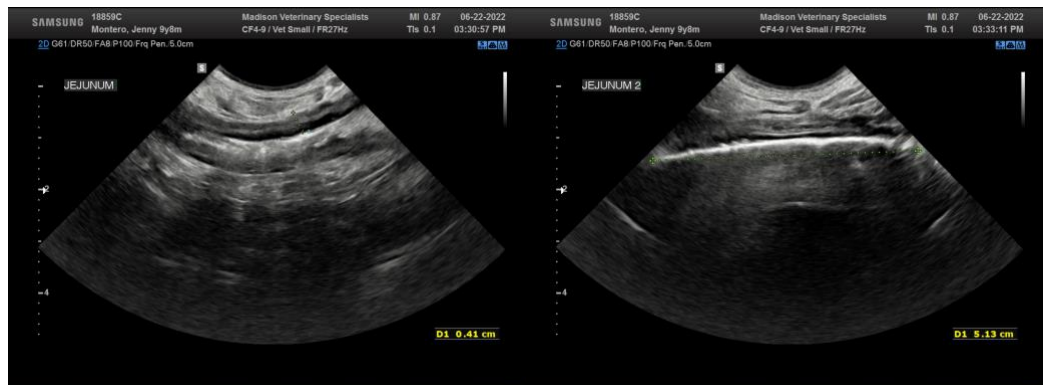
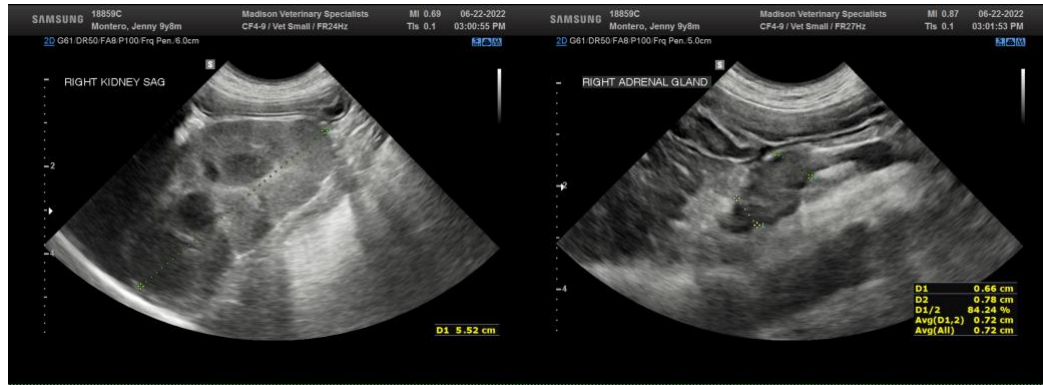
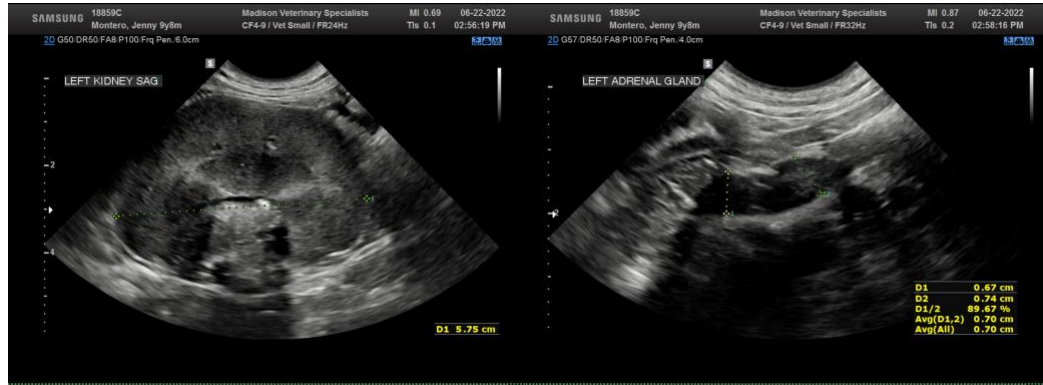
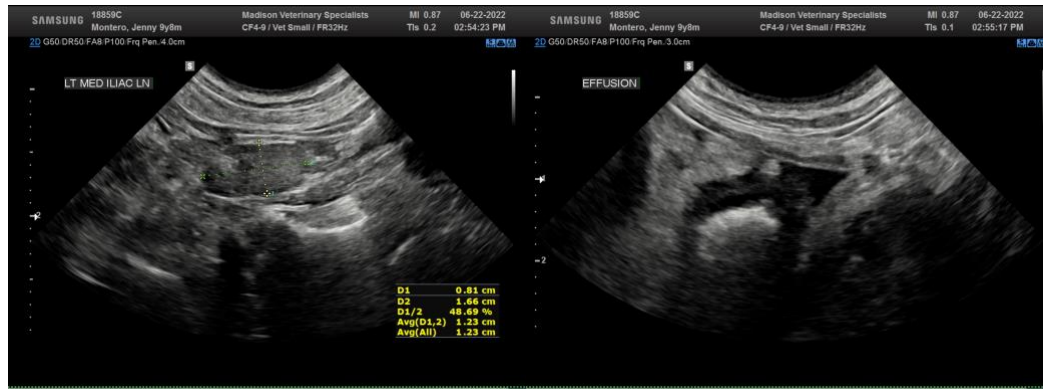
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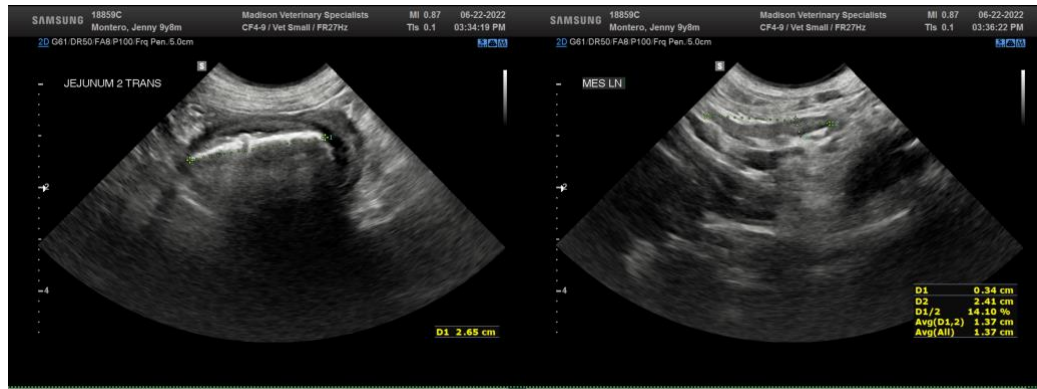
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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