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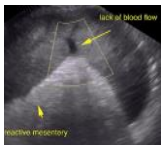

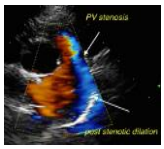

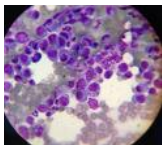
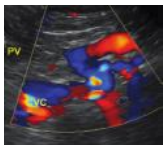

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1-800-838-4268 info@sonopath.com

PATIENT

Elsa Kinney

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8 years

WEIGHT

61.3 pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE

10755ag

DATE

06/08/2022

PRESENTING CLINICAL SIGNS

History: Elsa is an 8 year old FS lab who ate an entire tube of silicon 6 weeks ago today. Vomiting was induced and some liquid caulking was produced. After a couple days of gastroenteritis she recovered well, a week after this she vomited up a piece of caulking 3 days apart, rads showed foreign material in stomach, vomiting induced, several large pieces of caulking were produced-this was two weeks ago, yesterday morning Elsa started vomiting brown fluid with medium size pieces of caulking, not eating, lethargic, up until yesterday morning was eating, active
Abnormal PE/Chem/CBC/UA Results:

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 left kidney measured 5.7 cm in length. The right kidney measured 5.0 cm in length.

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 2.53 cm in length by 0.66 cm caudal pole width by 0.47 cm cranial pole width. The right adrenal gland measured 2.38 cm in length by 0.54 cm caudal pole width by 1.11 cm cranial pole width.

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

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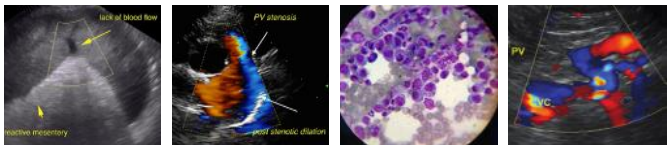

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Examination of the gastrointestinal tract revealed a 7+ cm shadowing foreign body with regional peri gastric inflammation. The small intestine and colon were unremarkable.

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.

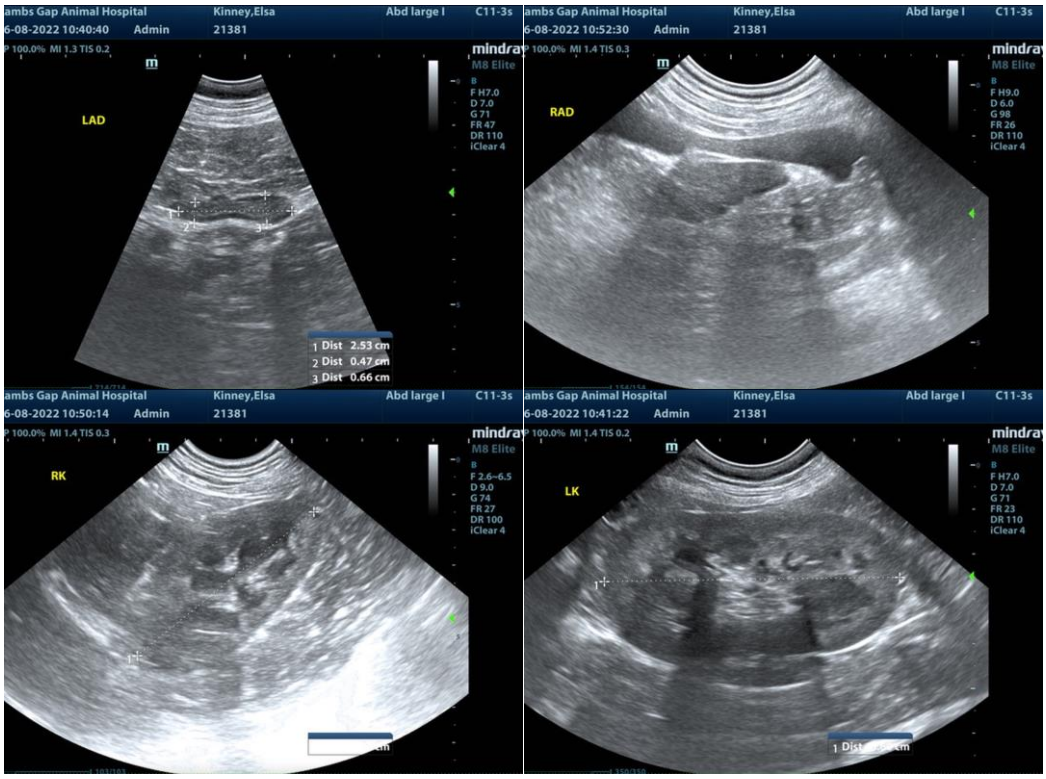
ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with regional inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate gastrotomy with GI biopsies to rule out underlying disease is recommended.

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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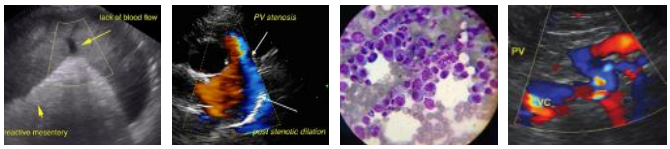

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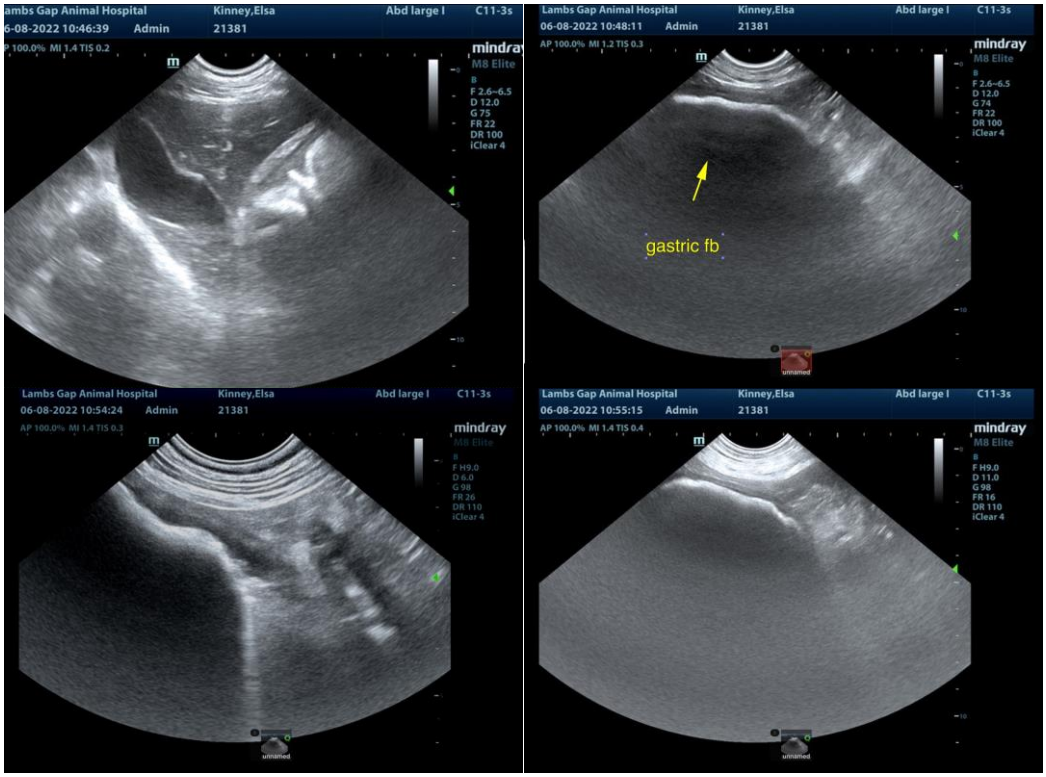

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com