

**DATE PRESENTING CLINICAL SIGNS**

7/1/22 Anorexia, not eating for 5 days.

PATIENT

Grace Sahady

Current Medications: Fluoxetine 20mg 2 BID, Cerenia 160mg SID for 4 days, Clomicalm 80mg ½ BID.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Telazol IV.
 Stat Report: Requested by DVM.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Swiss Mtn Dog

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 6.94 cm.

AGE

10/8/16

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 2.41 cm x 0.86 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.85 cm x 0.69 cm at the caudal pole and 0.69 cm at the cranial pole.

WEIGHT

73.7 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**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.

HOSPITAL NAME

Chadwell AH

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 was overdistended with suspended debris.

REFERRING VET

Dr. Gold

Gastrointestinal

Stasis noted in the **stomach** and upper small intestine. A 5.0 cm translucent tubular foreign body is noted in the mid small intestine, urethane tube or similar suspected, appears to be lodged in the jejunum. Variable minor intestinal thickening noted. Stasis was followed by empty small intestine after the foreign body obstruction. Reactive mesentery noted. No neoplastic criteria noted.

INVOICE

39160

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.

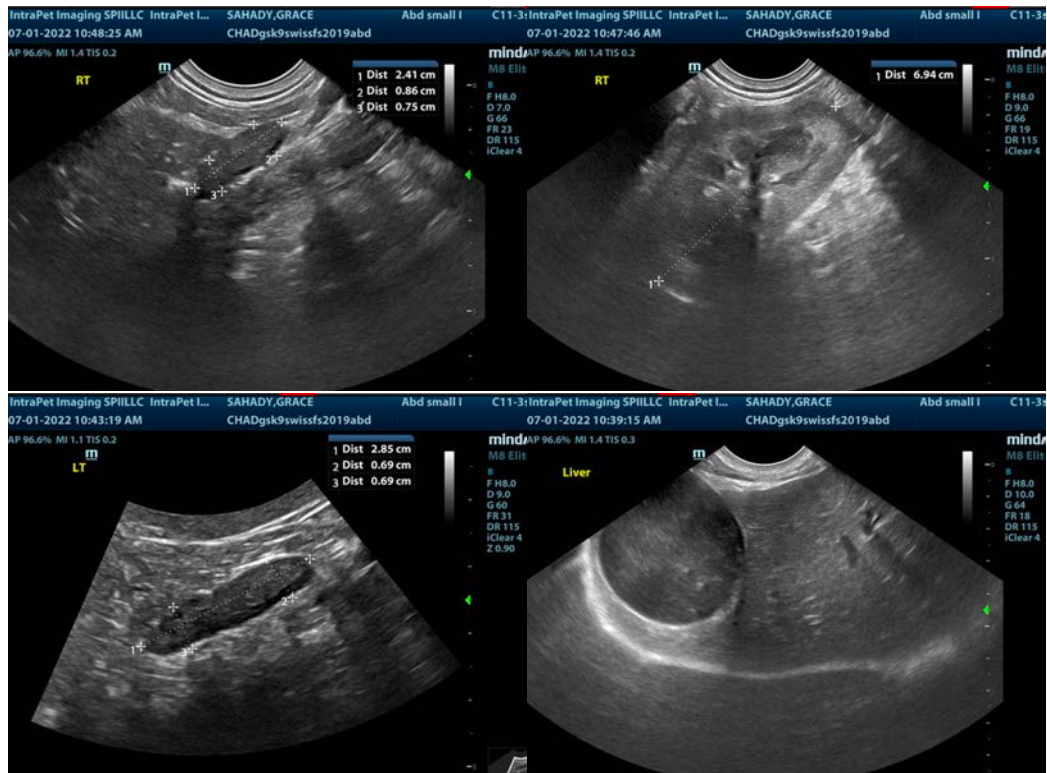
ULTRASONOGRAPHIC FINDINGS

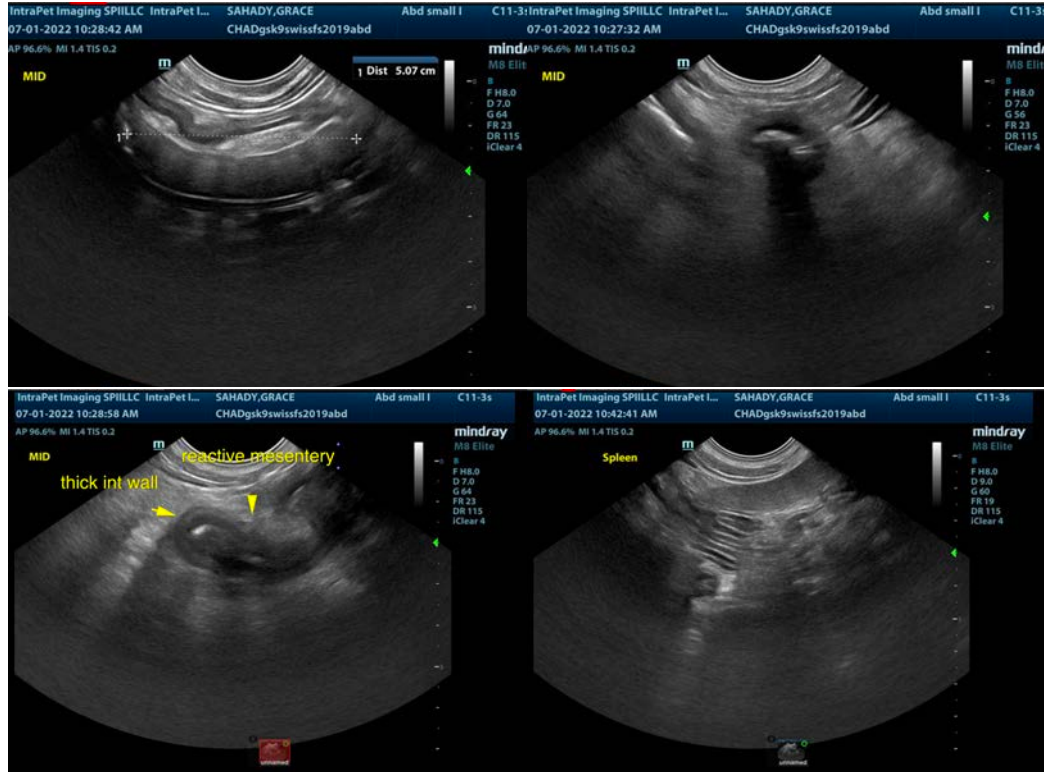
- Intestinal tubular urethane or rubber type foreign body with regional unhealthy bowel and reactive mesentery.
- Excessive gallbladder debris and overdistention.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend immediate enterotomy +/- possible intestinal resection. Intestinal biopsies are strongly recommended. Manual expression of the gallbladder recommended at surgery, given the overdistention. This is not to the level of mucocele formation and likely overdistended owing to prolonged anorexia.

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.





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.

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