



PATIENT

Echo Raybuck

SPECIES

Canine

BREED

Labradoodle

SEX

Female

AGE

12 Years

WEIGHT

40 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brackee

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Brackee

INVOICE

16608

DATE

PRESENTING CLINICAL SIGNS

History: Vomiting food and fluid for 6 days. Dehydrated with tense abdomen. 4cm mass palpable within mid-cranial.

Abnormal PE/Chem/CBC/UA Results: Abdominal X-rays: mid cranial mass shadow next to spleen. Pushing jejunum caudally. Enlarged stomach with fluid. No metallic FB found. Rads and exam consistent with splenic mass. Unknown gastric outflow/pyloric stenosis or obstruction. Stomach tube placed prior to abdominal ultrasound. Chem/CBC: no abnormal findings.

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 contour with medullar rim sign. Both kidneys measured approximately 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The visible **spleen** was unremarkable and uniform.

Liver

The visible **liver** was unremarkable. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a distal small intestinal foreign body, measuring approximately 3.0 cm. The upper gastrointestinal tract was dilated and hyperperistaltic.

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.

Free Abdomen

Reactive **mesentery** was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal obstruction, distal small intestinal foreign body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical intervention recommended. GI biopsies are warranted.



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GI Foreign Body Research

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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.

BREED

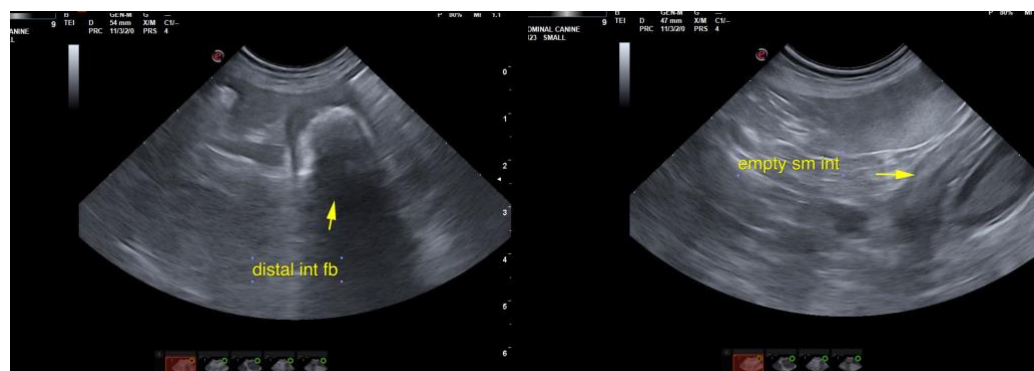
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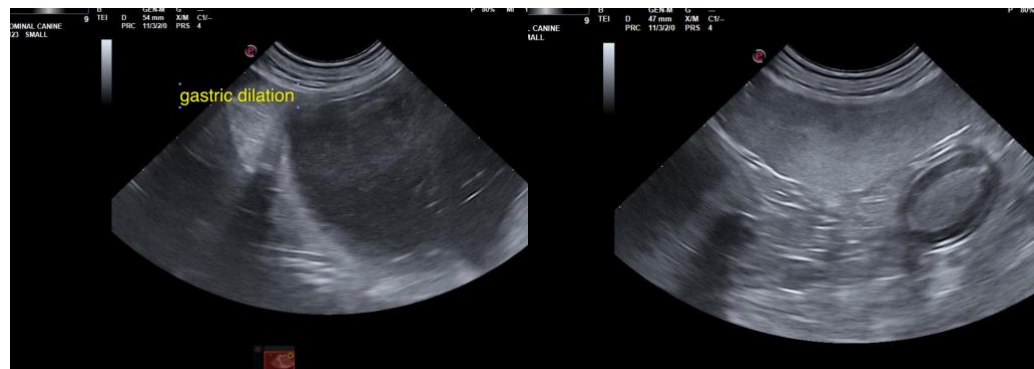
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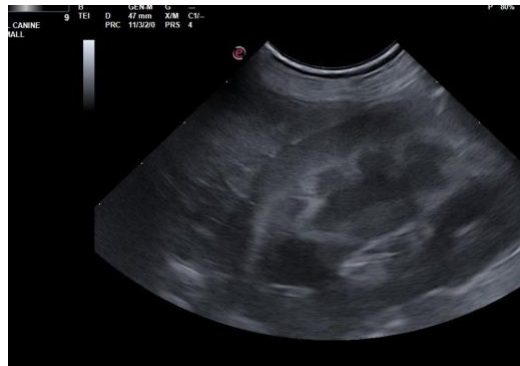
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com