



PATIENT PRESENTING CLINICAL SIGNS

Volcom Acevedo

History: Pt presented for evaluation of vomiting. Started vomiting on July 3rd a day after pt ate some tampons. Pt has been depressed and lethargic and continues to vomit.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC MONO: 1.73 K/ μ L (0.16 - 1.12) EOS: 0.01 K/ μ L (0.06 - 1.23) CHEM GLU: 150 mg/dL (70 - 143) GLOB: 4.7 g/dL (2.5 - 4.5) ALKP: 315 U/L (23 - 212) CHOL: 410 mg/dL (110 - 320) AMYL: 317 U/L (500 - 1500) Na: 135 mmol/L (144 - 160) K: 3.0 mmol/L (3.5 - 5.8) Cl: 98 mmol/L (109 - 122) TT4: 0.7 μ g/dL (1.0 - 4.0)

BREED

Siberian Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

10 years

The residual prostate was uniform and measured 1.38 cm.

WEIGHT

54 lbs

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 6.86 cm. The left kidney measured 6.77 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.43 x 0.46 cm. The left adrenal gland measured 2.53 x 0.56 cm.

IMAGING PERFORMED BY

Dr. Ferrer

Spleen

HOSPITAL NAME

Paseos VC

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.

REFERRING VET

Dr. Marters

Liver

INVOICE

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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.

DATE

7/6/23



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Gastrointestinal

The **stomach** revealed soft shadowing material that measured 3.0 cm in the mix of chyme. Linear attachment appears to be present as well and entered into the esophagus and pyloric outflow. Small intestine appears to have further attachment. Accordion pleating was noted with regional inflammation.

Pancreas

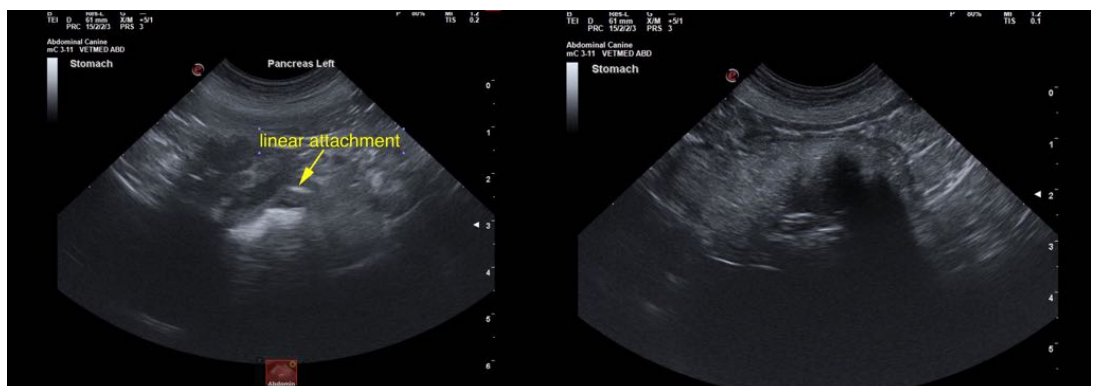
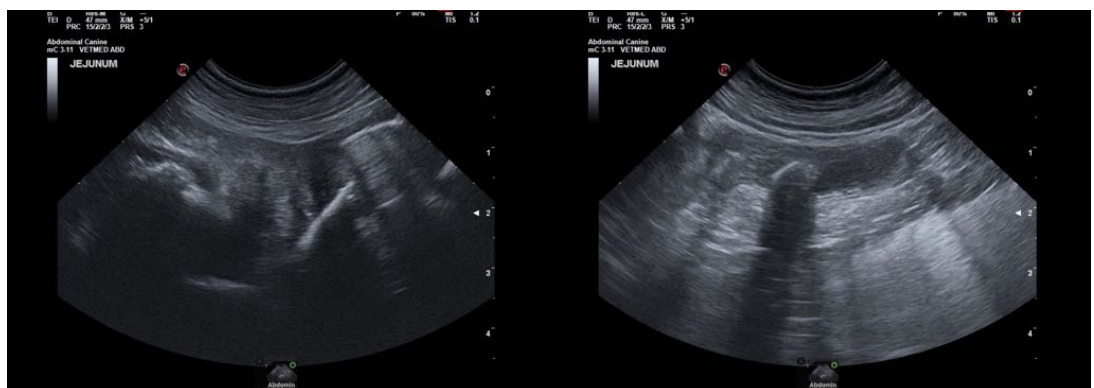
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastroesophageal and gastroduodenal foreign matter with linear attachment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend sedating and assessing the base of the tongue followed by immediate surgical assessment with gastrotomy and enterotomy.





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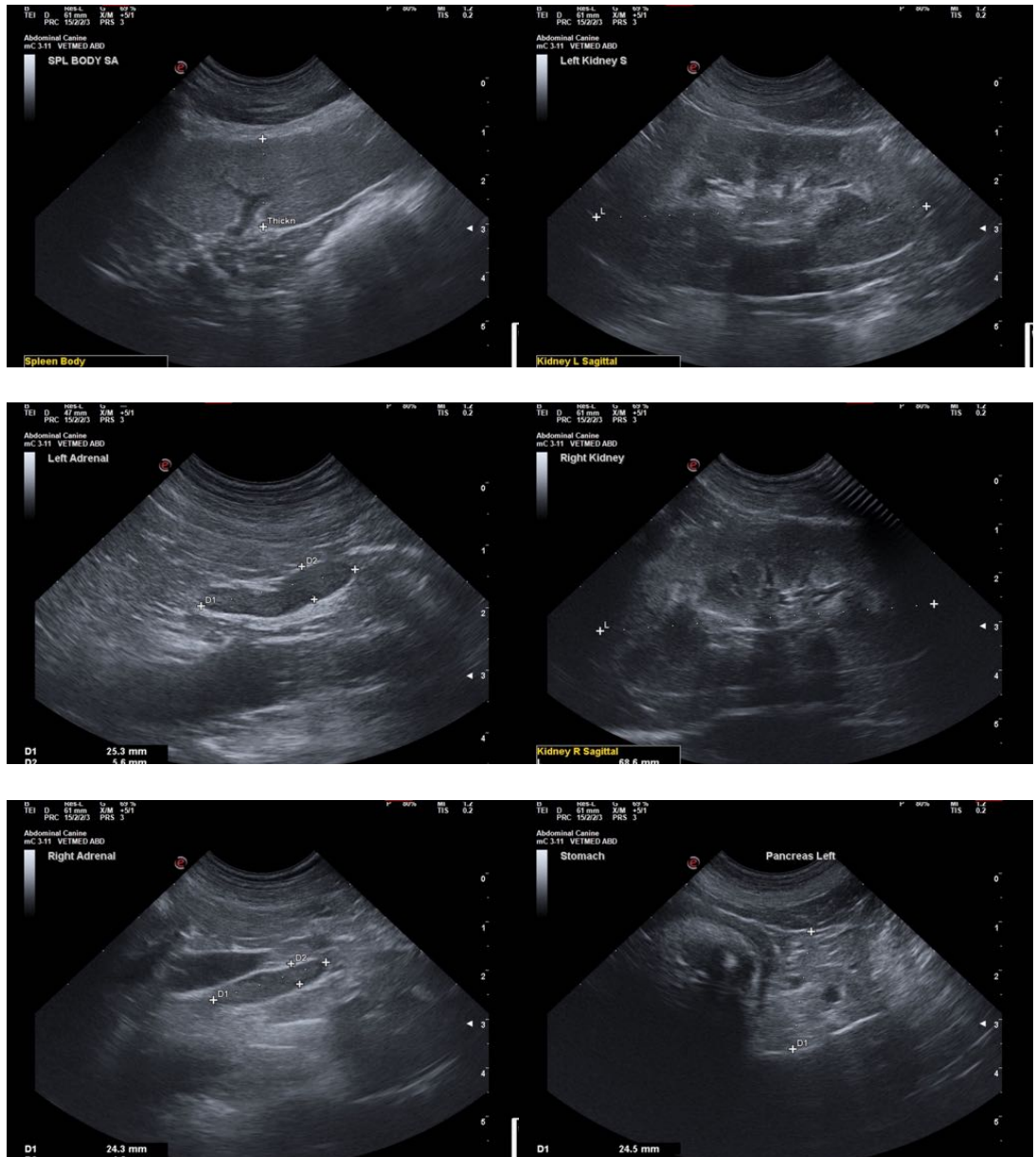
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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