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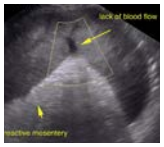
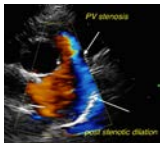
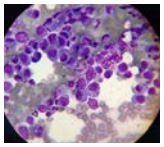
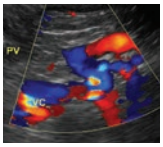

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1-800-838-4268 info@sonopath.com

PATIENT
Tarcin Uyaroglu

SPECIES
Canine

BREED
Chihuahua X

SEX
Spayed Female

AGE
4 Years

WEIGHT
12 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Animal General on the Hudson

REFERRING VET
Dr. Stefanie Lang

INVOICE
24777

DATE
8/18/21

PRESENTING CLINICAL SIGNS

2 day history of vomiting, decreased appetite, abnormal CPL in-house snap test.
Abnormal PE/Chem/CBC/UA Results: Abnormal CPL, inflammatory leukogram, (band neutrophilia, lymphocytosis, monocytosis).

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 3.67 cm. The right kidney measured 3.6 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 left adrenal gland measured 1.16 cm x 0.31 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 1.52 cm x 0.3 cm at the caudal pole and 0.47 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** 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

Gastric stasis noted. The distal small intestine revealed a progressively shadowing 2.0 cm foreign body with regional inflammation consistent with peritonitis. The intestinal tract revealed mild dilation prior to the foreign body, followed by empty small intestine. A hypoechoic area of abnormal tissue was noted adjacent to the foreign body. This region was approximately 3.0 cm x 2.0 cm with regional inflammation. The structure was undifferentiated and appeared to be associated with the intestine, may be a portion of the pancreas.

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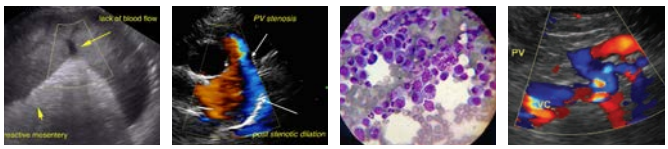

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Pancreas

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.

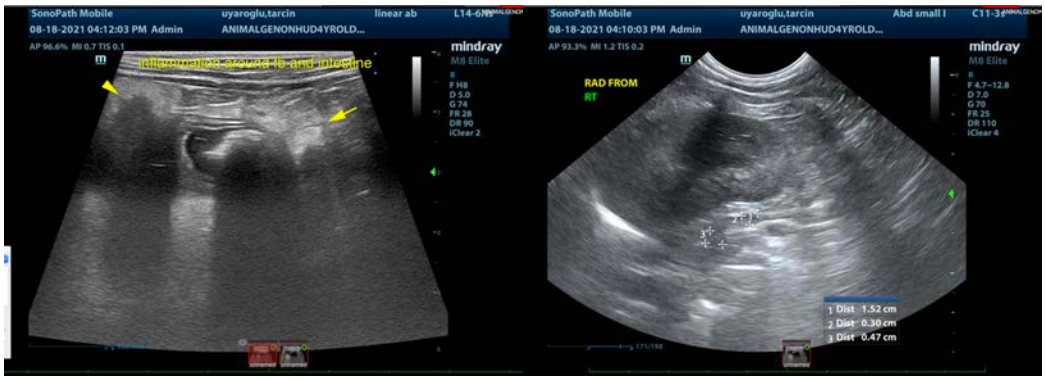
ULTRASONOGRAPHIC FINDINGS

- Mid abdominal and small intestinal foreign body obstruction with regional pancreatitis and necrosis, possible underlying neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated with debridement of the necrotic tissue and resection and anastomosis of the intestine warranted. The necrosis type tissue adjacent to intestine may be owing to penetrating foreign matter or longstanding low-grade perforation. Chest radiographs warranted prior to surgery to ensure no evidence of metastatic disease in case the lesion adjacent to the obstruction is potentially neoplasia.

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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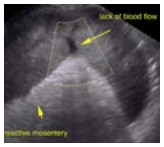
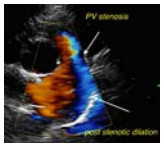
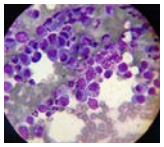
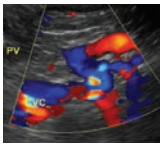

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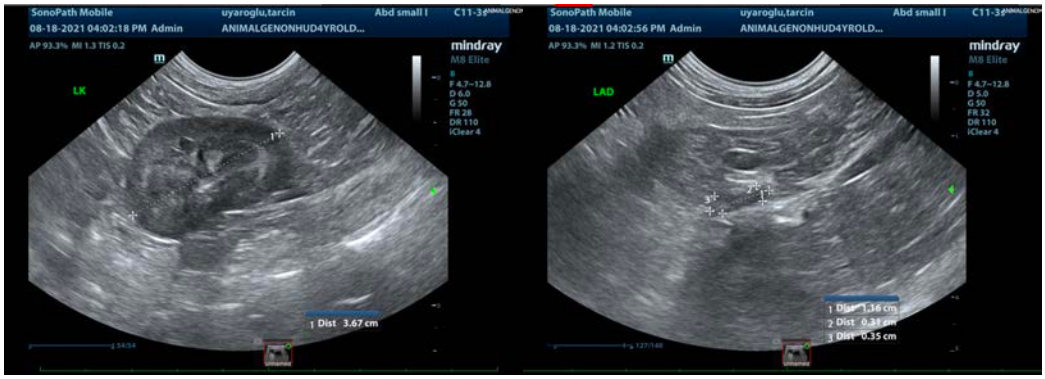

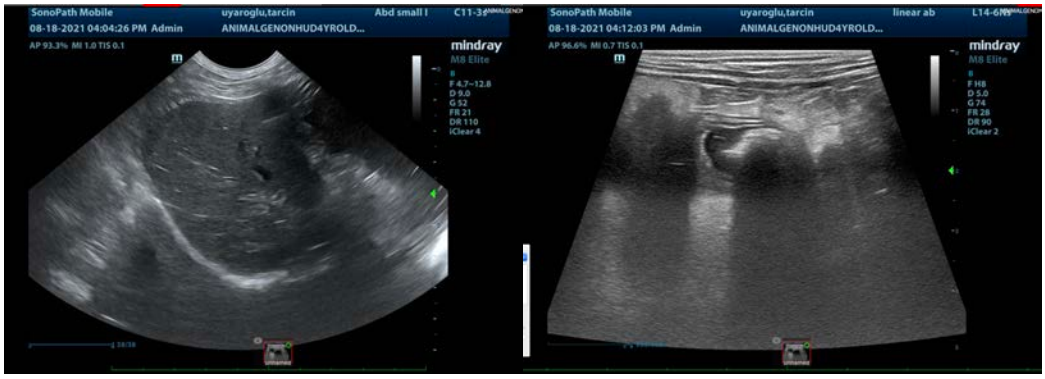

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com