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**DATE**

8/19/22

**PATIENT**

Millie McKinney

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Intact Female

**AGE**

1/18/22

**WEIGHT**

13.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

40628

**PRESENTING CLINICAL SIGNS**

Monday: vomited around 8x and wasn't eating Presented to rdvm (Banfield): - rads on disk did not open - bw: WNL - tx: cerenia, SQ fluids, metro 250 mg (1/2 q12) Has not defecated since Tuesday - did have normal feces that day Since rdvm visiting: patient is still vomiting and not eating - owner noted that bile has green coloration to it Owner did find a tick on her LH last Friday - have been watching the area and no redness has been present

Current Medications: Metoclopramide, Buprenorphine, Protonix.  
Lab Results: See attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**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 right kidney measured 4.79 cm. The left kidney measured 4.33 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 right adrenal gland measured 1.56 cm x 0.44 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 1.45 cm x 0.44 cm at the cranial pole and 0.60 cm at the caudal 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***

The **stomach** revealed shadowing foreign matter measuring 4.2 cm in the pyloric outflow. Some transit of chyme into the small intestine noted. Translucent foreign body lodged in the jejunum as well. Regional inflammation noted.

### ***Pancreas***

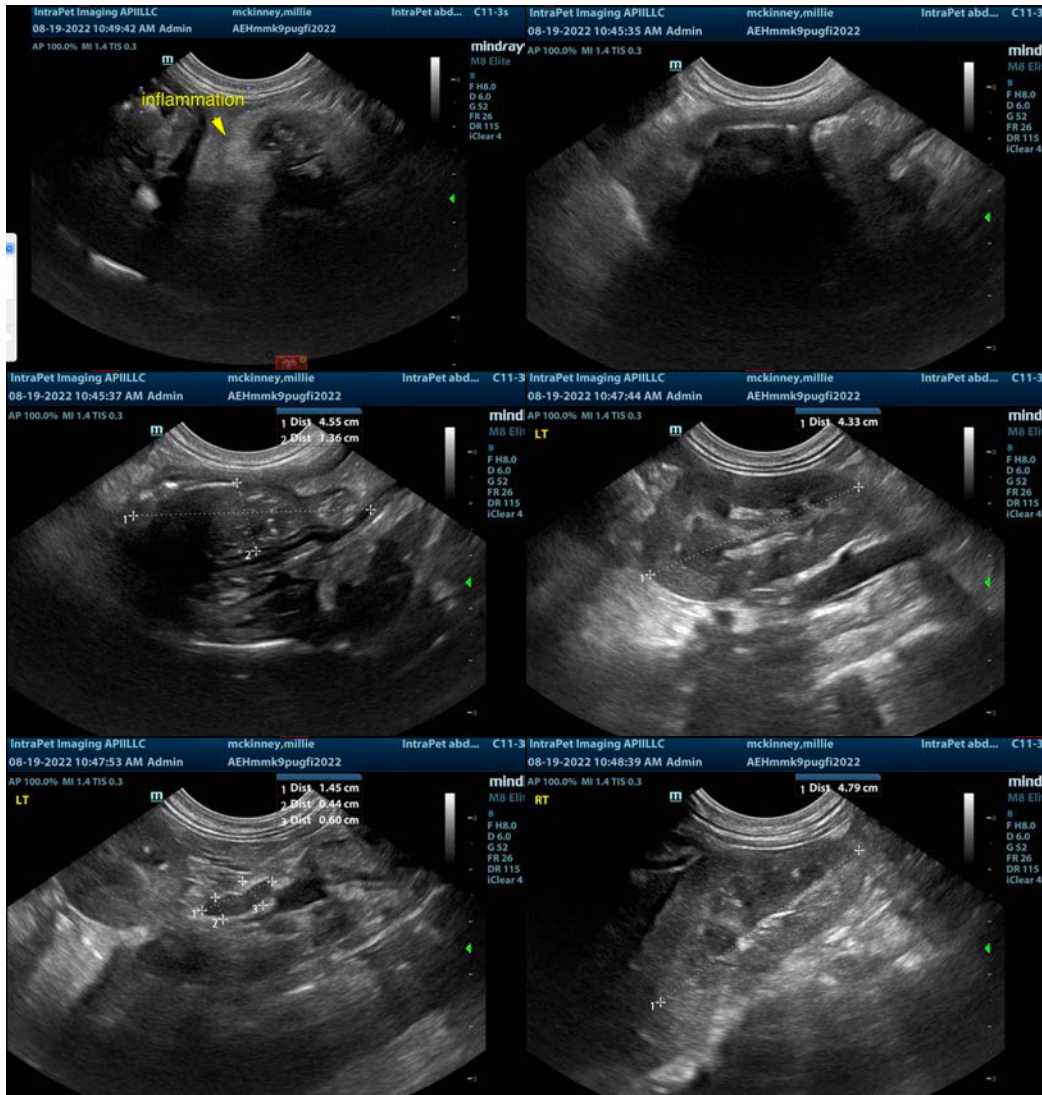
Some inflammation extended into the **pancreas** base. Secondary heterogeneous pancreatic changes noted, consistent with pancreatitis.

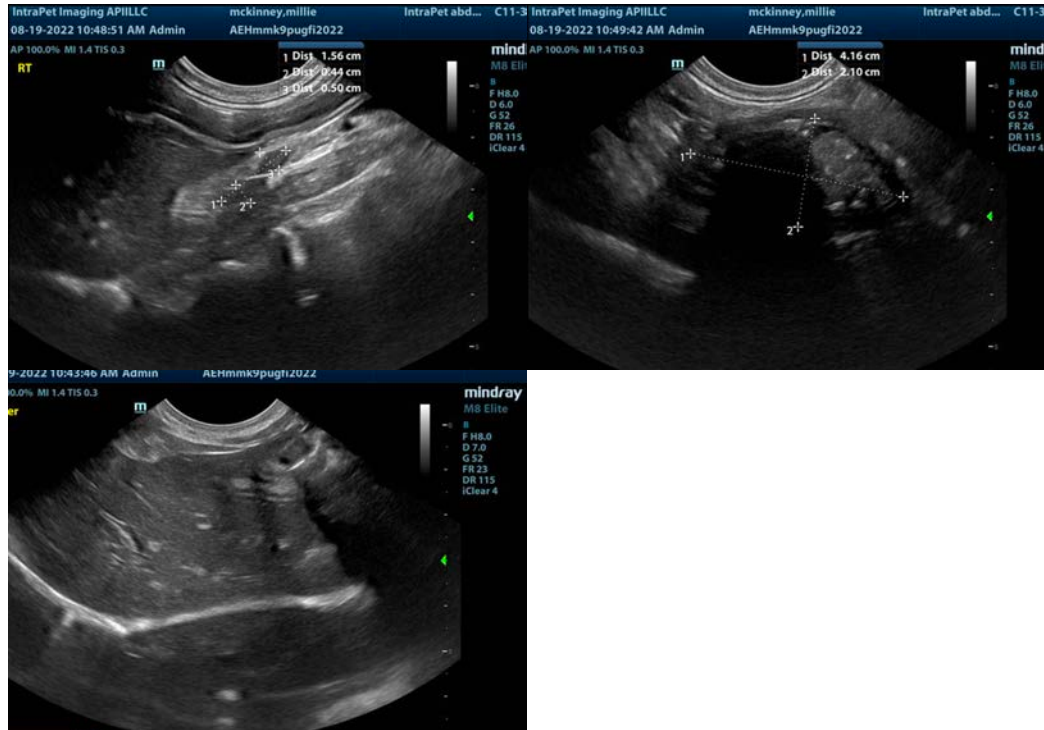
### **ULTRASONOGRAPHIC FINDINGS**

- Gastric and jejunal foreign bodies

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate gastrotomy/enterotomy noted. GI biopsies warranted to rule out underlying disease.





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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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