



PATIENT

Maximilliano Riccetto

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

7 Years

WEIGHT

7.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

44462

DATE

8/4/23

PRESENTING CLINICAL SIGNS

Patient presented to ER for ingestion of 3 cherry plum pits Radiographs were performed and repeated on 7/31/23 and 8/2/23. Radiographs from ER inconclusive for foreign body Radiographs performed here today FASTED - suspect FB in stomach Patient is normal, no v/d/c/s Hx of severe collapsing trachea

Abnormal PE/Chem/CBC/UA Results: PE: chronic collapsing trachea with bronchitis; grade 2/6 murmur; mild dental disease CBC/chem (ER): NSF Radiographs reports from ER: 1) ABDOMEN July 31, 2023: 3 views are provided including opposite lateral and ventrodorsal projections. Images of the abdomen from April 3, 2023 are available for comparison. FINDINGS: The stomach contains a large amount of heterogeneous soft tissue material and gas. On the ventrodorsal, there is a well-defined ovoid lucency surrounded by a thick soft tissue rim overlying the left 11th rib (1.4 x 0.8 cm). The large intestine contains a large amount of formed fecal material with a small amount of mineral. There is mild amount of heterogeneous soft tissue in the small intestines. No pathologic dilation or plication is identified. The liver spleen, kidneys, retroperitoneal space, urinary bladder, and region of the urethra are unremarkable. Serosal detail is adequate. No definitive abnormalities of the caudal thorax are identified. The intervertebral disc space at least at the thoracolumbar junction is narrow with spondylosis deformans, potential also narrow at L1-2. The external soft tissues are unremarkable. CONCLUSIONS: 1. There is at least 1 a hollow structure within the stomach that is consistent with, though not definitive for, a plum pit. Additional structures could be present, though may be summing with the gastric contents. The remaining large amount of gastric soft tissue is consistent with food, though could also be foreign material. 2. There is a mild amount of small intestinal food or foreign material. No definitive plum pit is identified, though could be a summing with fecal material. No mechanical obstruction is seen at this time. 2) Rads results 08/02/23: CONCLUSIONS: This patient has soft tissue material seen within the stomach which is likely normal food given that the patient is eating and not vomiting. Foreign material within the stomach cannot be ruled out. The previously seen hollow foreign body with lumen of the stomach is not identified on today's study. This likely has passed. There is decreased distention of the gastrointestinal tract during the recheck interim. The cardiac changes seen on this study are nonspecific and without a heart murmur may be a normal variation for this patient however valvular insufficiency could be present. Cardiac decompensation is not identified. RECOMMENDATIONS: For more accurate interpretation of the contents of the stomach, repeat abdominal radiographs after a known fast should be performed. If this patient was fasted prior to these images being made, gastroscopy may be needed for removal of the gastric material. Echocardiogram may be needed to rule out evidence of cardiac disease.

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. Minimal amount of urine present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex



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and no evidence of pelvic dilation was present. The left kidney measured 2.9 cm. The right kidney measured 3.3 cm. Slight pinpoint mineralizations noted in both kidneys, non-obstructive.

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Adrenal Glands

The **adrenal glands** were not visualized.

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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.

SEX

Male

Liver

AGE

7 Years

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.

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Gastrointestinal

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The **stomach** revealed a non-obstructive shadowing structure measuring 1.4 cm. This may represent medication. Pairing this finding with oral medication history is important. No stasis noted. No evidence of obstruction. The small intestine and colon were unremarkable. Chyme passage appeared to be normal.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- 1.4 cm shadowing pyloric structure, non-obstructive yet may be irritative or may simply be medications.
- Age related renal changes with mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy indicated. Plum pit would make sense in this patient based on the history, yet is non-obstructive at the time of the sonogram.

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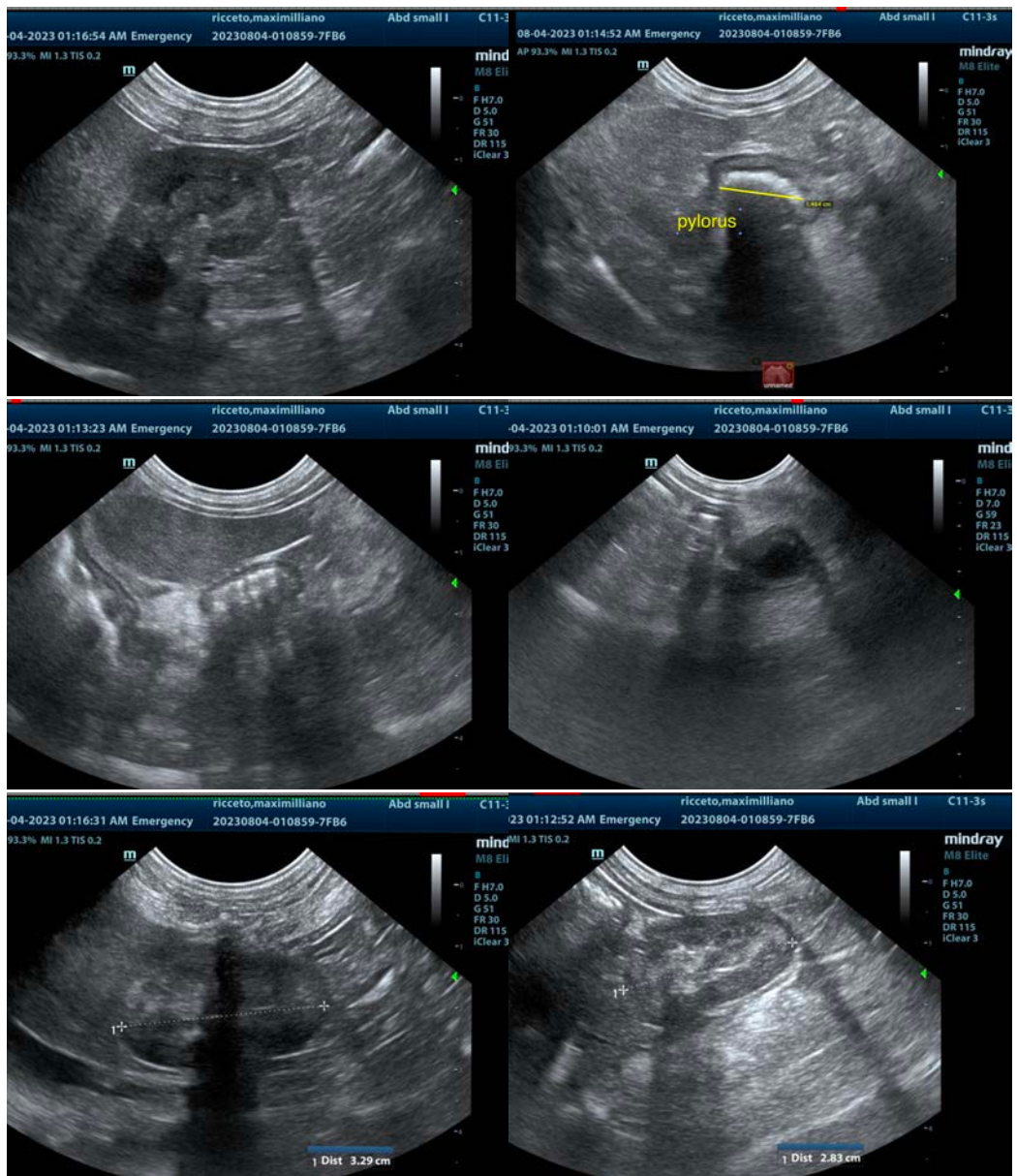
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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