

**PATIENT PRESENTING CLINICAL SIGNS**

Tehya Goodman

History: Presented on ER last night 8/6 following acute onset vomiting and lethargy while at the beach. She had consumed a lot of saltwater per owner. No history of health problems and reported to be normal earlier in the day. Well-attended dog, current on vaccines

**SPECIES**

Canine

On PE reported to be dull, wanting to lie down. General condition is very robust- BCS 6/9, great coat condition She was polydipsic on presentation Vitals normal Chems showed: - azotemia with BUN 37, Cr 3.2 (no UA was done) -ALT 228 -Na and Cl normal, K was low at 2.9 -Baseline cortisol >10 -CBC mild leukocytosis (mature neutrophilia), slight monocytosis -metabolic alkalosis : pH 7.569, HCO3 elev at 32, pCO2 -a Lepto test is pending (to lab) Lateral abdominal radiograph on admit to rule out GDV showed mild aerophagia and some granular radiopaque material within gastric lumen Pt has not eaten since admit last night

**BREED**

Golden Retriever

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

1 year

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.

**WEIGHT**

31 kg

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the right kidney. The right kidney measured 7.9 cm. The left kidney measured 7.37 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

**IMAGING PERFORMED BY**

Dr. Callihan

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 0.45 cm. The right adrenal gland measured 0.41 cm at the caudal pole and 0.6 cm at the cranial pole.

**HOSPITAL NAME**

Animal Emergency  
Care

**Spleen**

**REFERRING VET**

Dr. Johnson

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**INVOICE**

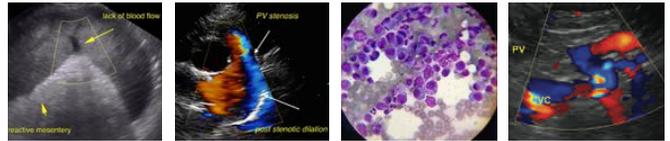
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**Liver**

**DATE**

8/7/21

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**SPECIES**

Canine

**Gastrointestinal**

The **stomach** revealed minor, soft shadowing material in the pyloric outflow such as grass or similar. This is non-obstructive. No fluid build up is noted prior to the material. The distal small intestine was empty. However, the upper small intestine is mildly dilated. Some dilated upper small intestine was noted and followed by empty small intestine. This creates an obstructive pattern. A 2.0 cm shadowing material was noted in the mid small intestine. Minor mesenteric lymphadenopathy was noted.

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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.

**AGE**

1 year

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

31 kg

Minor right renal pyelectasia.

Small intestinal obstructive pattern with 2-3 cm shadowing foreign matter.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for urinary tract infection is indicated. This may be owing to fluid therapy if the patient was on fluids at the time of the sonogram. I recommend exploratory surgery. However, the structure would be consistent with corn cob or similar echotexture. There is no evidence of peritonitis. Reactive lymph nodes are noted. Gastrointestinal biopsies are warranted at the time of surgery to rule out underlying disease.

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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.

**REFERRING VET**

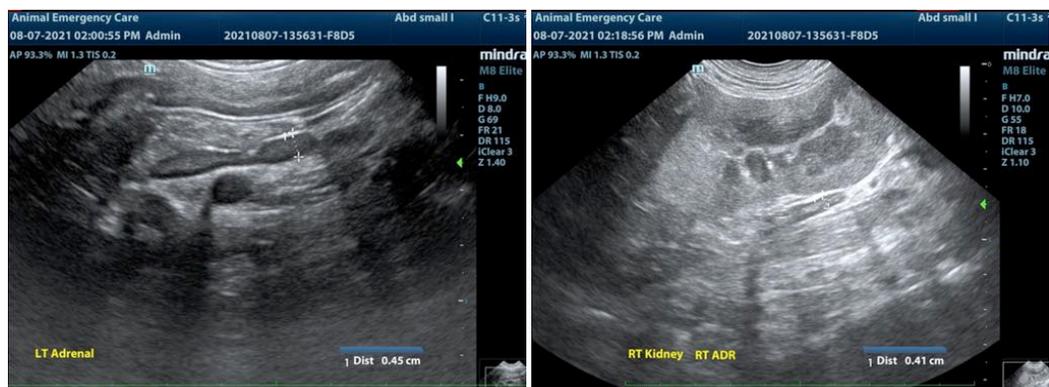
Dr. Johnson

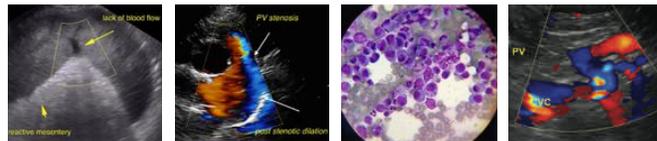
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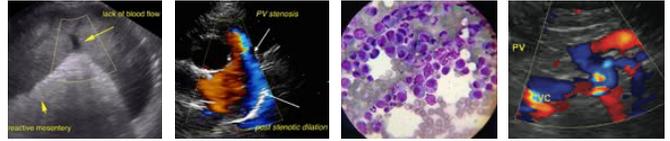
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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