

**DATE**

9/17/21

**PRESENTING CLINICAL SIGNS**

Foreign Body; Vomiting; Bloody Diarrhea.

History: (09-14-2021) Yesterday she had diarrhea in her crate. History of poor weight gain. Owner gave rice, still eating, decreased drinking, but has vomited 3 times today. Later owner found a piece of a tattoo needle, package seemed intact. Has not been dewormed.

**PATIENT**

Tink Bilger

Assessment: Vomiting and bloody diarrhea. Plan: Recommend to Owner Baseline BW, Fecal, X-ray's, Hospitalization, IV catheter, fluid therapy, GI meds, dewormer and further treatment as needed.

Current Medications: Sucralfate, Omeprazole, Metronidazole, vitamin K1, Tylosin Powder, B12, Provable, Fenbendazole, Pantoprazole, Ampicillin.

**SPECIES**

Canine

Lab Results: Attached separately.

Radiographs: No obvious Fb's or obstructive pattern noted

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**BREED**

Pitbull

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SEX**

Spayed Female

**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 was noted. Ureteral papillae were normal.

**AGE**

11/1/20

The right ovary was uniform and measured 0.6 cm. The left ovary was uniform and measured 1.0 cm.

**WEIGHT**

35.3 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 6.62 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 2.51 x 0.62 cm at the cranial pole and 0.66 cm at the caudal pole.

**HOSPITAL NAME**Animal Emergency  
Hospital**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 was noted.

**REFERRING VET**

Dr. Ruby

**INVOICE**

91917

**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** was mildly hypertrophied with an empty lumen. Hypertrophied muscularis was noted in the pyloric outflow. Thick pyloric mucosa was also noted with surrounding free fluid and regional inflammation. Soft stool was noted in the colon. The mesenteric lymph node was reactive and measured 5.3 x 1.6 cm. Trace amounts of free fluid were noted. A 2.5 cm isoechoic structure was noted in the right cranial abdomen surrounded by fluid filled viscus. This likely is related to the intestinal tract, but could not be definitively defined. I recommend medical therapy, plasma transfusion, aggressive broad spectrum antibiotics.

### ***Pancreas***

The **pancreas** was heterogenous and hypoechoic with parenchymal changes with irregular contour and enhanced surrounding mesentery. This is suggestive for pancreatitis.

### **ULTRASONOGRAPHIC FINDINGS**

Gastroenteritis with pyloric hypertrophy and regional pancreatitis.

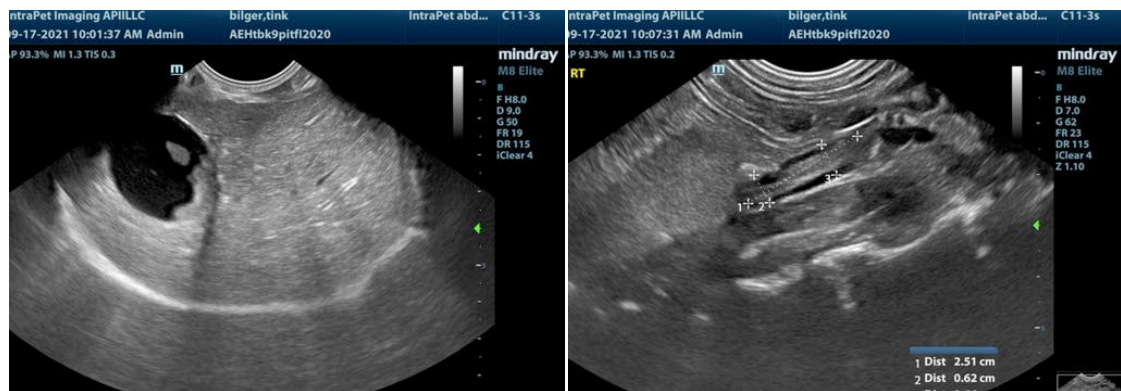
Pyloric hypertrophy is concerning for chronic gastritis. However, there is a mild potential for underlying pyloric carcinoma especially given the free fluid.

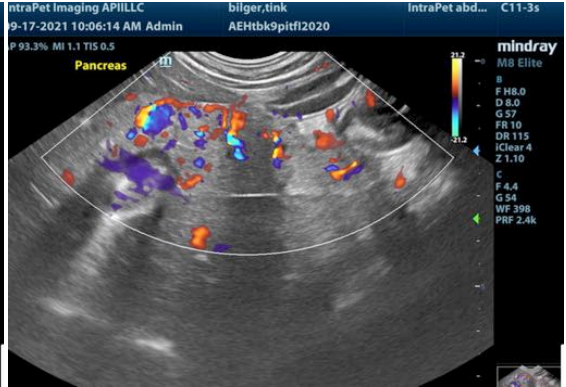
Isoechoic structure, potential penetrating foreign body.

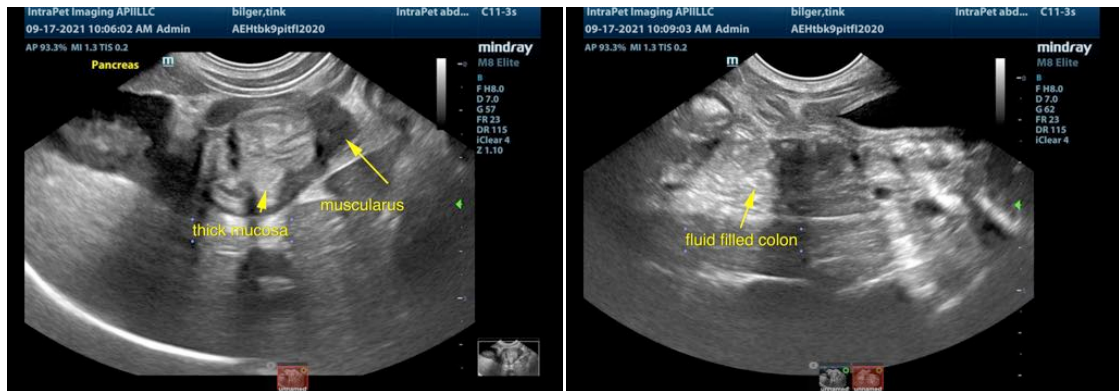
Mesenteric lymphadenopathy.

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

Aggressive 24-hour therapy is indicated. FNA of the mesenteric lymph node can be considered with cytology and culture. However, this is most likely reactive. Treatment for gastroenteritis and pancreatitis is indicated with endoscopy or full thickness gastric or lymph node biopsies. A recheck sonogram is recommended in 24-48 hours. A penetrating foreign body is a concern. There is no evidence of peritonitis.







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.

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