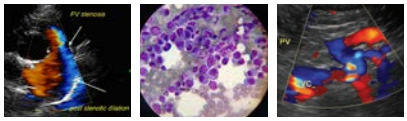
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

9/30/22

**PATIENT**

Carmen Sigley

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

9/30/17

**WEIGHT**

93 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Kalwa

**INVOICE**

41801

## PRESENTING CLINICAL SIGNS

Carmen 5 yr FS pitbull mix - Vomiting 5-6 days - Last night barely walking - This am barely responsive - Hx: Toy ingestion in past ATO in room: - C/S started ~5 days ago- vomiting liquid bile - stopped eating 1.5 days ago - Weakness starting yesterday - Stool production had been once a day - Hx of eating toys- rips them apart, soft cotton - Still was playing intermittently - No hx of toxins / poisonous ingestion Medical hx: - Allergies- receives shot - Bit last year "punctured lung" - Spayed

Current Medications: Dextrose, rest pending.
Lab Results: See attached.
Radiographs: Concern for FB.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 6.84 cm. The right kidney measured 6.94 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 3.01 cm x 1.02 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 3.16 cm x 0.86 cm at the caudal pole and 0.76 cm at the cranial pole.

### *Spleen*

The **spleen** was mildly enlarged with subtle scalloping contour and micronodular changes.

### *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 upper **gastrointestinal tract** revealed fluid filled dilation followed by a 7.3 cm progressively shadowing intestinal foreign body, appeared to be jejunal.

### *Pancreas*

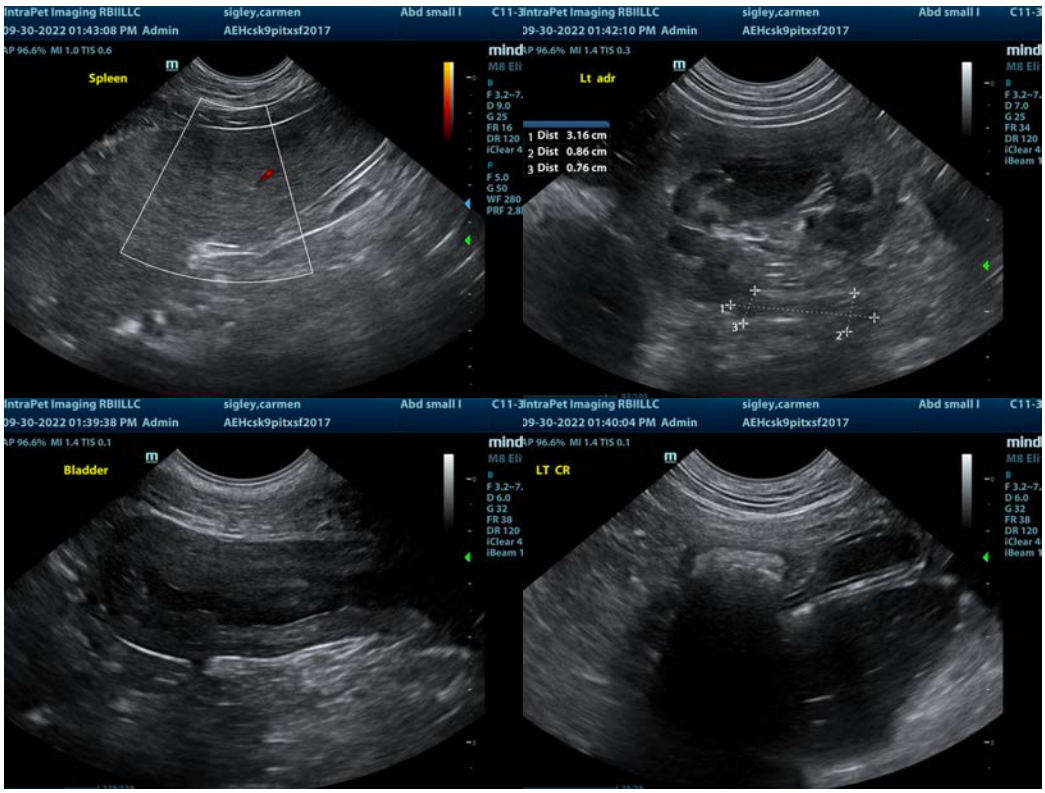
The **pancreas** revealed minor heterogeneous parenchymal changes. No evidence of significant disease.

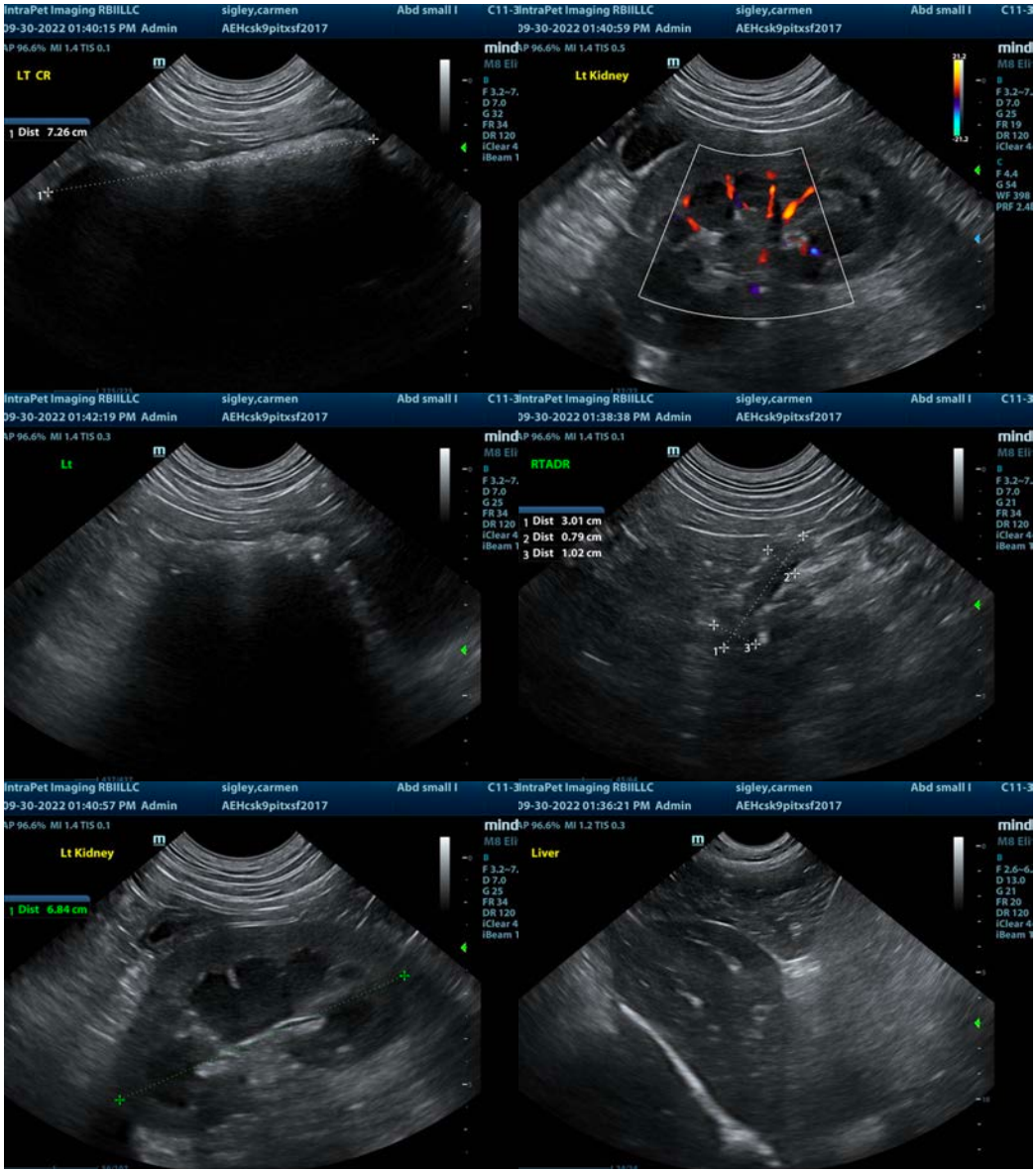
## ULTRASONOGRAPHIC FINDINGS

- Intestinal foreign body obstruction
- Swollen, micronodular spleen
- Minor pancreatic remodeling
- Chronic cystitis bladder pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery indicated with inspection of the spleen +/- FNA or biopsy.






**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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