



PATIENT

Leia Pedrozo

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed female

AGE

4 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

32761

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History: Leia presented with acute vomiting of 3-4 days duration and diarrhea. She is currently in the midst of a TDT for food allergic skin disease and is on Hills z/d only. No know hx of FB ingestion. She is on no current medication. AUS was ordered to further explore vomiting and diarrhea as dietary indiscretion, while possible, is less likely based on hx.

Abnormal PE/Chem/CBC/UA Results: None, labs are wnl, Px currently has pyoderma and dermatitis

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.

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 5.0 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 left adrenal gland was flattened and measured 0.3 cm. The right adrenal gland was normal in size and contour.

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.

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.



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Gastrointestinal

The **stomach** was over distended with shadowing material in the pyloric outflow. The gastric foreign matter is consistent with fabric or similar. The small intestine and colon were unremarkable.

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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

Gastric foreign body.

Subnormal left adrenal size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline cortisol is warranted to rule out occult Addison's in this patient given the breed and smaller than normal left adrenal gland. However, surgical intervention is necessary. SDEP 13 approach to the pyloric outflow should be performed prior to surgery to ensure that the material is persistently present. I am assuming that the patient was n.p.o. at the time of the sonogram.

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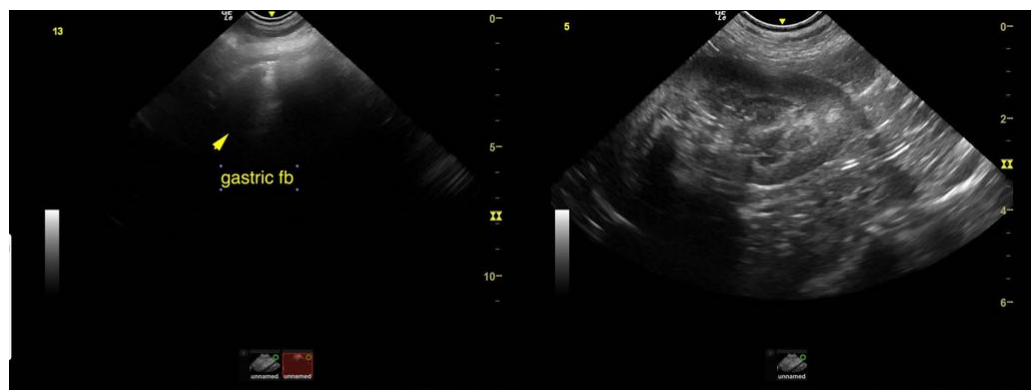
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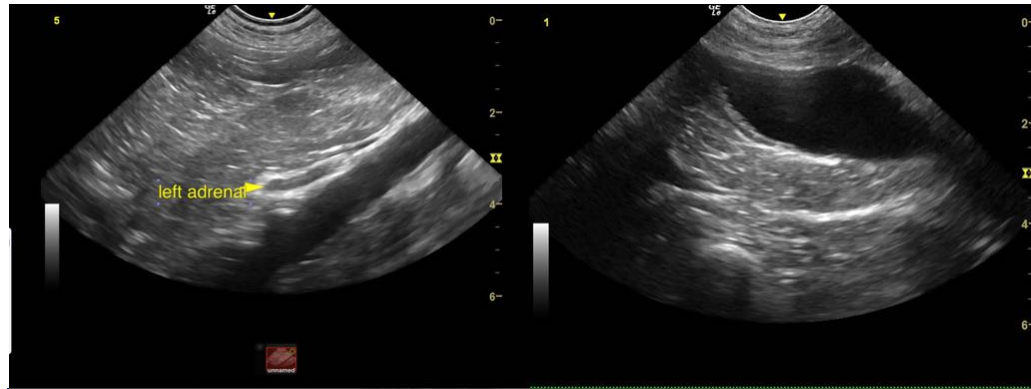
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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