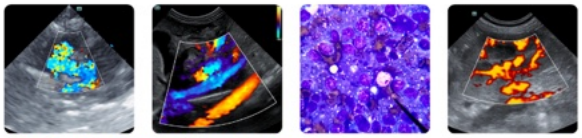

PATIENT

Koda Matti

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed female

AGE

4 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn VH

REFERRING VET

Dr. Abouemara

INVOICE

69512

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Not eating, vomiting. Current meds: Enro 136; Denamarin , Omeprazole.
Abnormal PE/Chem/CBC/UA Results: Hct 65.9; RBC 9.82; wbc 20.09; Prot 96; Alb 5.1; Glob 4.6; Alt 142; Bill 3.5; Amyl 1783; Lipase 2768; Cpl-grey zone

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 6.07 cm. The left kidney measured 4.07 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 1.16 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the caudal pole and 0.47 cm at the cranial pole.

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 upper **gastrointestinal tract** revealed hyperechoic material in the stomach with surrounding anechoic fluid. Linear fabric foreign continued into the small intestine with accordion pleating and static intestine with reactive mesentery.

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.

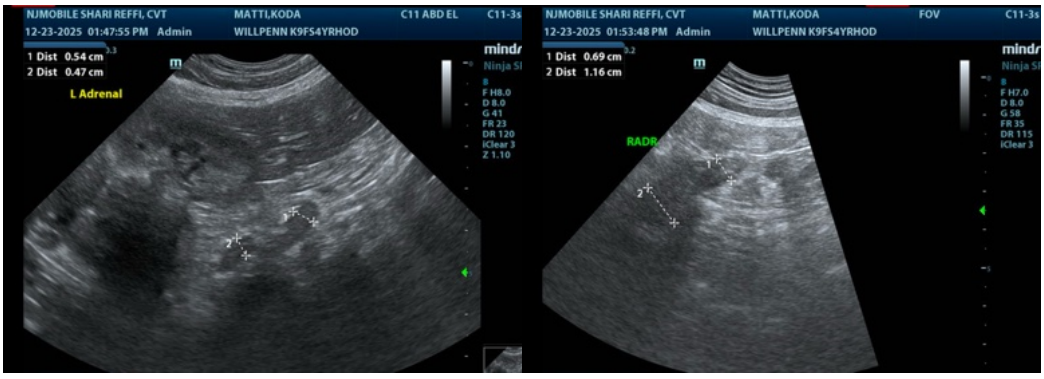
ULTRASONOGRAPHIC FINDINGS

Gastrointestinal fabric foreign body.

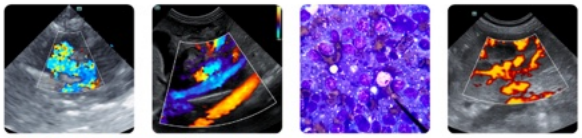
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical intervention is warranted. GI biopsies are warranted to rule out underlying disease.

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.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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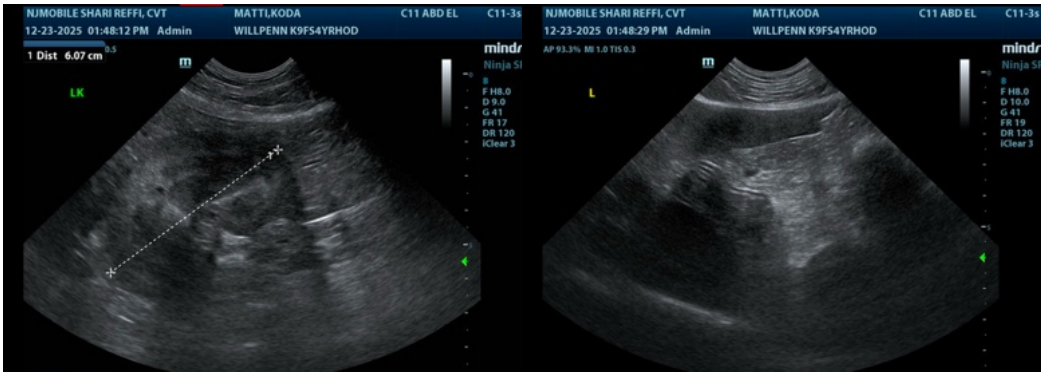

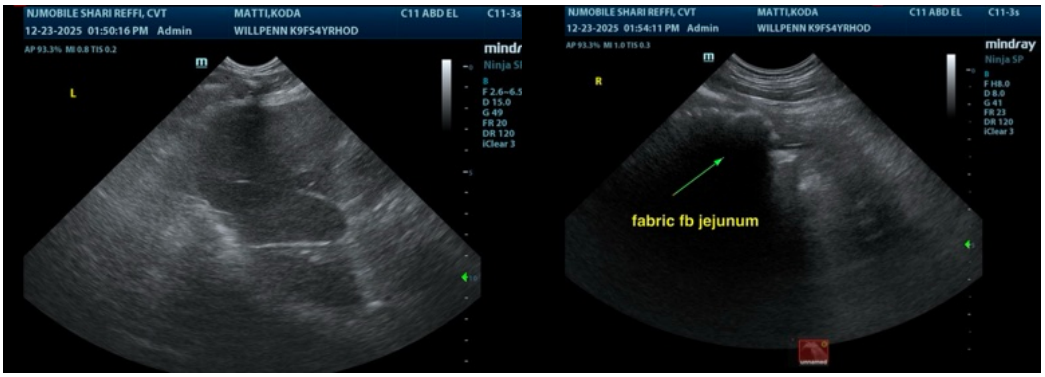

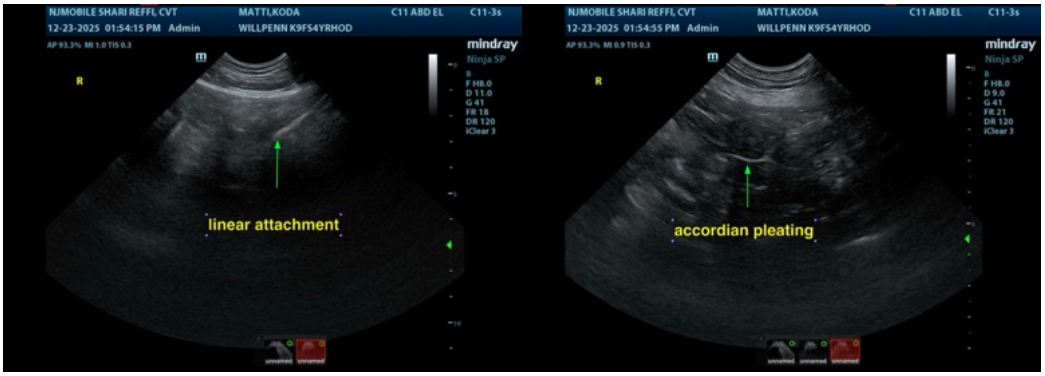

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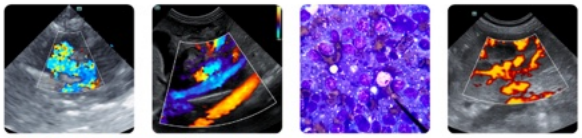

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Info@SonoPath.com