



**PATIENT**

Macaroni DeMarco

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

15 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. Khodari

**INVOICE**

42065

**DATE**

1/11/23

**PRESENTING CLINICAL SIGNS**

History: Anorexia x 2 days, bowing/praying position intermittently, diarrhea and vomiting for a few days has now resolved, lethargy. No current meds. No fever.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL. Chem: low Na and Cl. USG 1.068.

**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 left kidney measured 4.33 cm. The right kidney measured 4.22 cm.

**Adrenal Glands**

The left **adrenal gland** was subnormal in size. The left adrenal gland measured 1.63 x 0.32 cm at the caudal pole and 0.29 cm at the cranial pole. The region of the right adrenal gland was imaged with no evidence of pathology.

**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.



**PATIENT**

**Gastrointestinal**

Macaroni DeMarco

The **stomach** in this patient revealed a shadowing foreign body. The foreign body appeared to be a tubular plastic type structure. Upper duodenal stasis was also noted with stasis continuing in the small intestine into the caudal abdomen. I cannot rule out a second foreign body; however, gas interference was noted. The dilated small intestine was followed by empty small intestine.

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

1 ½ years

Gastric foreign body with concurrent small intestinal stasis, possible second intestinal foreign body.

Subnormal left adrenal size.

**WEIGHT**

15 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery with gastrotomy and inspection of the intestinal tract for second obstruction or region for partial obstruction of the small intestine. Reactive mesentery was noted around portions of bowel, which appears unhealthy. The patient may be passing foreign bodies periodically. Surgical intervention and GI biopsies are essential.

**INTERPRETED BY**

**Baseline cortisol or ACTH stimulation is warranted as this patient may be underlying Addisonian as well as foreign body issues.**

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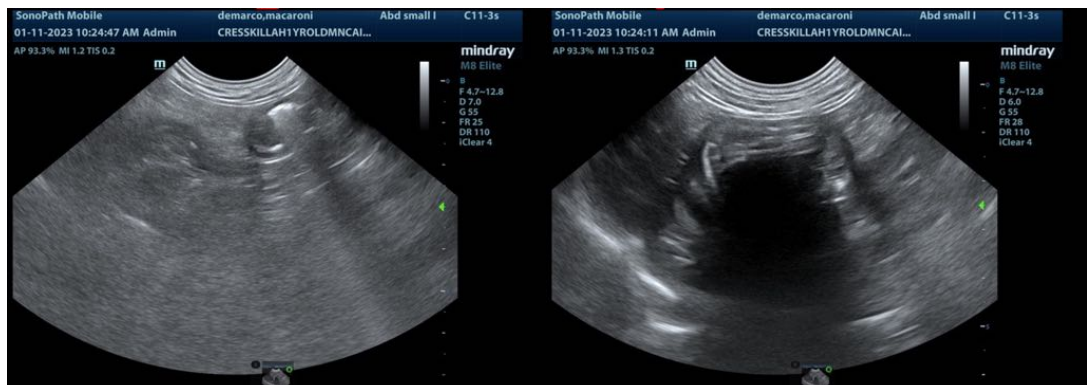
Dr. Khodari

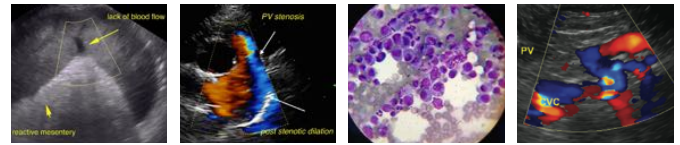
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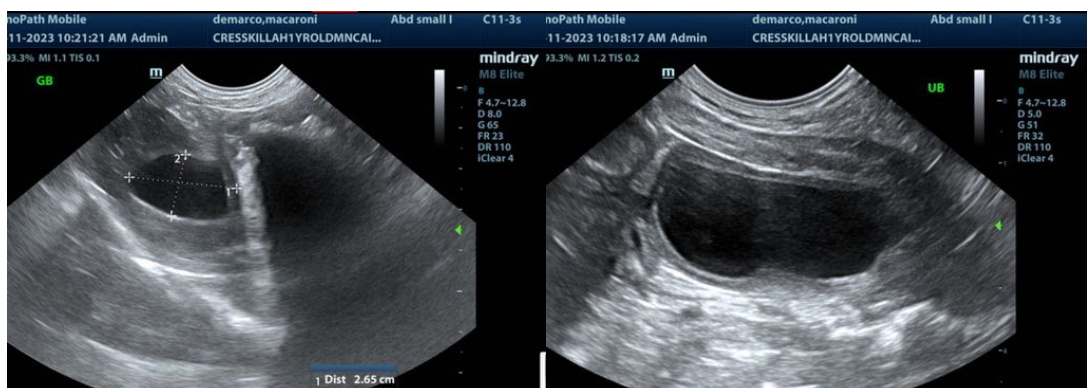
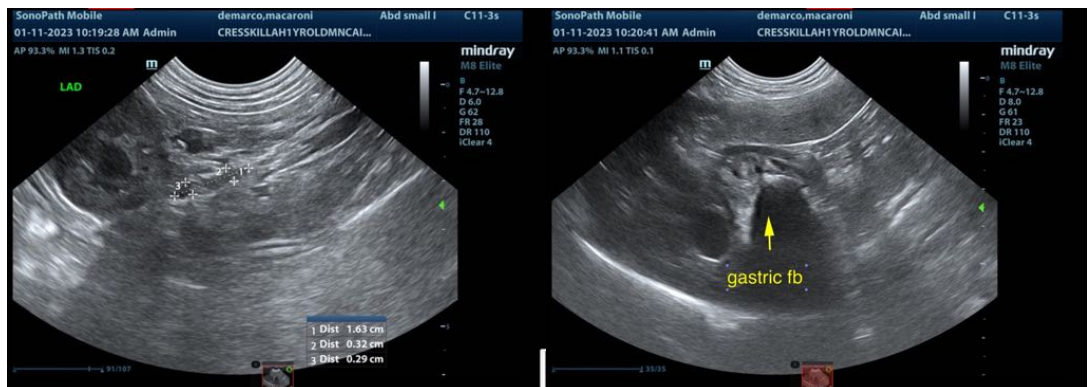
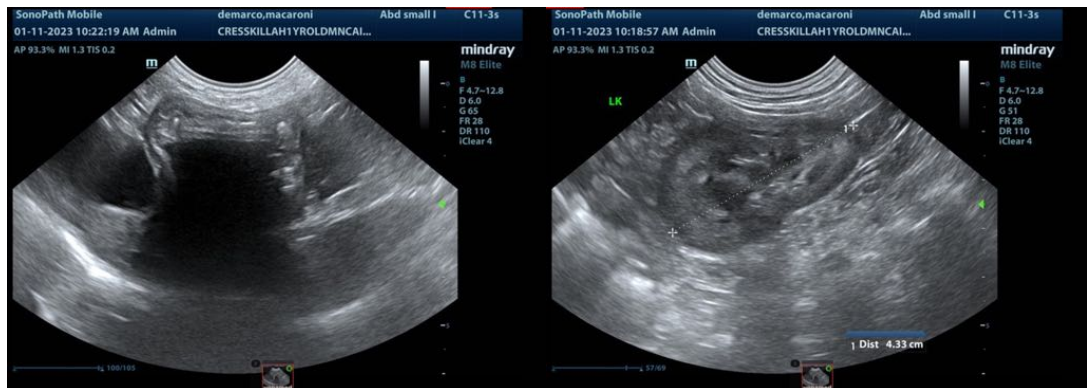
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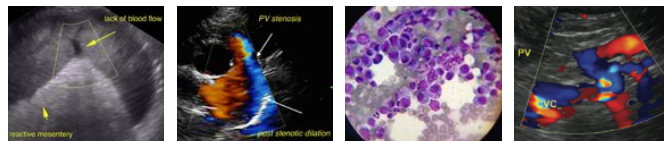


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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