



**PATIENT**

Lucy Vandehay

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

86 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Gray/Dr. Hollomon

**INVOICE**

36783

**DATE**

4/11/22

**PRESENTING CLINICAL SIGNS**

ADR, vomiting, diarrhea, lethargy On cerenia  
Abnormal PE/Chem/CBC/UA Results: Labwork: elevated BUN, Crea, phos, elevated WBC, elevated Ca; see attached labwork Radiographs: FB? loss of detail?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm. The right kidney measured 7.6 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm at the cranial pole and 0.92 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the caudal pole.

**Spleen**

The spleen presented mild generalized enlargement with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. No masses or nodules. Normal splenic vascularity.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited moderate fluid retention. The fluid in the stomach was primarily anechoic to mildly echogenic. A strongly shadowing, lobulated appearing echo was present in the area of the pylorus and pyloric outflow tract, measuring approximately 3.0 cm in diameter.

The strongly shadowing echo appeared to extend from the pylorus into the upper gastrointestinal tract, including concurrent shadowing echo in the duodenal lumen, likely extending into the upper jejunum. Concurrent segmental duodenojejunal corrugation to potential plication noted along with areas of retained duodenojejunal luminal fluid, consistent with likely mechanical ileus. Subtle evidence of peri intestinal reactive mesentery noted.

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.



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**Free Abdomen**

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No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Strongly shadowing pyloric echo extending into upper small bowel (duodenum and likely jejunum), concurrent segmental duodenojejunal corrugation to plication.
- Mild splenomegaly – likely benign/reactive.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

The sonographic findings are consistent with probable anchored pyloric foreign body extending into the upper gastrointestinal tract with areas of secondary small bowel correlation to emerging plication and obstructive pattern. No overt evidence of intestinal perforation or peritonitis, although mild peri intestinal omental reactivity was present.

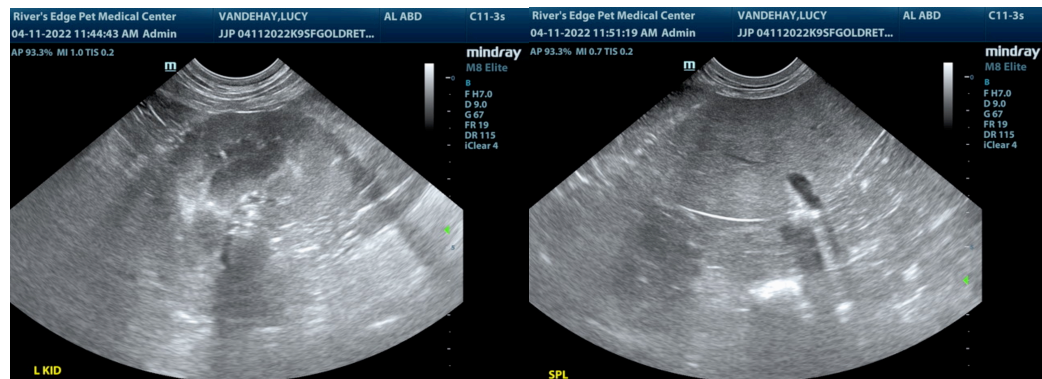
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The azotemia in this patient is suspected to be prerenal, given likely dehydration. Correlation with urinalysis recommended. Exploratory laparotomy with expectation towards gastrotomy, enterotomy to potential enterotomies recommended. Gross inspection of the generalized gastrointestinal tract for evidence of non-visualized foreign material is recommended.

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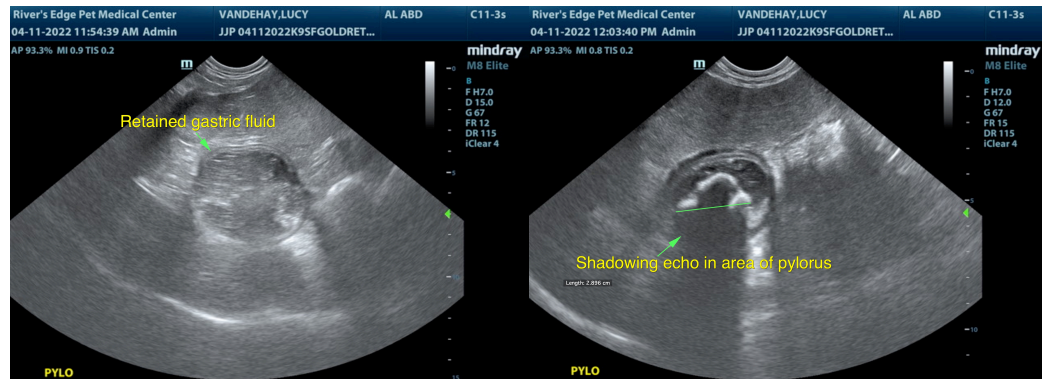


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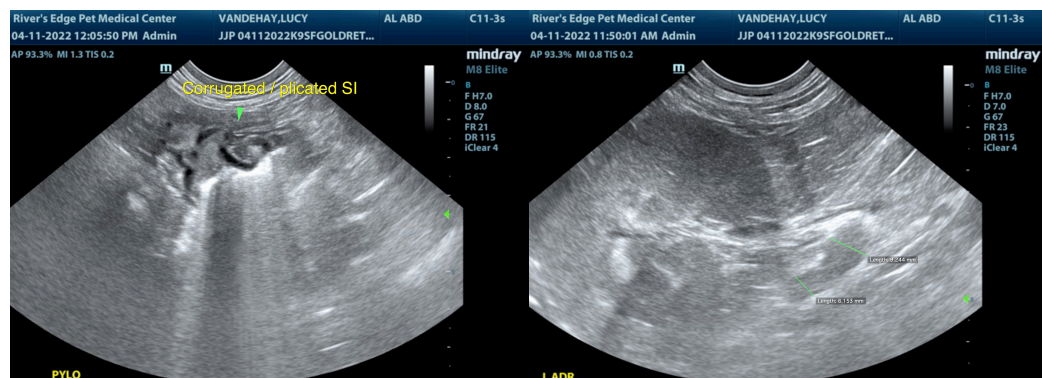
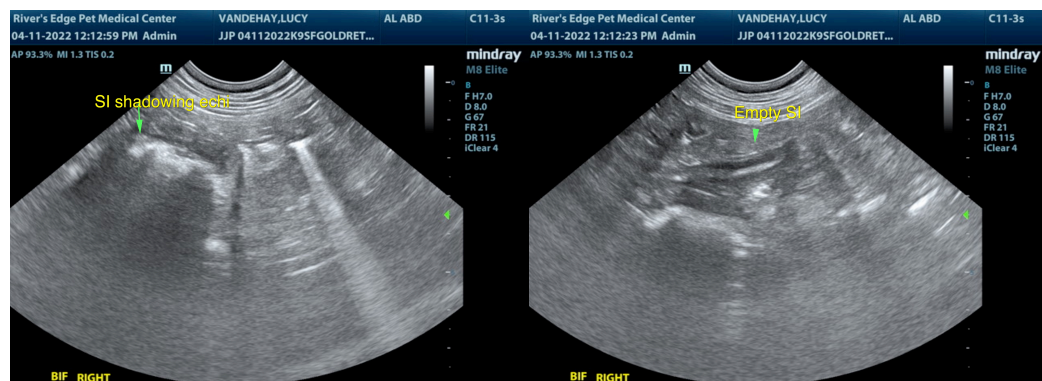
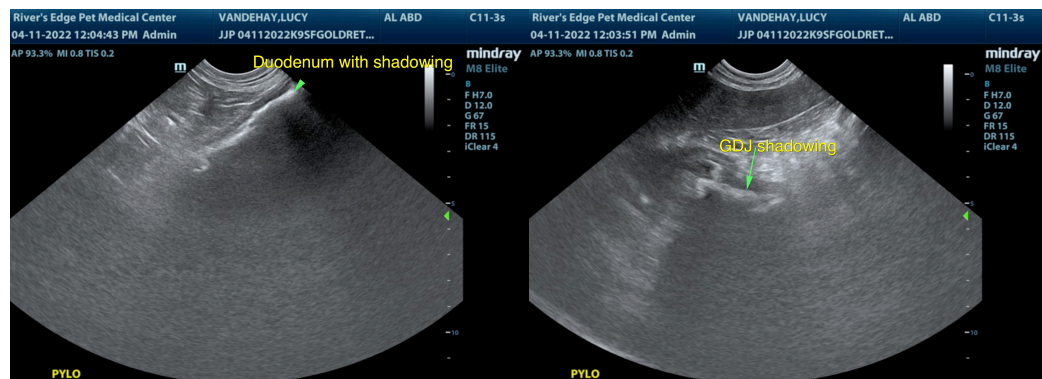
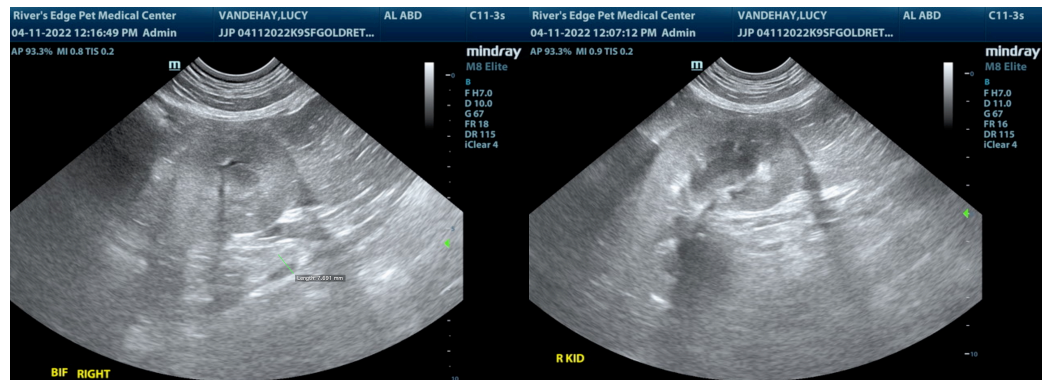
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

info@SonoPath.com

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