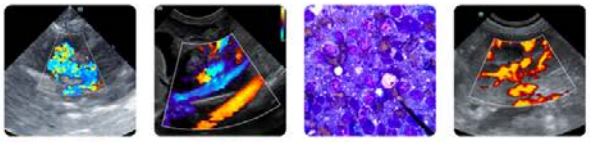

PATIENT

Mila Garlinger

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Spayed Female

AGE

5 Years

WEIGHT

38 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

72451

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Urinating in house, v+, was seen at rdvm today- given dewormer. O notes Pt symptoms improved overnight. No V+ or urination in the house since visit yesterday. Currently on Thyrotabs and Keppra.Mildly dehydrated on exam (5-6%)

Abnormal PE/Chem/CBC/UA Results: Radiographs suspicious for gastric foreign material CBC: Retic 122.3 (H), Baso 0.14 (H) Chem: TP 4.2 (L), Alb 1.5 (L), Chol 101 (L) UA: USG 1.008, pH 5.0, Bld 25 Ery/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 6.45 cm. Right kidney measures 6.23 cm.

Adrenal Glands

Both adrenal glands are visualized and have 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. Left measures 0.67 cm at the caudal ple. Right measures 0.56 cm at the caudal pole.

Spleen

The spleen measures 1.39 cm at the hilus. It is slightly prominent with a diffusely mottled or heterogeneous parenchyma. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The splenic capsule is smooth without significant irregularity.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is moderately distended with echogenic hard shadowing foreign material. The pylorus and pyloroduodenal junction are not discretely visualized, but there is no gastric fluid accumulation or other suspicion of a pyloric outflow obstruction. The small intestine contains a mild amount of echogenic luminal fluid, but there is no overt shadowing foreign material or other evidence of a mechanical small

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intestinal obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

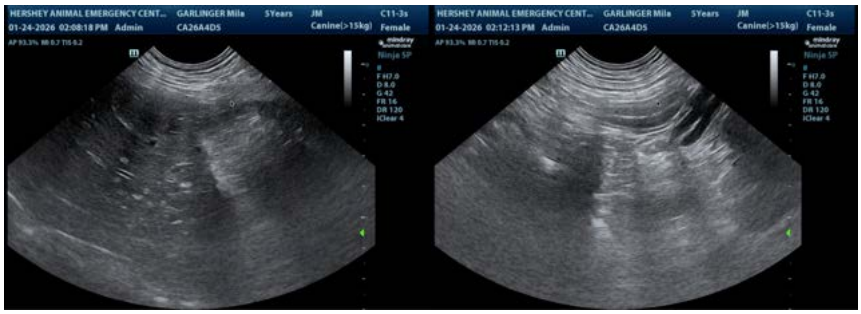
- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.

- There is a moderate amount of echogenic shadowing gastric foreign material with no overt evidence of pyloric outflow obstruction. However, this can't be definitively excluded. Given the mild amount of luminal small intestinal fluid, occult small intestinal foreign material can't be definitively excluded. However, it is not discretely visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Given the concern for gastric foreign material, upper gastrointestinal endoscopy or exploratory laparotomy with gastrotomy is recommended for evaluation and removal of the suspected foreign material. Given the presence of the luminal small intestinal fluid, an exploratory laparotomy may be more prudent, as this would allow for complete evaluation of the gastrointestinal tract to exclude any potential small intestinal material.



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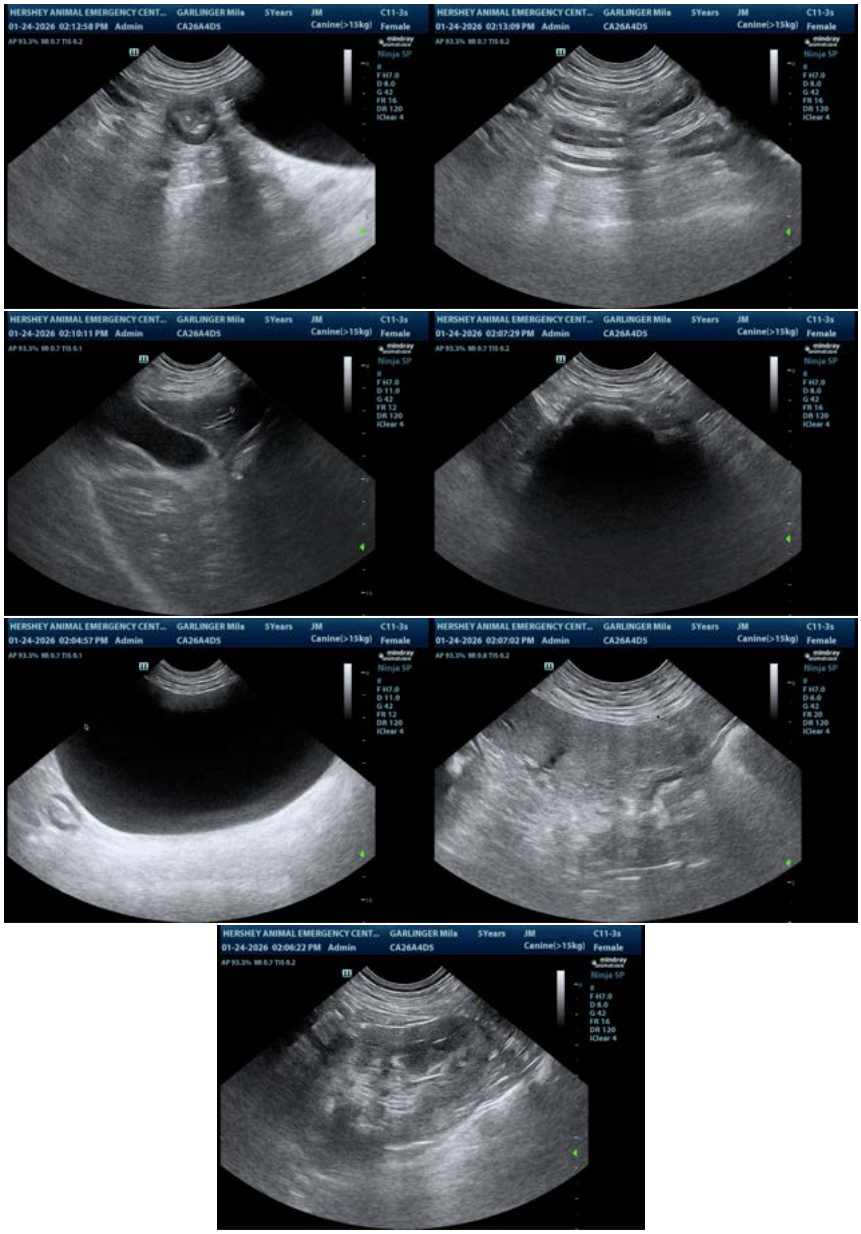

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com