



PATIENT

Ranger Marangon

SPECIES

Canine

BREED

Greater Swiss Mountain

SEX

Neutered male

AGE

3 years

WEIGHT

122 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

69833

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: possible foreign body, vomited vet wrap up today (has had a tail wrap for a couple weeks and a couple bandage changes and the bandage was not from the last 4 days at least) cant keep food or liquid down, 3 view rads dilated loops in small intestines. cerenia inj - 5.6ml, famotadine - 2.9ml sq tonight, 500mls lrs sq, dermaquin daily

Abnormal PE/Chem/CBC/UA Results: 1/6/26 - neu - 11.616(hi), mono - 0.9(hi), eos - 0.014(lo), BUN - 5(lo) ALP- 601(hi), chol- 370(hi) trig - 249(hi), amy - 279 (lo)

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 6.7 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The left **adrenal gland** was 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 measured 0.54 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland was not visualized.

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



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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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The **stomach** was filled with shadowing material. Gastric foreign body was lodged in the stomach with linear attachment into the small intestine with overlying intussusception. The distal small intestine revealed intussusception with occluded foreign body.

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Pancreas

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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

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Gastrointestinal foreign body with intussusception and immediate exploratory surgery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy and enterotomy are recommended.

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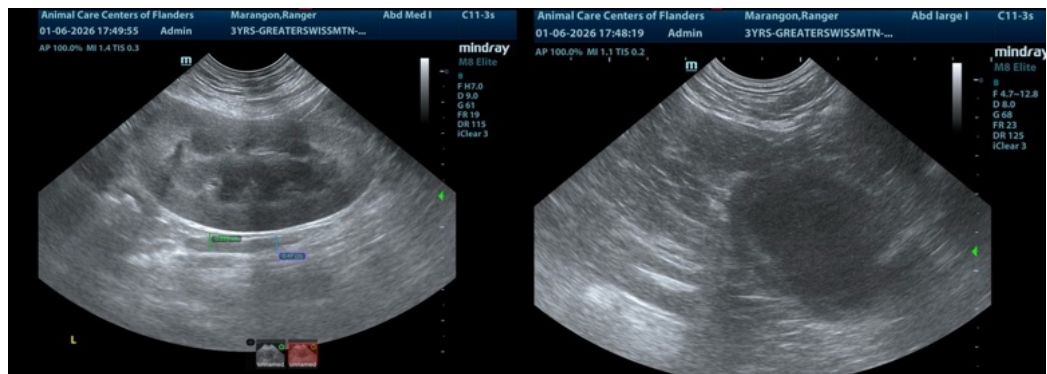
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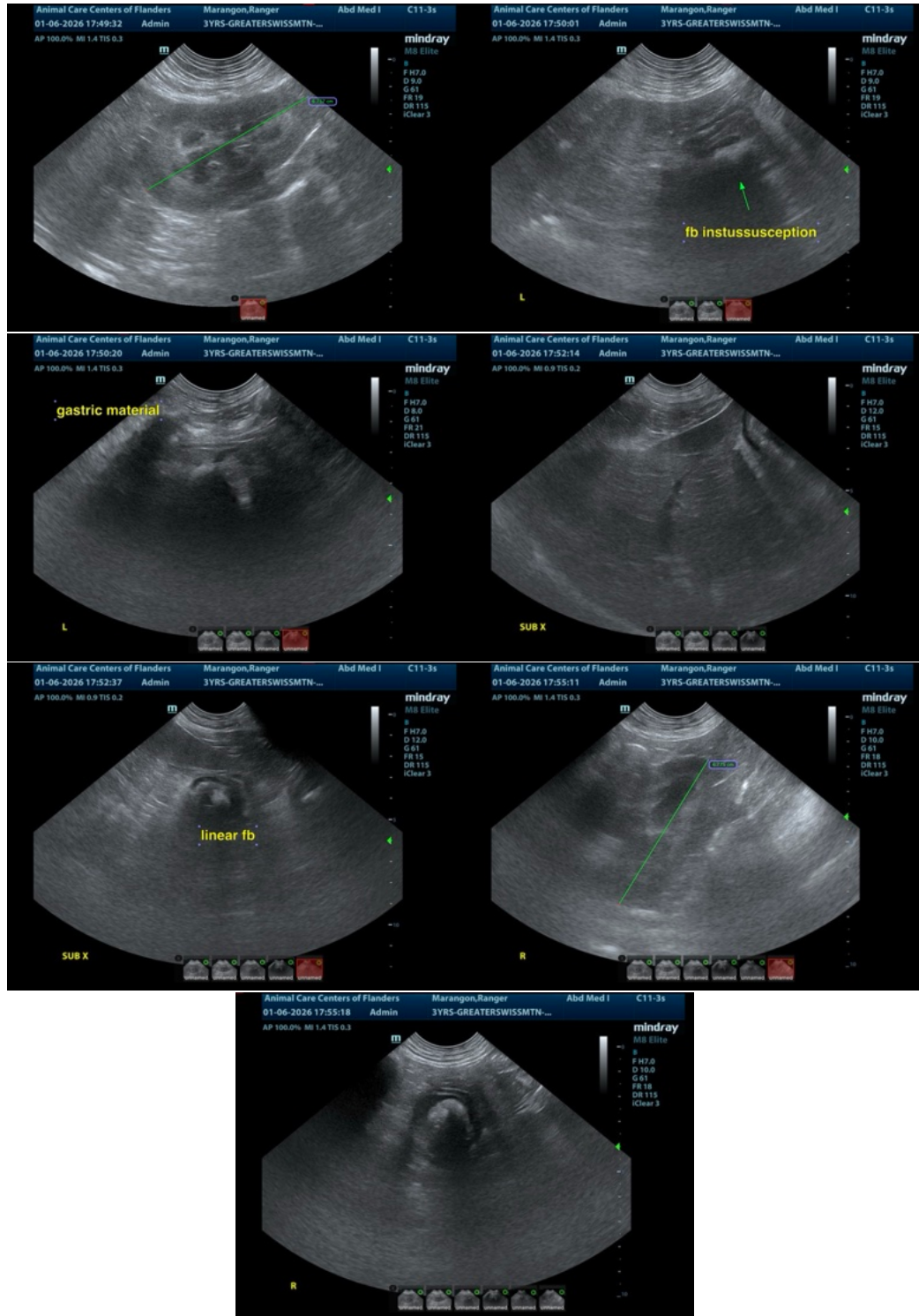
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com