



DATE PRESENTING CLINICAL SIGNS

11/10/25

Patient History: 8yo FS Bernese Mountain Dog. Vomiting green bile no smell to it at all. Extremely lethargic, just standing around looking confused. Thursday has had super bad diarrhea. HAs not ate a single thing in 4 days. Turning down all food History: - Adopted at 8 wk from reputable Bernese Mountain Dog breeder - No previous medical issues except small umbilical hernia, repaired at spay - Wellness exams 2x/yr; up to date on all vaccinations - Receives NexGard and heartworm prophylaxis combo monthly - Groomed q2mo; nails and coat professionally maintained - Mild dental calculus noted at recent exam; scaling recommended, not yet performed - Pet insurance: Pet's Best (does not cover dental scaling) - Dietary indiscretion history: Ingested fabric (curtains, blankets, sectional sofa stuffing, tassels) in past; last incident 2-3 mo ago; home now "Wendy-proofed" - Previous fecal (Aug 2025): negative - Weight history: May 2025: 111lb; Aug 2025: 102/104 lb; current: 94.4 lb - Acute onset GI signs: - Diarrhea onset: 7 days ago (first noted Sunday) - Vomiting: Sunday(day of initial diarrhea), Thursday, and Sunday (today); 1 episode/day; mostly bile, green, no odor, grass present once - Diarrhea: Watery; no hematochezia or melena; recurrent - Anorexia: Minimal intake x several days; "hasn't eaten in 4 days" - Lethargy; less interactive than baseline - Drinking, but unable to retain water

PATIENT

Wendy Arvey

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Spayed Female

AGE

11/9/17

Current Medications: Provable.
Labwork Results: Labwork reported as pending. Attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

WEIGHT

94.4 Pounds

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 were 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.

Adrenal Glands

The **left adrenal gland** was unremarkable. The left adrenal gland measured 3.0 cm x 0.52 cm at the caudal pole and 0.46 cm at the cranial pole.

The **right adrenal gland** appeared subjectively small and flattened. The right adrenal gland measured 3.61 cm x 0.56 cm at the caudal pole and 0.65 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

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Animal Emergency
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35460

thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Caudal folding of the spleen was noted; this is a positional variant.

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.

Gastrointestinal

The **stomach** itself was unremarkable. Minor excessive gas was noted in the small intestine. Some reactive mesentery was noted around the portions of small intestine. Slight shadowing was noted at the level of the ileocecal junction/cecum, however, this is likely owing to hard stool and possibly dehydration.

Pancreas

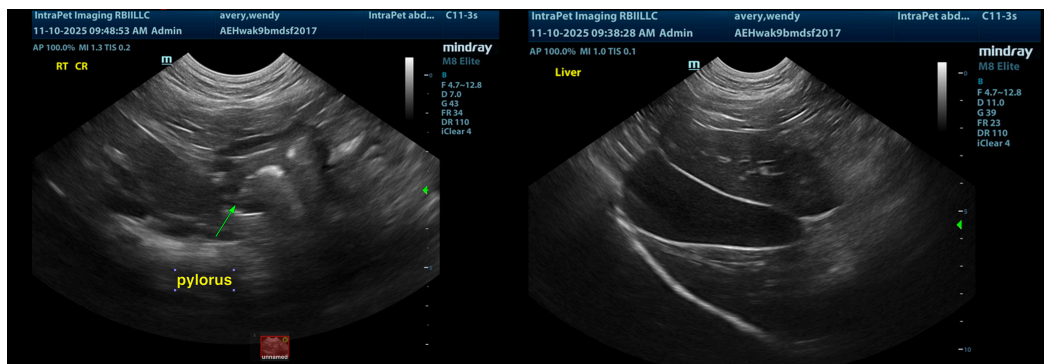
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

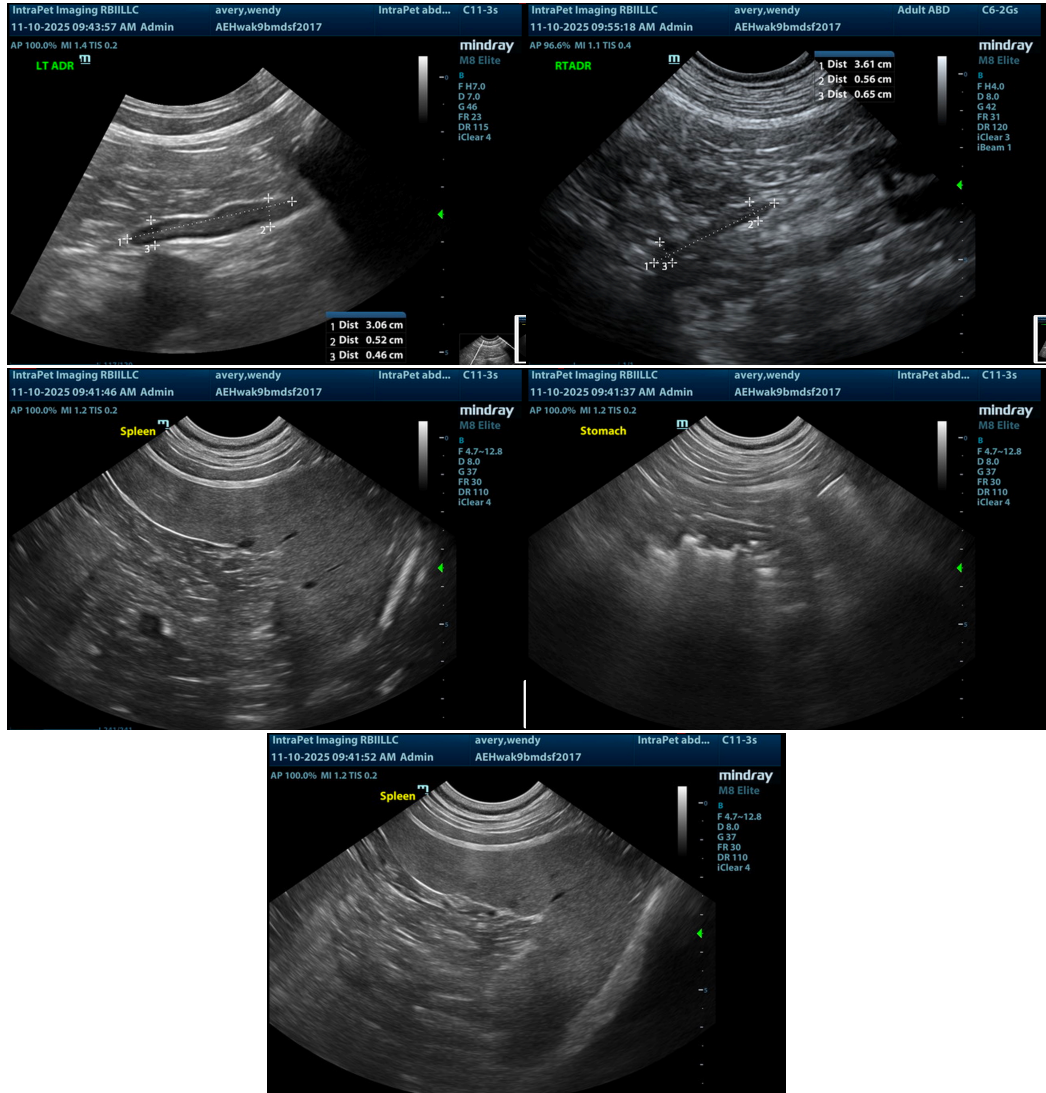
ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern
- Subjectively small and flattened right adrenal gland
- Caudal splenic fold, positional variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of neoplasia or foreign bodies. Cannot rule out a passed foreign body into the colon, yet no small intestine or gastric obstructions noted. Supportive care for GI upset and enterotoxins should prove effective. Screening for addisons is warranted.





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.

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