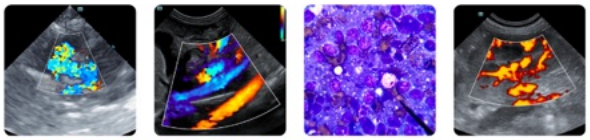


PATIENT

Bear Nilsen Goodin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

6 years

WEIGHT

115.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

Dr. Torrey Schwartz

INVOICE

69521

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Hx chronic diarrhea, normal appetite x14d. Increased frequency of diarrhea, hyporexia x~4d. Acute mild hematochezia with markedly decreased appetite ~x2d.
Abnormal PE/Chem/CBC/UA Results: CBC moderate monocytosis. Chem/T4 WNL. Spec cPL pending

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 6.5 cm. The right kidney measured 7.0 cm.

Adrenal Glands

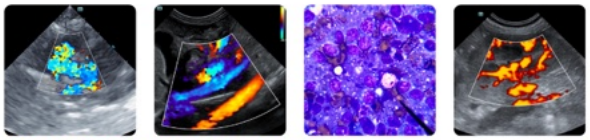
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. 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 primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



PATIENT

Bear Nilsen Goodin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

6 years

WEIGHT

115.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

Dr. Torrey Schwartz

INVOICE

69521

DATE

12/10/25

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Upper intestinal thickening was noted and appears to jejunum impinging upon the gastric fundus. The width of the intestinal thickening measured 3.2 cm with a wall thickness of 1.4 cm with loss of mural detail. Jejunal thickening extended for approximately 7.5 cm. Reactive mesentery was noted adjacent to the intestinal thickening. Regional lymph nodes were slightly enlarged and measured up to 2.0 x 0.5 cm.

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

Infiltrative intestinal pattern with regional lymphadenopathy.

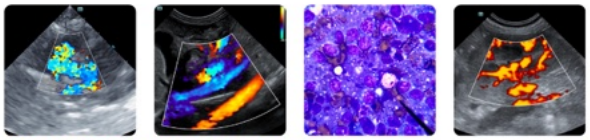
Reactive mesentery.

Enlarged lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging intestinal round cell neoplasia. Intestinal necrosis, lymphadenitis and enteritis all possible. Surgical exploratory with expectations towards resection and anastomosis, lymph node removal, biopsy and culture are all indicated. Chest radiographs are warranted to assess for metastatic disease. The prognosis is guarded depending upon surgical findings. Baseline cortisol is recommended as the right adrenal gland was not visualized to rule out occult Addison's that may be contributing given the breed and age.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Bear Nilsen Goodin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

6 years

WEIGHT

115.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

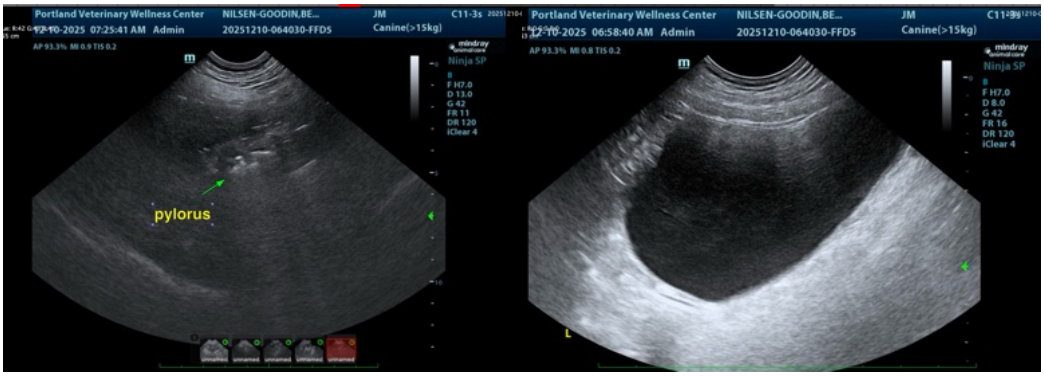
Dr. Torrey Schwartz

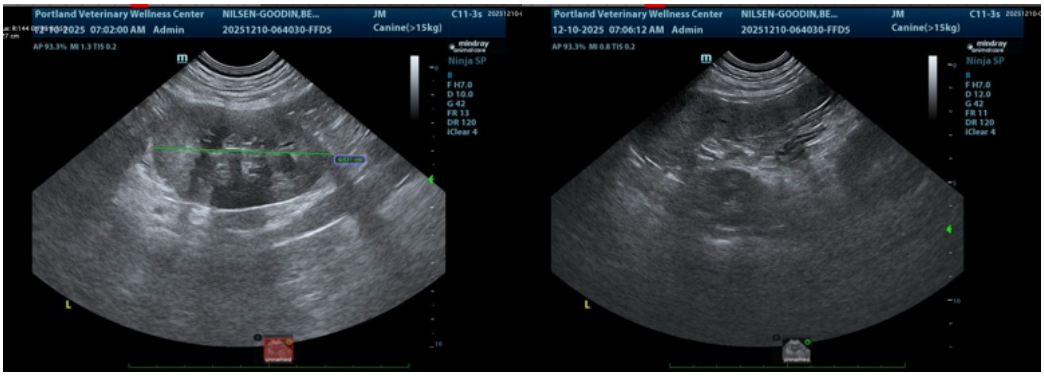
INVOICE

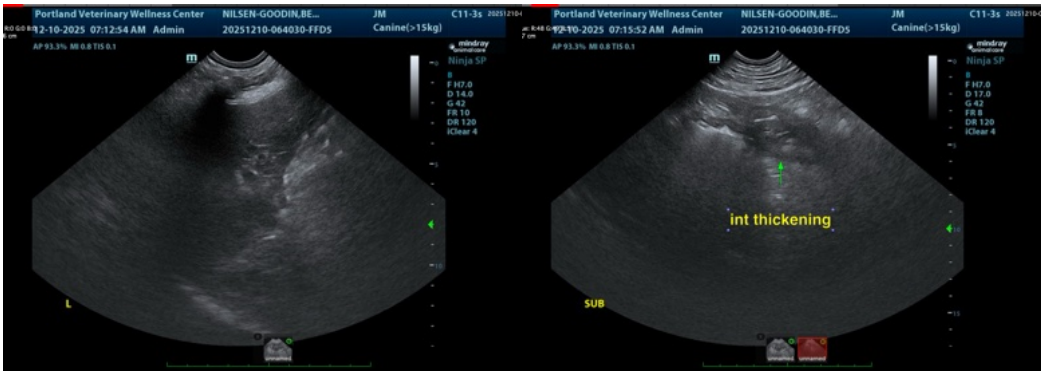
69521

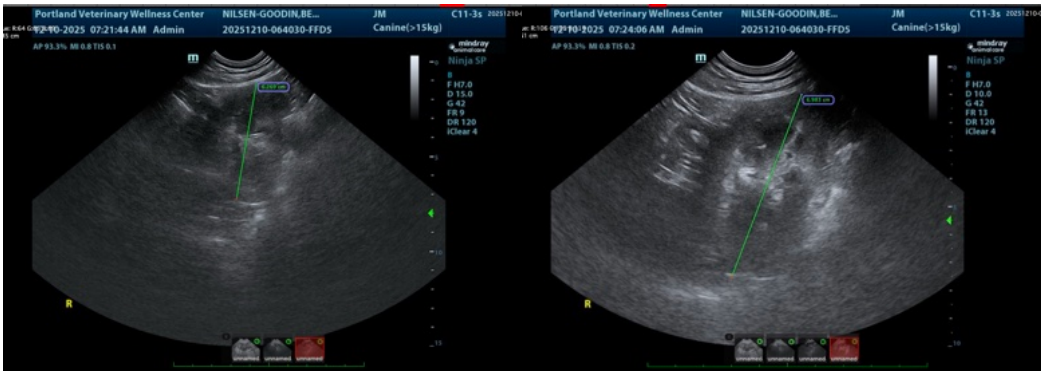
DATE

12/10/25









PATIENT

Bear Nilsen Goodin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

6 years

WEIGHT

115.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

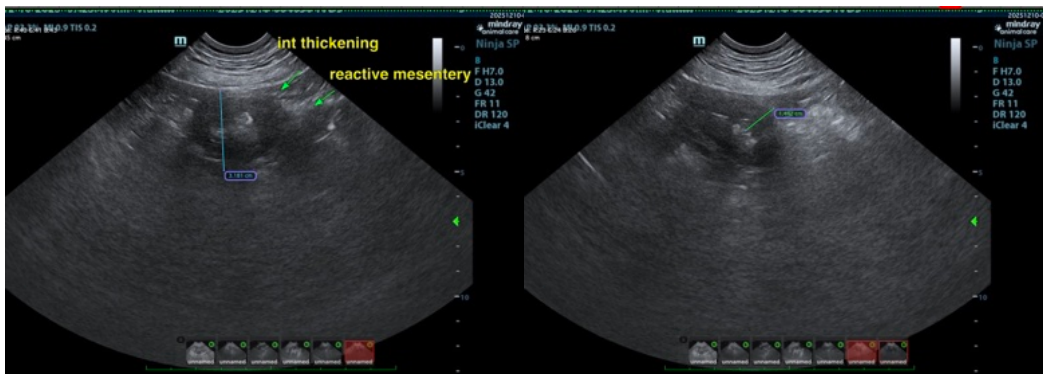
Dr. Torrey Schwartz

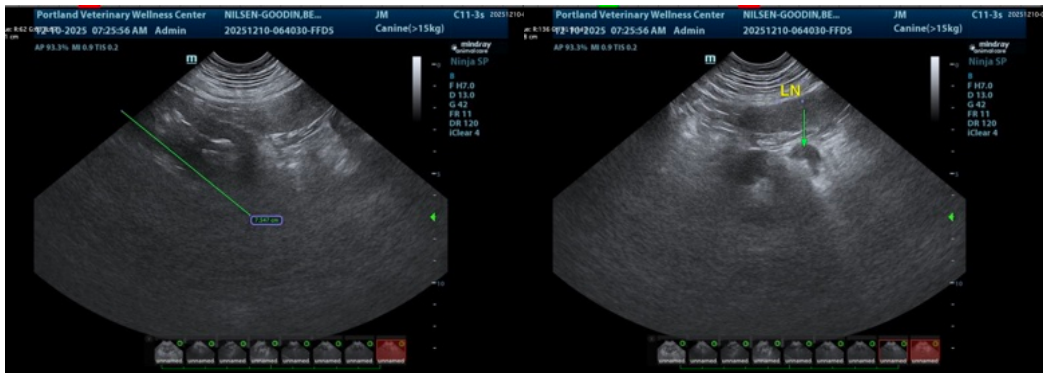
INVOICE

69521

DATE

12/10/25





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