



**PATIENT**

Duncan Faraci

**SPECIES**

Canine

**BREED**

Bernese Mtn Dog

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

112.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

39129

**DATE**

6/30/22

**PRESENTING CLINICAL SIGNS**

Acute onset of restlessness, vomiting, abdominal pain, poss.FB seen on reds (only able to take lateral) given cerenia and famotadine given 1.5 mL torb and 0.4 dexdomitor IV  
Abnormal PE/Chem/CBC/UA Results: lipase mildly high, lipa- 2012 (hi), PDW (lo) - 8.0

**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 **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 6.44 cm.

The **right kidney** was not visualized.

**Adrenal Glands**

The **adrenal glands** were 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 were noted.

**Liver**

Minimal **liver** was visualized, appeared to be unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable areas of intestinal dilation noted followed by empty small intestine, creating an obstructive pattern. Reactive mesentery noted around the dilation. Some shadowing material was noted in the small intestine, suggestive for foreign body.

**Pancreas**

The visible pancreas was unremarkable other than some extension of inflammation deriving from the mesentery.

**PRIMARY FINDINGS**

- Intestinal obstructive GI pattern with reactive mesentery

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate exploratory surgery indicated.



**PATIENT**

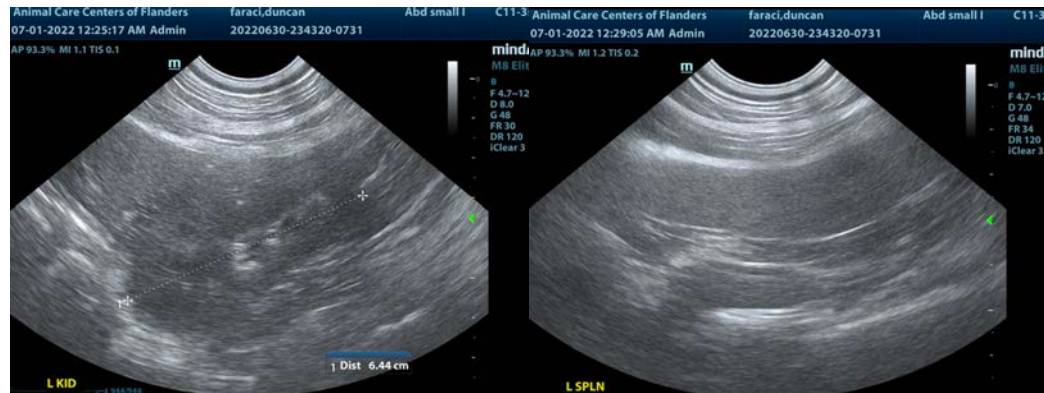
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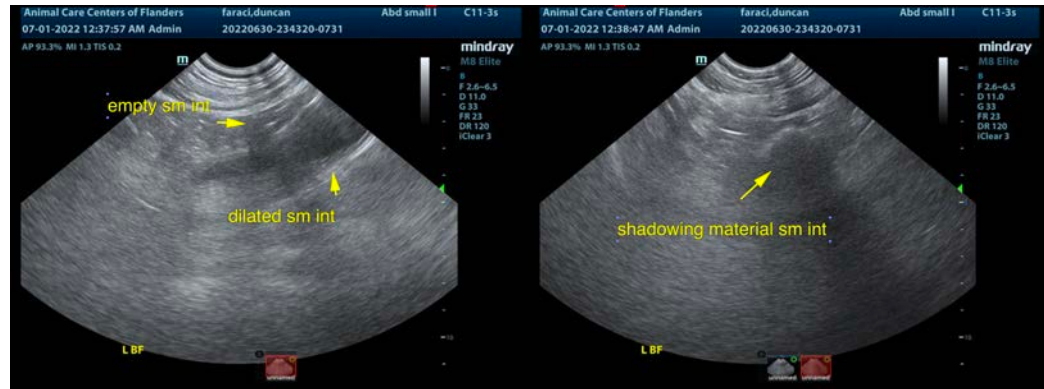
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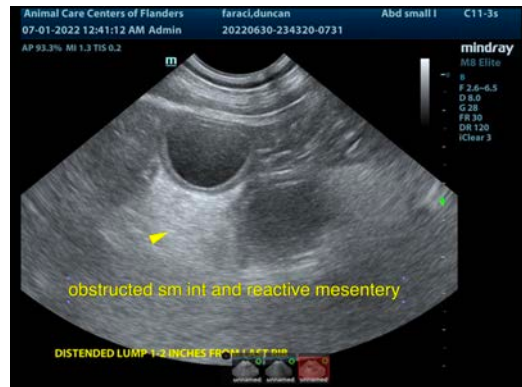
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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