



## PATIENT

Max Treagold

## SPECIES

Canine

## BREED

Bernese Mountain Dog

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

41.1 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Mariusz Chmielinski,  
DVM

## HOSPITAL NAME

Apex Veterinary  
Services, Ltd.

## REFERRING VET

Alpine 24/7 ER

## INVOICE

75753

## DATE

6/5/26

## PRESENTING CLINICAL SIGNS

Acute onset hyporexia/anorexia, intermittent vomiting, ptyalism, panting, apparent abdominal discomfort, reluctance to eat despite interest in food, and concern for oral pain versus gastrointestinal disease. Clinical signs began approximately one week prior to presentation. Previous CBC/Chemistry/UA performed by referring veterinarian were largely unremarkable. Relevant History. Vomiting episodes beginning May 29, 2026. Progressive reduction in appetite despite interest in food. Increased salivation and apparent difficulty chewing/swallowing food. Previously receiving meloxicam for osteoarthritis; discontinued after onset of clinical signs.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.2, Heart Rate/min (HR):102, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: panting , Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate CBC, chemistry profile, urinalysis, SDMA, Precision PSL, and T4 largely within reference intervals.

## 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 8.0 mm.

The iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Right kidney measured 7.2 cm. Left kidney measured 7.0 cm with trace pyelectasia noted.

### 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. Left measured 0.84 cm at the caudal pole and 0.52 cm at the cranial pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

### Spleen

The **spleen** revealed an expansive isoechoic nodule measuring 0.98 cm x 2.0 cm at the mid body. Other target type nodules noted on the spleen measuring up to 0.93 cm.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Canine

**Gastrointestinal**

The **gastric** wall was thickened with loss of mural detail, measuring up to 2.0 cm. The small intestine and colon were unremarkable.

**BREED**

Bernese Mountain Dog

**Pancreas**

The region of the **pancreas** revealed undifferentiated 1.2 cm and 1.3 cm hypochoic nodules. These may be overlying lymph nodes.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Splenic nodules.
- Gastric wall thickening.
- Age related hepatic changes and gallbladder debris.
- Undifferentiated nodules in the region of the pancreas, possible overlying lymph nodes.

**WEIGHT**

41.1 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ultrasound guided FNA of the splenic nodules indicated, as well as 22-gauge FNA of the gastric wall with corkscrew technique. Strong concern for early phase round cell neoplastic event in this patient. If accessible, the presumed lymph nodes just caudal to the gastric fundus could also be sampled, as these could represent metastatic disease versus lymphadenitis. Prognosis is guarded. Otherwise, surgical biopsies of the gastric fundus and spleen may be appropriate, or direct splenectomy. Manual expression of the gallbladder warranted if surgery is to be performed. Chest radiographs warranted to assess for comorbidities and metastatic disease.

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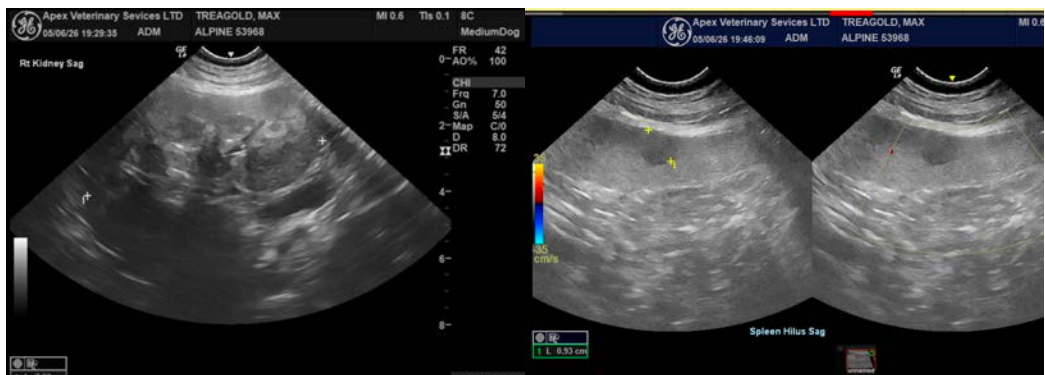
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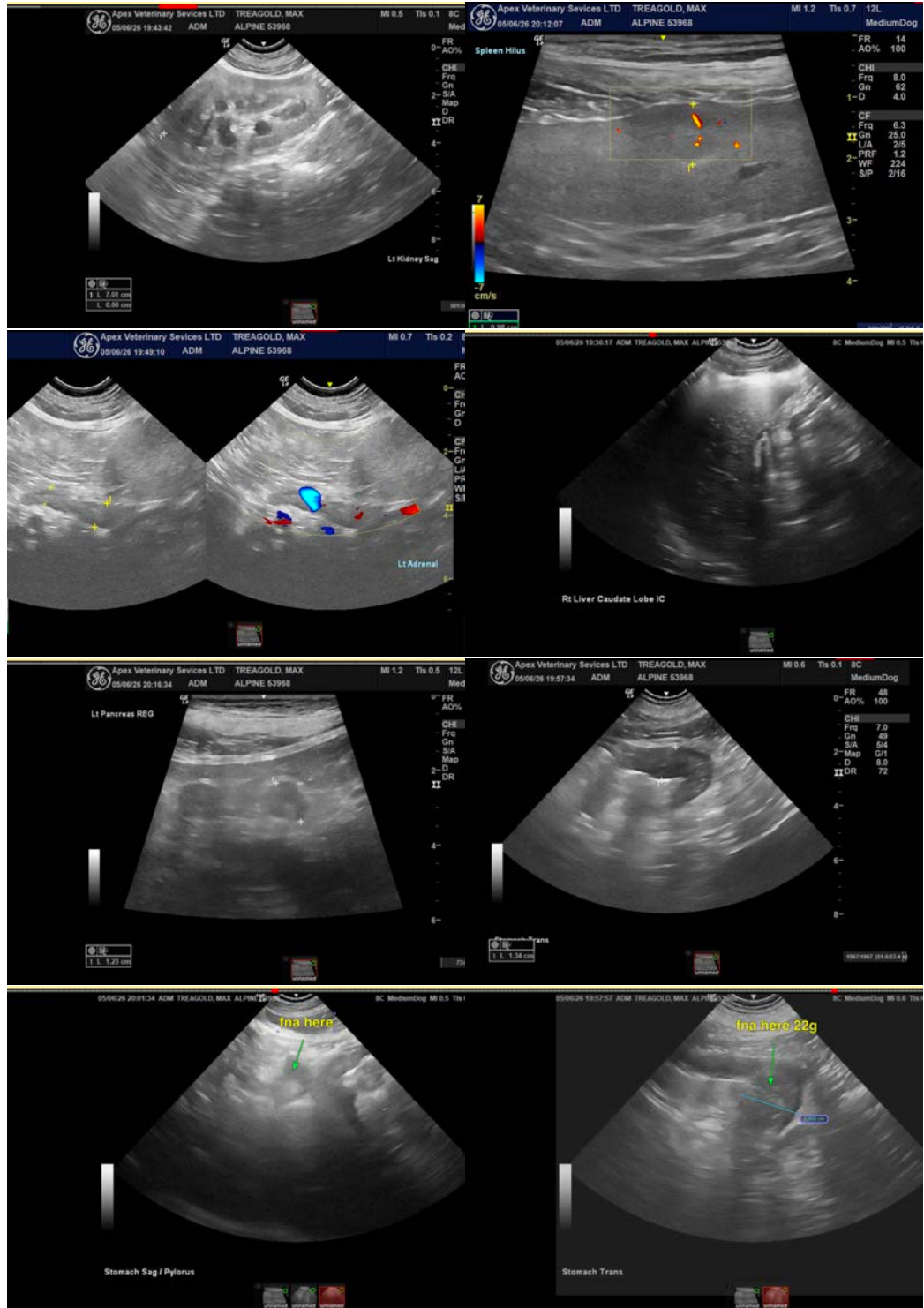
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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