



PATIENT

Moses Westfall

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Neutered Male

AGE

2 Years

WEIGHT

45 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Ryan

INVOICE

16494

DATE

7/24/22

PRESENTING CLINICAL SIGNS

History: Presented last night on ER for vomiting. No specific fb ingestions witnessed but has had 3 fb surgeries thus far, with the last in Feb 2022.

Abnormal PE/Chem/CBC/UA Results: Radiographs: cluster of radiopaque items in the pyloric region and a single radiopaque fb in the caudal right abd appearing to be in SI, no movement of either in span between first rads and a set ~ 12 hr later. (Rads attached) Labs: CBC mild elev WBC 21K mature neutrophilia Chems all normal Lactate normal

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. The right kidney measured 8.72 cm. The left kidney measured 7.91 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 were 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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Some soft nonobstructive material was noted in the **stomach**, consistent with ingesta or possible soft foreign matter. The small intestine and colon were unremarkable.

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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Bernese Mtn. Dog

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Soft shadowing nonobstructive material in the pyloric outflow

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Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the material is persistent, despite NPO status, then endoscopy or gastrotomy is warranted with GI biopsies to rule out underlying disease. However, the material in the stomach is non-obstructive.

AGE

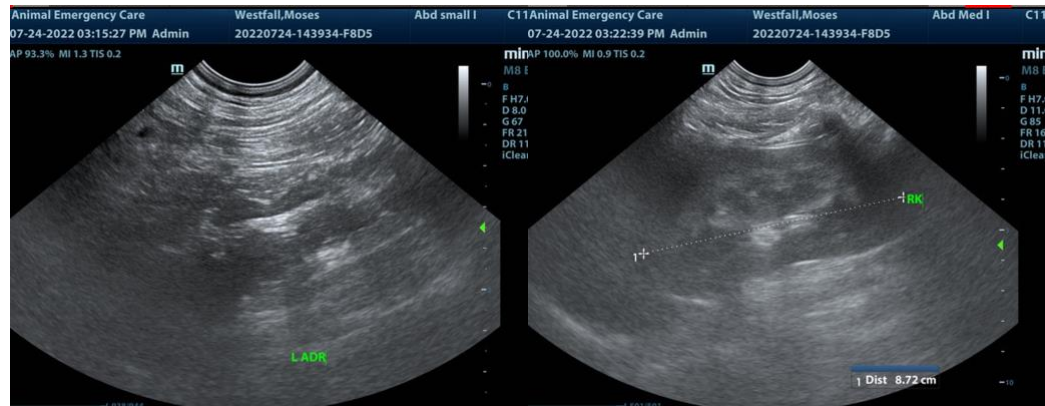
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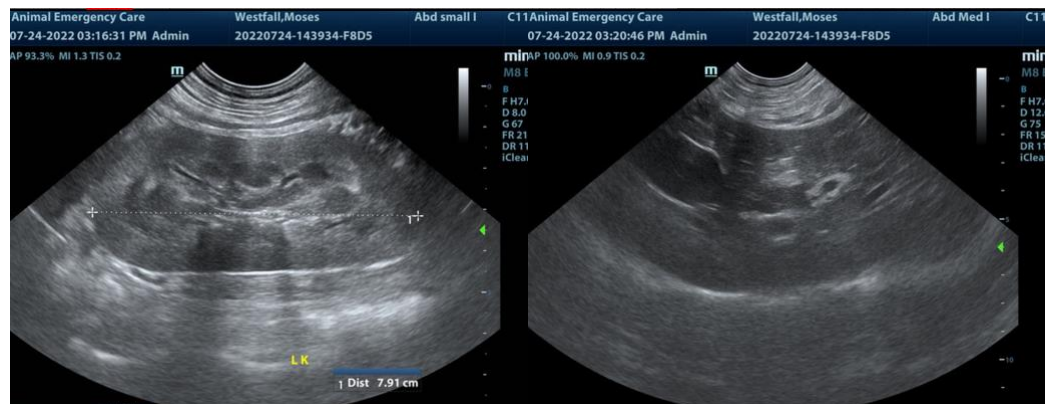
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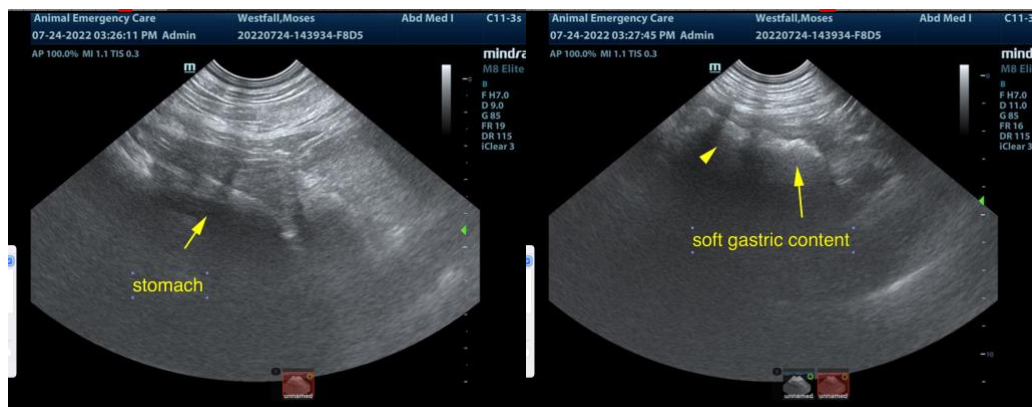
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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