



PATIENT

Bjorn Bringelson

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Male

AGE

2 Years

WEIGHT

50 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Anna Weprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Weprich

INVOICE

23244

DATE

7/9/23

PRESENTING CLINICAL SIGNS

History: Pet didn't eat Friday. Saturday vomited early morning, ate some food, then projectile vomited multiple times throughout the rest of the day. no interest in food since then. went to VCA, got subQ fluids and cerenia. today still not eating and very lethargic. p is normally very food motivated. no diarrhea. no known salmon exposure. hx of small kidneys & elevated kidney values. hx of eating toys as a puppy, nothing since then, o doesn't believe p has gotten into anything recently.

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 left kidney measured 7.9 cm. The right kidney measured 8.0 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 0.4 cm.

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

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

The **gastrointestinal tract** revealed thickened stomach with a shadowing foreign body in the pylorus, continuing in through the small intestine with entrapped obstructed chyme. Accordion pleating was



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noted in the small intestine. Obstructive small intestinal pattern was noted with dilated bowel, followed by empty small intestine. Linear attachment was present.

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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ULTRASONOGRAPHIC FINDINGS

- Pyloric to small intestinal foreign body with linear attachment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is warranted with expectation towards gastrotomy/enterotomy.

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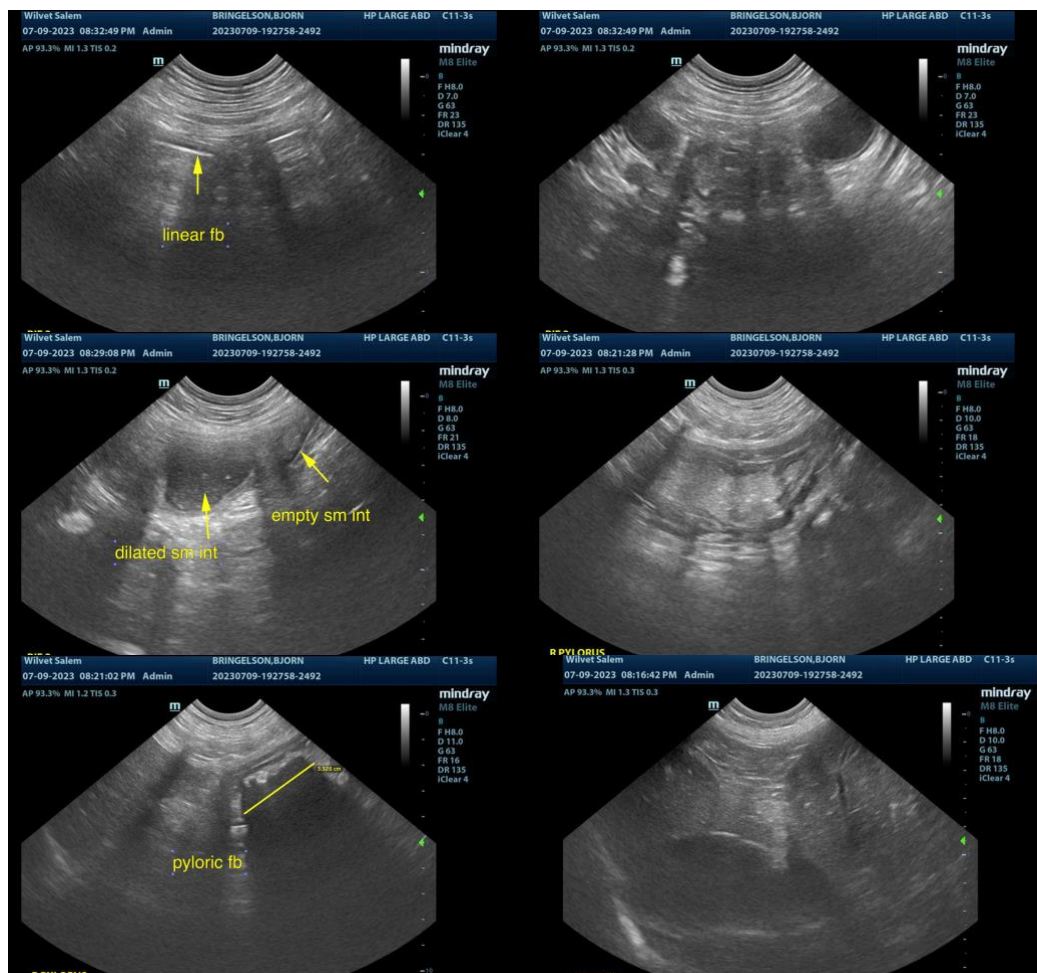
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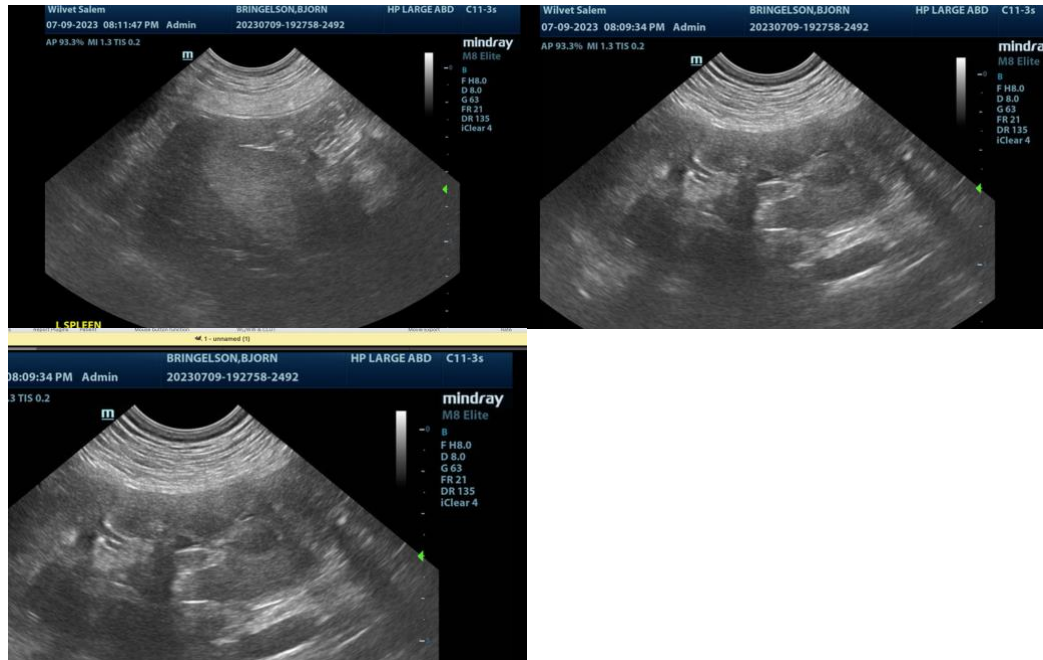
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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