

PATIENT

Panda Sarkany

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

9 years

WEIGHT

47 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

72088

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Recurrent episodes of anxiety (shaking, restlessness (pacing, jumping on and off the bed), panting, and being very clingy) and an intermittent left hindlimb lameness, occasional episodes where the patient acts like he is going to vomit, but nothing is produced.
- BCS: 4.5/5
- Anxious during the examination, particularly during the attempt to take a rectal temperature, requiring an extra person for gentle restraint
- Abdominal: Palpation is difficult due to the patient's size and tension; no individual structures could be definitively assessed
- All other PE WNL
- Current Medications Gabapentin 400mg q 8-12 hr
- Values Last blood work done August 2025, all WNL Radiographic Findings will be done at time of ultrasound Primary Question to Be Answered in This Exam any abdominal cause for shaking, restlessness and panting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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.

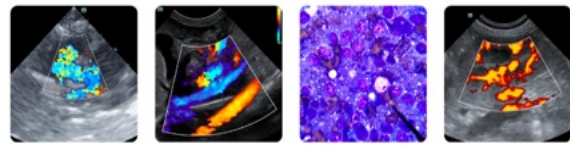
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.8 cm. The left kidney measured 6.5 cm.

Adrenal Glands

Both **adrenal glands** were swollen. The left adrenal gland caudal pole measured 2.6 x 0.92 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.71 x 1.6 cm at the cranial pole and 0.87 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Slight, shadowing luminal material was noted in the stomach measuring up to 2.8 cm. This may represent ingesta or soft foreign matter. Minor amount of chyme was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

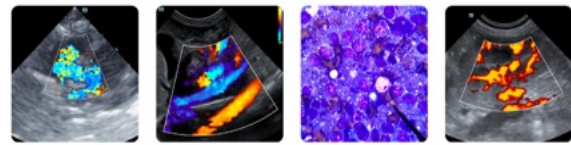
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- 1 inch progressively shadowing luminal material, may be post prandial presentation.
- Slightly swollen adrenal glands, yet may be a normal variant versus emerging PDH/Cushing's disease.
- Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of visceral disease other than potential soft foreign matter in the pylorus. If any anorexia or upper GI signs are present then I would put more credence upon this structure, yet this may be a temporary presentation. A recheck sonogram is recommended at complete n.p.o. status would be warranted if upper GI foreign body is suspected based on the history. Otherwise, other causes of clinical signs such as orthopedic pain, thoracic or CNS disease should be considered.



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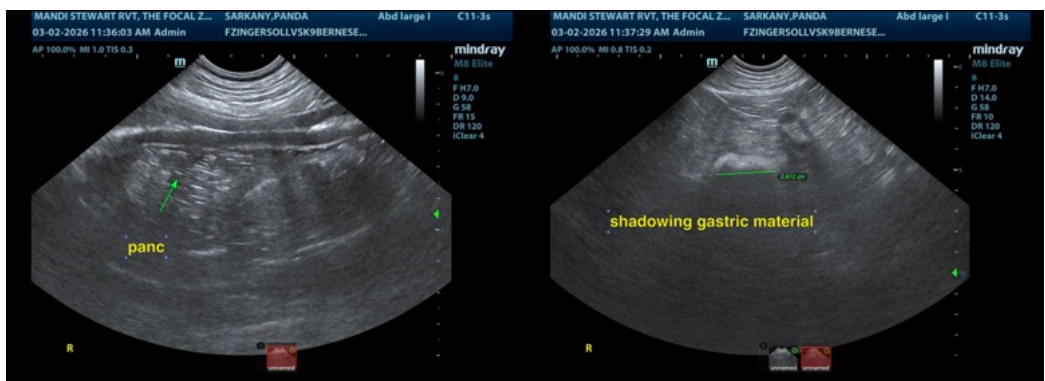
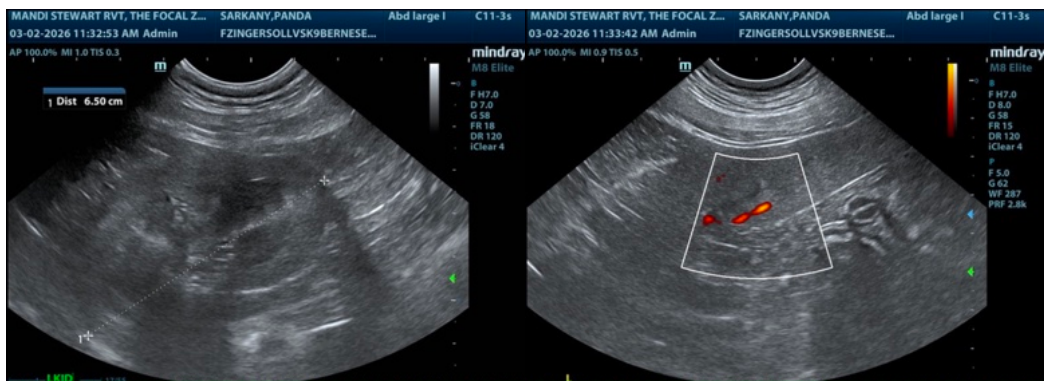
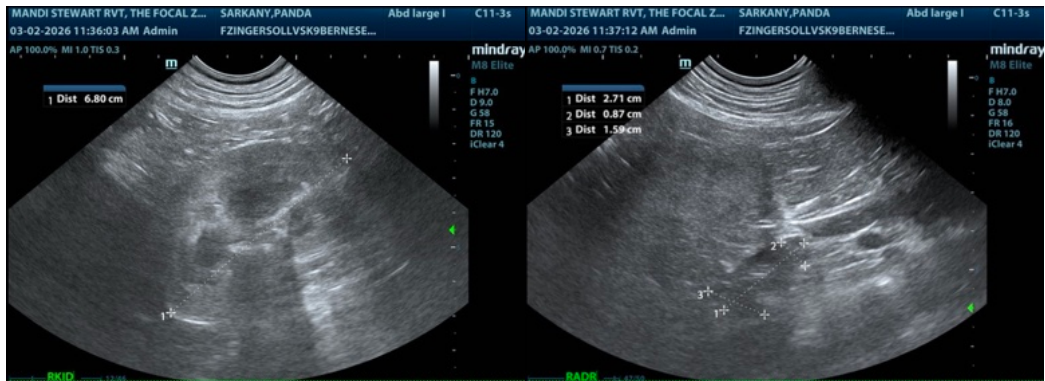
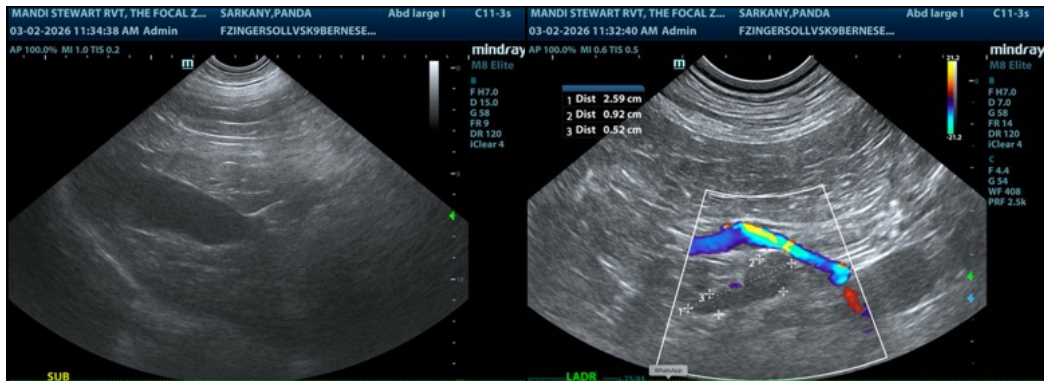
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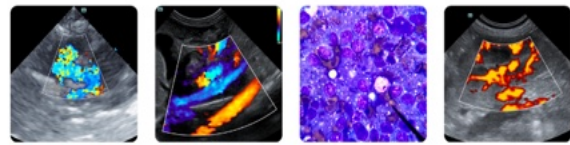
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com