



**PATIENT**

Max Rivera

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

116 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Duhr

**INVOICE**

42387

**DATE**

11/8/22

**PRESENTING CLINICAL SIGNS**

History: Lethargy, panting, restlessness, decreased appetite, fever (104.5) on 11/1/22 - Improved on Polyflex. Temp. normal on 11/4/22. Anaplasmosis (+) on 10/13/22. Today, matted fur found on left hind foot, shaved area revealed a nickel-sized infected wound/sore/other. Current meds: Tramadol 100mgs BID, mirtazapine 30mgs SID.

Abnormal PE/Chem/CBC/UA Results: 11/1/22: albumin 2.3, AST 103, ALT 139, Alk. Phos. 557, WBC 23,900, neutrophils 21,510, HGB 10.8, HCT 33, NRBC 4. 10/26/22: USG 1.026.

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.16 cm. The left kidney measured 7.0 cm.

**Adrenal Glands**

Both **adrenal glands** were 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 right adrenal gland measured 2.41 x 0.52 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland measured 2.45 x 0.45 cm at the caudal pole and 0.48 cm at the cranial pole.

**Spleen**

The **spleen** revealed subtle, micronodular changes, yet was normal in size and contour.

**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.



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**Gastrointestinal**

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The **stomach** was fluid filled with mildly edematous wall measuring 0.5 cm. Some hyperechoic, floating linear structure is noted in the stomach. This may be mucous strands. However, underlying parasitic disease should be considered. Intestinal spasming was noted. There was no evidence of obstruction or neoplasia. The colon was unremarkable.

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**Pancreas**

Bernese Mountain Dog

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.

**SEX**

Neutered male

**Free Abdomen**

**AGE**

10 years

The iliac lymph node was reactive and measured 3.12 x 0.37 cm.

**WEIGHT**

116 lbs

**ULTRASONOGRAPHIC FINDINGS**

Gastritis.  
Possible worm burden.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Fecal exam is recommended in this patient. GI protectant protocol is warranted as well as fecal test and broad spectrum anti-parasitic protocol. Given the low albumin if no significant proteinuria is present then occult Addison's should be ruled out as well as protein losing enteropathy. Bland diet such as canned I/D or similar should be considered. There was no evidence of metastatic disease.

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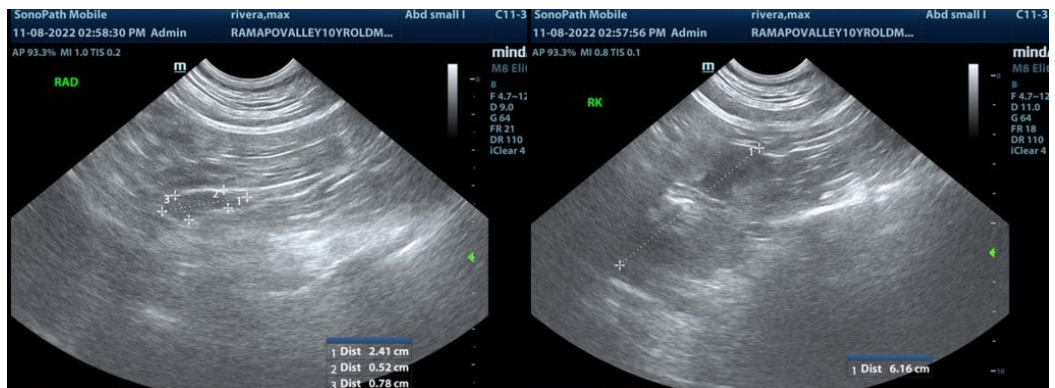
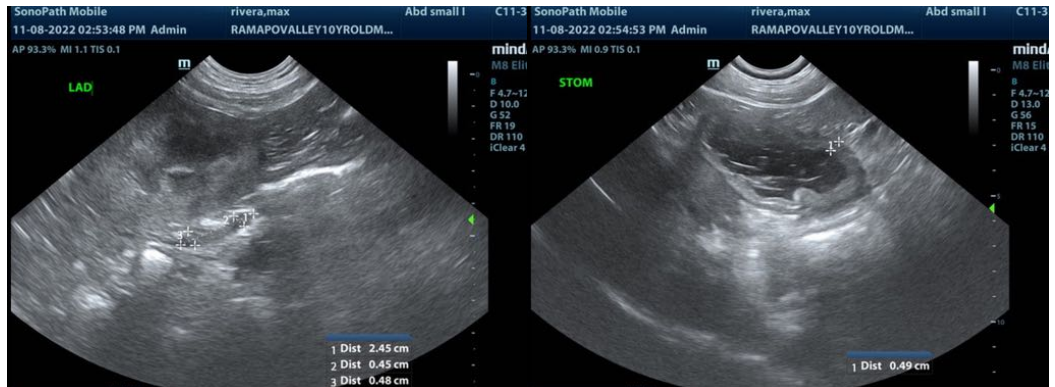
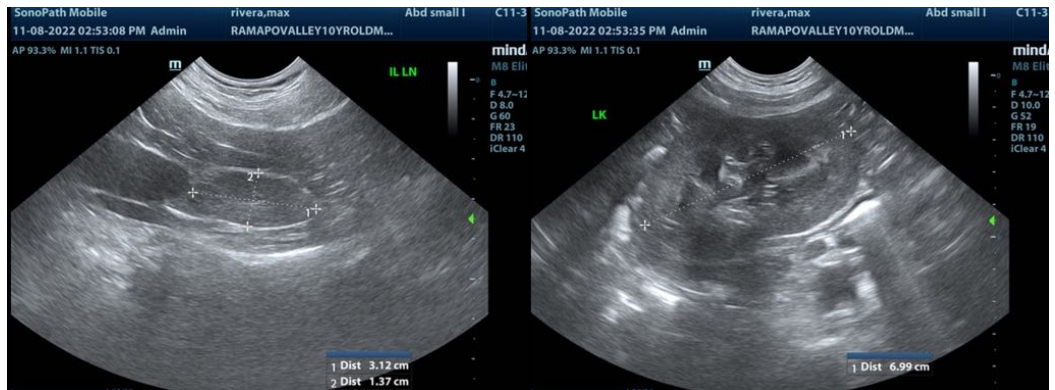
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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