



PATIENT

Norm Dein

SPECIES

Canine

BREED

Bernese Mtn Dog Mix

SEX

MN

AGE

5yr

WEIGHT

29.8kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Emily Brydon

INVOICE

24441

DATE

04/09/2026

PRESENTING CLINICAL SIGNS

*P seen at Shores on 4/7 Tue for not eating, vomiting. On 4/7 P was given SQ fluids and cerenia injection. On 4/8 (3pm) and 4/9 (11am) went to rdvm. on 4/8 rdvm gave P polyfex, voren (diclofenac), vit b12 and reglan injection. No repeat rads done at rdvm. P had vomiting on 4/8 after seen at rdvm. Pt vomited 10:30 am today brown fluid. P had FB surgery here at Shores on 3/11/26 (jejunum enterotomy). With 3/11 surgery noted in surgical report: area from previous foreign body oral to the location was very inflamed and edematous. P has also had two prior FB surgeries with the rdvm. P has also had prior gi FB's that have passed with iv fluid therapy.

*concern for gi fb, adhesions from prior FB surgery(s), ileus, other

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4; soft on abd palpation cbc: wbc 25.73 H, neu 20.64 H, lym 0.36 L, mono 4.68 H, eos 0.03 L chem: phosphorus 6.4 H, glucose 143 H, cholesterol 339 H, t bilirubin 0.9 H rads 4/7: fusiform streaky soft tissue opacity of an intestinal segment of the mid abdomen. imaging findings suspicious but not definitive for SI obstruction due to FB. A colonic location of the feces cannot be definitively excluded. gall bladder sediment- static.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate appeared normal and free of pathology

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was not visualized owing to peri adrenal and intestinal artifact.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



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Liver/Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened mildly hyperechoic wall. The gallbladder contained primarily gravity dependent to mildly non-dependent hyperechoic to shadowing debris and mineral extending into the gallbladder neck. No evidence of obstruction to bile outflow.

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Gastrointestinal

The stomach exhibited moderate distention with retained anechoic to mildly echogenic fluid.

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The small intestine exhibited primarily generalized variable to moderate distention with retained fluid exhibiting oral / aboral fluid movement. Within the mid ventral abdomen intestinal segments, a strongly shadowing echo was present consistent with foreign body. Indistinctly visualized yet concurrent segmental empty small intestine likely distal to the fluid dilated intestine as well as the shadowing intestinal echo.

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The visualized colon exhibited overtly normal intact wall layering containing semi-formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Scant to minor volume peritoneal effusion.

Mild peri-intestinal hyperechoic omentum.

No obvious visualized significant omental lymphadenopathy although not definitively excluded given intestinal artifact.

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ULTRASONOGRAPHIC FINDINGS

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Primary

- Intestinal foreign body with obstructive gastrointestinal pattern proximal, indistinctly visualized yet empty intestine distal
- Peri-intestinal hyperechoic omentum and scant to minor effusion

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Secondary

- Non-obstructive mineralized gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Exploratory laparotomy with expectation toward enterotomy and with intestinal biopsies suggested if not done given patient history is recommended. The possibility of non-visualized pathology as a

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contributing factor to the gastrointestinal obstructive pattern in conjunction with multiple surgeries such as intestinal stricture, adhesion, intestinal necrosis, etc., as well as potential for resection anastomosis pending gross inspection of the intestine cannot be definitively excluded.

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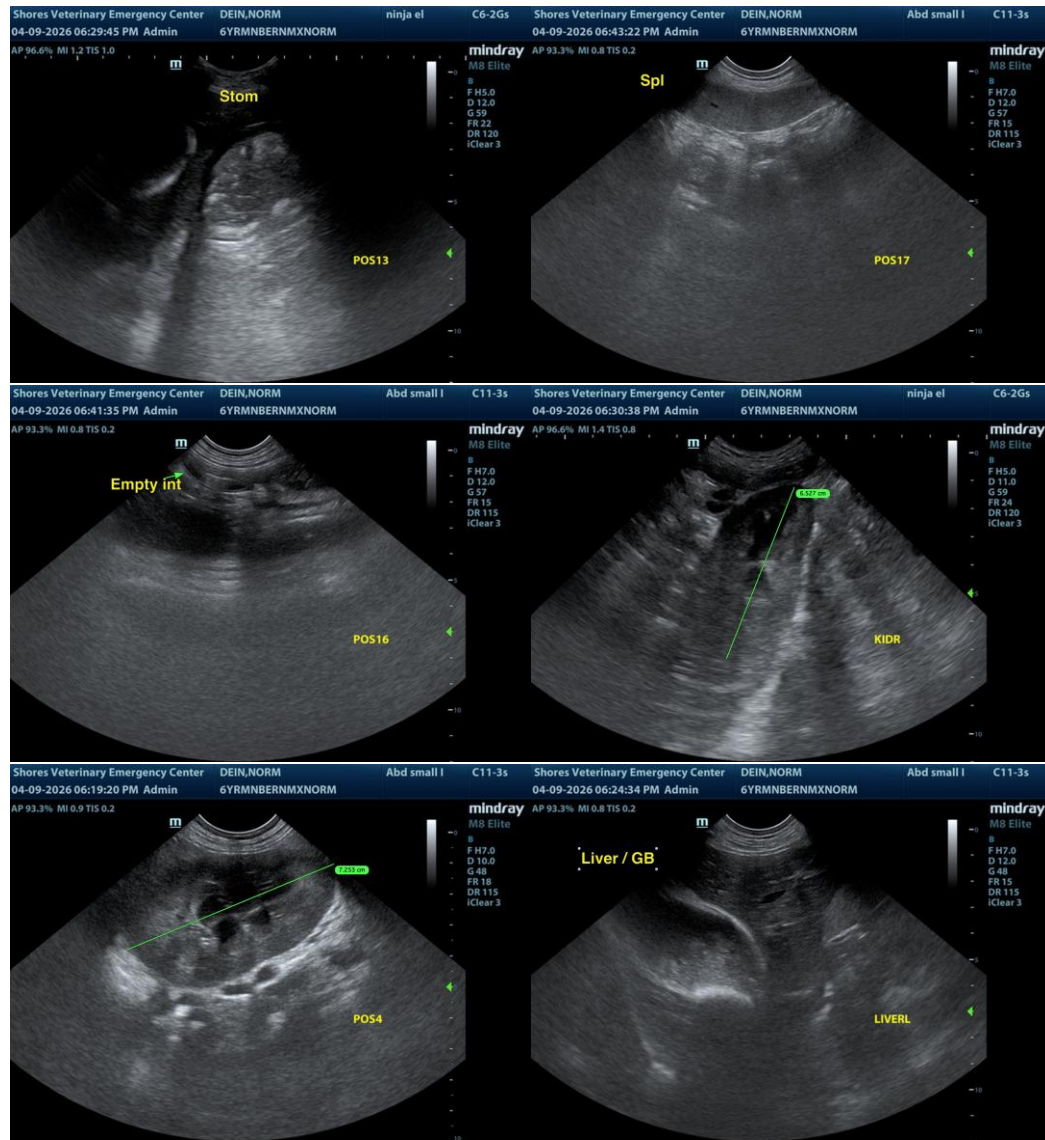
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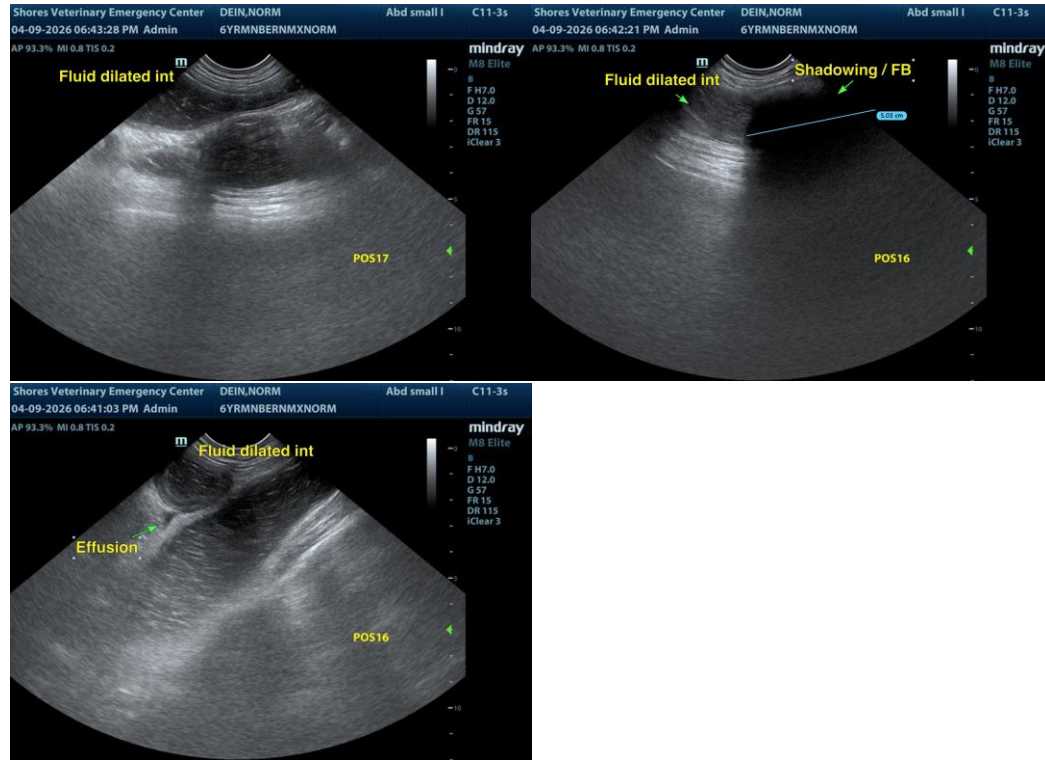
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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