



PATIENT

Sherlock Martin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact Male

AGE

3 Years

WEIGHT

101 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Amanda Crook SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

16253

DATE

05/16/26

PRESENTING CLINICAL SIGNS

ACUTE VOMITING, lethargic, 102.4T. Current Medications: None, 1st presentation

Abnormal PE/Chem/CBC/UA Results: See attached BW - HIGH WBC 18000 ALT 323 See attached rads - FB IN CRANIAL ABDO

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured approximately 6.0 cm in diameter.

Normal size and margination was 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 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole.

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.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. No obvious obstruction to pyloric outflow or shadowing content.

The small intestine presented overall intact wall layering. Mild to variable fluid dilated duodenum and segmental jejunum. Within the mid abdomen intestinal tract, most consistent with jejunal location, is a strongly shadowing lumen echo measuring approximately 4.0 cm to 5.0 cm. Segmental intestinal gas with concurrent segmental empty small intestine.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Peri-intestinal hyperechoic omentum and minor pockets of effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Jejunal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Peri-intestinal mild hyperechoic omentum and minor effusion.
- Hypoechoic liver.
- Mild gallbladder debris (non-mucocele).

Secondary Findings

- Benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic liver suggests acute hepatopathy criteria with considerations including reactive or possible nonspecific inflammatory hepatopathy given ALT elevation. The possibility of a non-visible additional intestinal foreign body is not definitively excluded.

Laparotomy with expectation toward enterotomy, gross inspection of the gastrointestinal tract +/- liver biopsies (if normal clotting status) is indicated. Possible emerging peri-intestinal peritonitis is not excluded.



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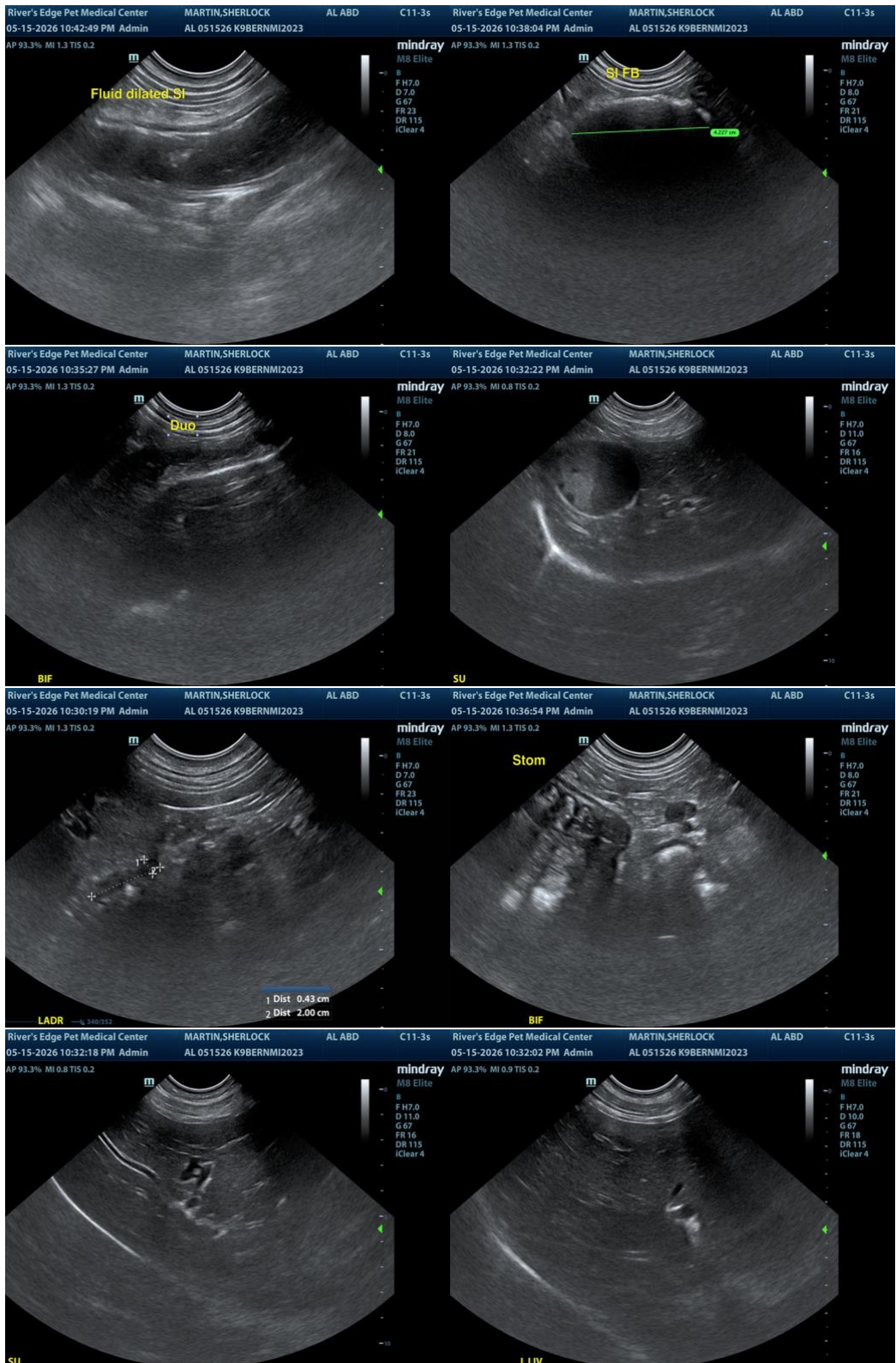
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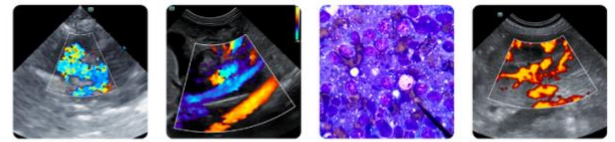
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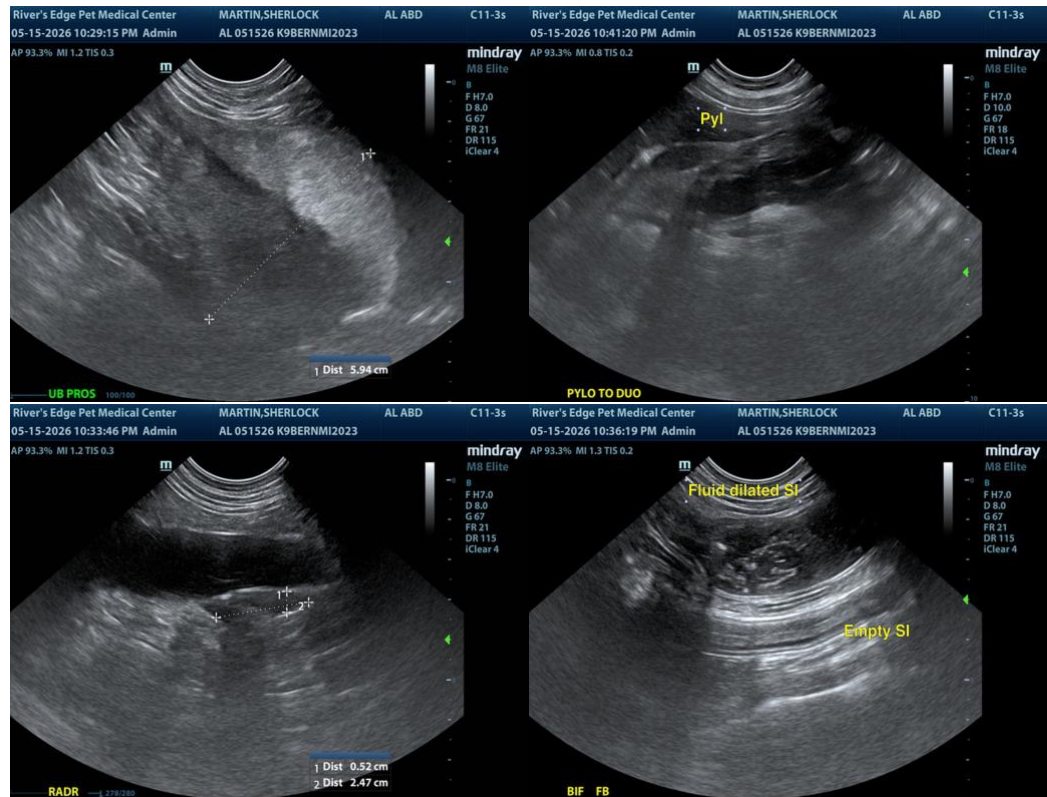
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com