



## PATIENT

Bozwell Janzen

## SPECIES

Canine

## BREED

Bernese Mountain Dog

## SEX

Intact Male

## AGE

8 Years

## WEIGHT

43 kg

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Chippawa AH

## REFERRING VET

Dr. Dowell

## INVOICE

14056

## DATE

10/29/21

## PRESENTING CLINICAL SIGNS

History: Boswell refuses to eat, except a small amount of chicken yesterday. He is very weak, wobbly and just over all looks bad. He is drinking some and O has to drag him out to go urinate. He was breathing heavily last night. Alkphos worsened with IV fluids. Was very dehydrated on presentation. Abnormal PE/Chem/CBC/UA Results: Rectal cytology: Single and small sheets of lymphoid like cells, scant neutrophils, mild rods and cocci, scant squamous cells done in May of this year. Bloodwork revealed elevated Creatinine, Urea, Globulins, ALKPH, Low Na and low CL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is enlarged (5.51 cm in length, 3.66 cm in width) with a slightly irregular shape. Parenchyma is hyperechoic to heterogeneous with several small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney presented normal size (7.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

### Adrenal Glands

The region of the adrenal glands is evaluated. They are not definitively visualized due to the diffuse abdominal pathology.

### Spleen

The spleen is normal in (2.18 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mineralized sand +/- tiny calculi are observed within the lumen. The cystic and common bile ducts are normal.



**PATIENT**

***Gastrointestinal***

Bozwell Janzen

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Canine

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***Pancreas***

Bernese Mountain Dog

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**SEX**

***Free Abdomen***

Intact Male

A large amount of echogenic free fluid is present within the abdomen. The mesentery is diffusely hyperechoic and nodular in appearance. The abdominal lymph nodes are normal/not visible.

**AGE**

***Other***

8 Years

A brief echocardiogram reveals no evidence of pericardial effusion. The testicles are subjectively normal in size and symmetrical. A 0.35 cm hyperechoic nodule is observed in the left testicular parenchyma. The right testicular parenchyma is homogeneous.

**WEIGHT**

43 kg

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The diffuse ascites and peritoneal changes could be secondary to carcinomatosis, congestive heart failure, chyloabdomen, septic peritonitis, other.

**Secondary Findings**

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- Mineralized gallbladder debris- incidental
- The hyperechoic left testicular nodule could be consistent with hyperplasia, lipogranuloma, early neoplasia, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the abdominal fluid with submission for fluid analysis and cytology is recommended.
- Given the hyperglobulinemia, consider a serum protein electrophoresis.
- Depending upon the results, further work up (i.e., full echocardiogram +/- an abdominal exploratory) with mesenteric biopsies may be necessary to get a definitive diagnosis.

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- A therapeutic abdominocentesis may be necessary to improve patient comfort while awaiting test results.

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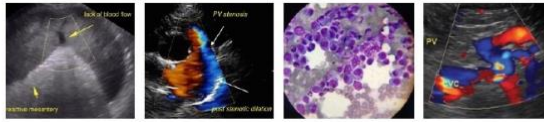
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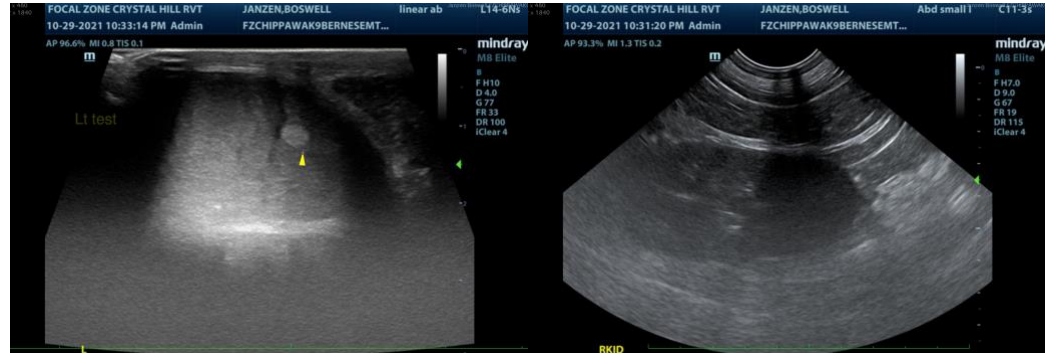
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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