



DATE PRESENTING CLINICAL SIGNS

11/21/25

Patient History: Bear presents for acute onset vomiting, diarrhea, lethargy, and ptyalism Patient History: - Signs began approximately 5am today - Multiple episodes of vomiting starting at 5am - Diarrhea concurrent with vomiting - Marked lethargy: uncharacteristically did not wake client at usual 7:30am for breakfast, no interest in playing with other household dogs - Reluctance to ambulate: walks a few steps then sits down, required encouragement to get into car - Hypersalivation noted by client - Client suspects patient is painful, particularly in caudal abdomen - Trembling observed - Last normal: 10:30pm last night when let outside - History of pica: ingests sticks, previously consumed portions of a chair when younger, known to ingest foreign material from yard - Two other small dogs in household - Fearful/aggressive at veterinary visits

PATIENT

Bear Westfall

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

11/20/23

WEIGHT

153.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Willer

INVOICE

72039

Current Medications: Provable, Ampicillin, Ondansetron, Trazodone, Gabapentin, Protonix.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram, unremarkable otherwise.

The **prostate** was uniformly enlarged (3.9 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 9.0 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 2.93 cm x 0.90 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 3.0 cm x 0.70 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally. It presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease 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.

Other

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

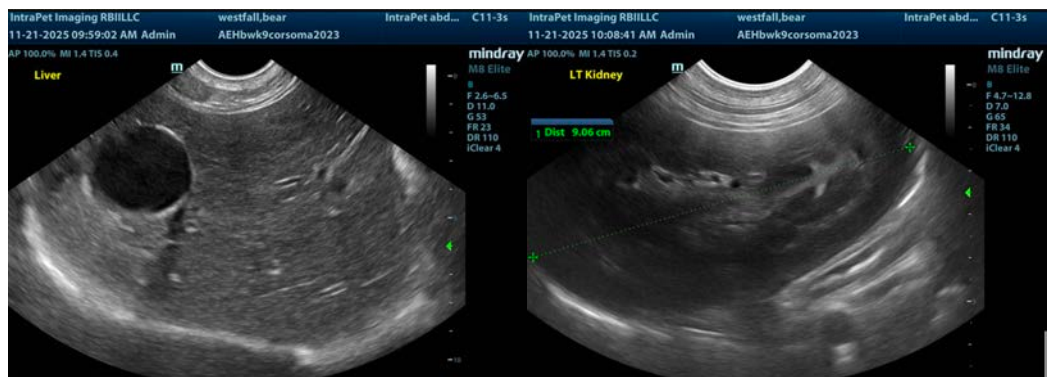
The testicles were imaged and found to be uniform, no evident pathology.

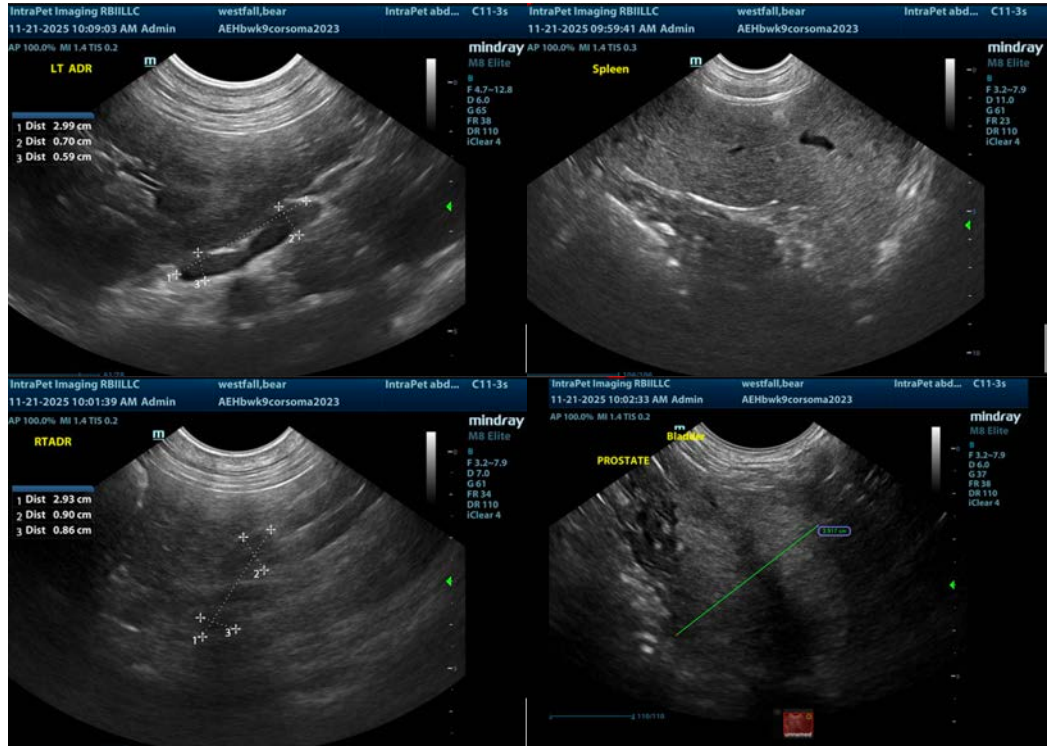
ULTRASONOGRAPHIC FINDINGS

- Minor BPH prostate.
- Minor reactive mesenteric lymph nodes.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. Diagnosis is open. Recommend management for prostatitis in this patient and GI protectant protocol, yet no other evidence of significant disease present.





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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