



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Chewy Bender

SPECIES
Canine

BREED
Bernese Mountain Dog

SEX
Intact male

AGE
6 years

WEIGHT
41 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Slenbaker

PRESENTING CLINICAL SIGNS
Presented at our hospital for issues with hind end for ~3weeks. Pt wouldn't jump up into SUV- when O picked pt up yelped in pain, arriving home pt did not want to get out of car. Pt has had decreased appetite, weight loss, and hematuria. Pt has been having difficulty passing b/m- having hard time posturing to have b/m. O only noticed small b.m yesterday Previous Health Concerns: none Current Medications: Enrofloxacin 136mg 2 SID, Gaba 300mg q 8
Abnormal PE/Chem/CBC/UA Results: Painful caudal abdomen. Rdmv bloodwork 2/23/22: Glob 3.7; Chol 414; Trigly 324; CPK 49; NEU 11396; 4DX Negative x4; UA Protein 2+; Blood 3+; RBC 21-50 Rads: concern for mass in caudal abdomen, bladder pushed cranially, intestine pushed cranially.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented variable thickening. 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 **prostate** was uniformly enlarged 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. Microcystic changes were noted. The post prostatic urethra was unremarkable. The prostate measured 5.0 cm. Regional inflammation was noted around the prostate with a lymph node or paraprostatic cyst. This was cranial to the left prostatic lobe. Regional inflammation is noted. This lesion measured approximately 3.0 x 2.0 cm.

The iliac trifurcation was unremarkable.

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 7.76 cm. The right kidney measured 7.9 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 left adrenal gland measured 3.19 x 0.58 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

The **spleen** 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 was noted.

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Liver

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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

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. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Prostatitis BPH pattern with paraprostatic cyst or lymph node.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA, culture and cytology of the prostate followed by neutering is indicated as well as treatment for prostatitis. It is likely that the prostate and pelvic inflammation is causing the clinical signs as no other evidence of pathology is present.

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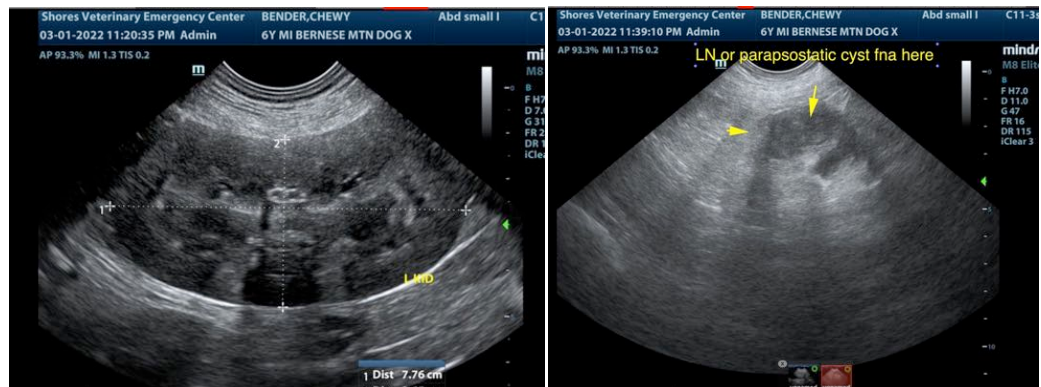
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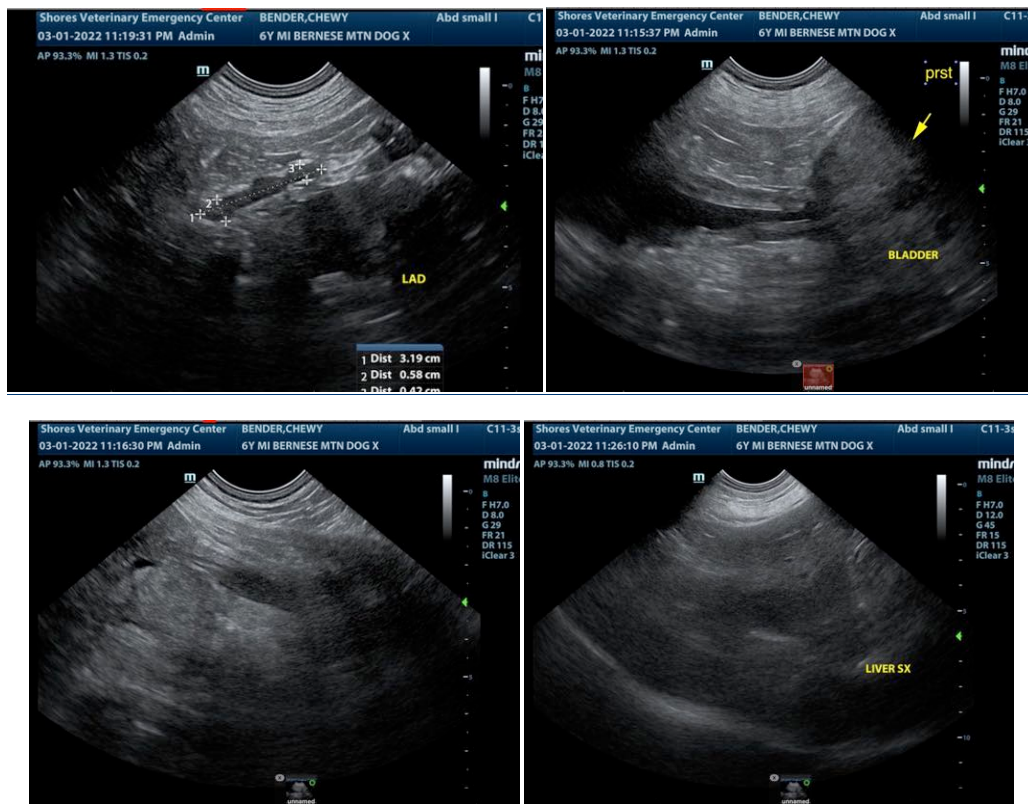
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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