



PATIENT

Moose Humphries

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact male

AGE

2 years

WEIGHT

40.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Catherine Alexander

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Lovell

INVOICE

43205

DATE

3/8/23

PRESENTING CLINICAL SIGNS

History: Pet started showing recurring skin infections & opted to run a blood panel to r/o any metabolic diseases. Profile showed odd changes in blood which we thought was an immune mediated issue or tick borne, but pet is not responding to Doxy or Pred & is losing weight.

Abnormal PE/Chem/CBC/UA Results: 12lb weight loss over 2 weeks, repeated Total Health Profiles consistently showing progressing anemia, elevated WBC not responding to ABX, elevated TP & Globulin, decreased Albumin, decreased Albumin:Globulin ratio, and as of last Total Health low thyroid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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. 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 prostate measured 2.7 cm.

The testicles were imaged and found to be uniform with no evidence of pathology.

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 right kidney measured 7.0 cm. The left kidney measured 6.4 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 0.56 cm at the cranial and 0.32 cm at the caudal pole. The left adrenal gland measured 0.25 cm at the cranial pole and 0.28 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. Jejunal lymph node was reactive and measured 4.1 x 1.0 cm. Other lymph nodes were mildly enlarged.

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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

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Reactive mesenteric lymphadenopathy.

BPH prostate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph node can be considered with cytology and culture, yet this is not likely the primary cause of weight loss. There was no obvious neoplasia in this patient.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Fecal exam is warranted as well.

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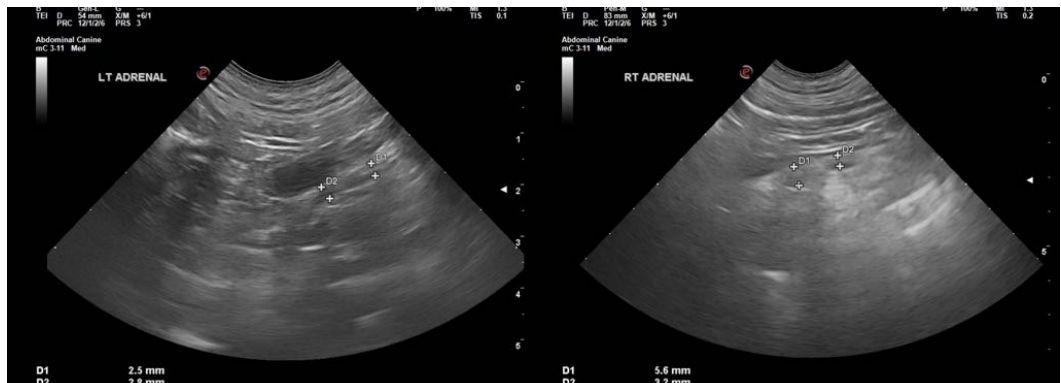
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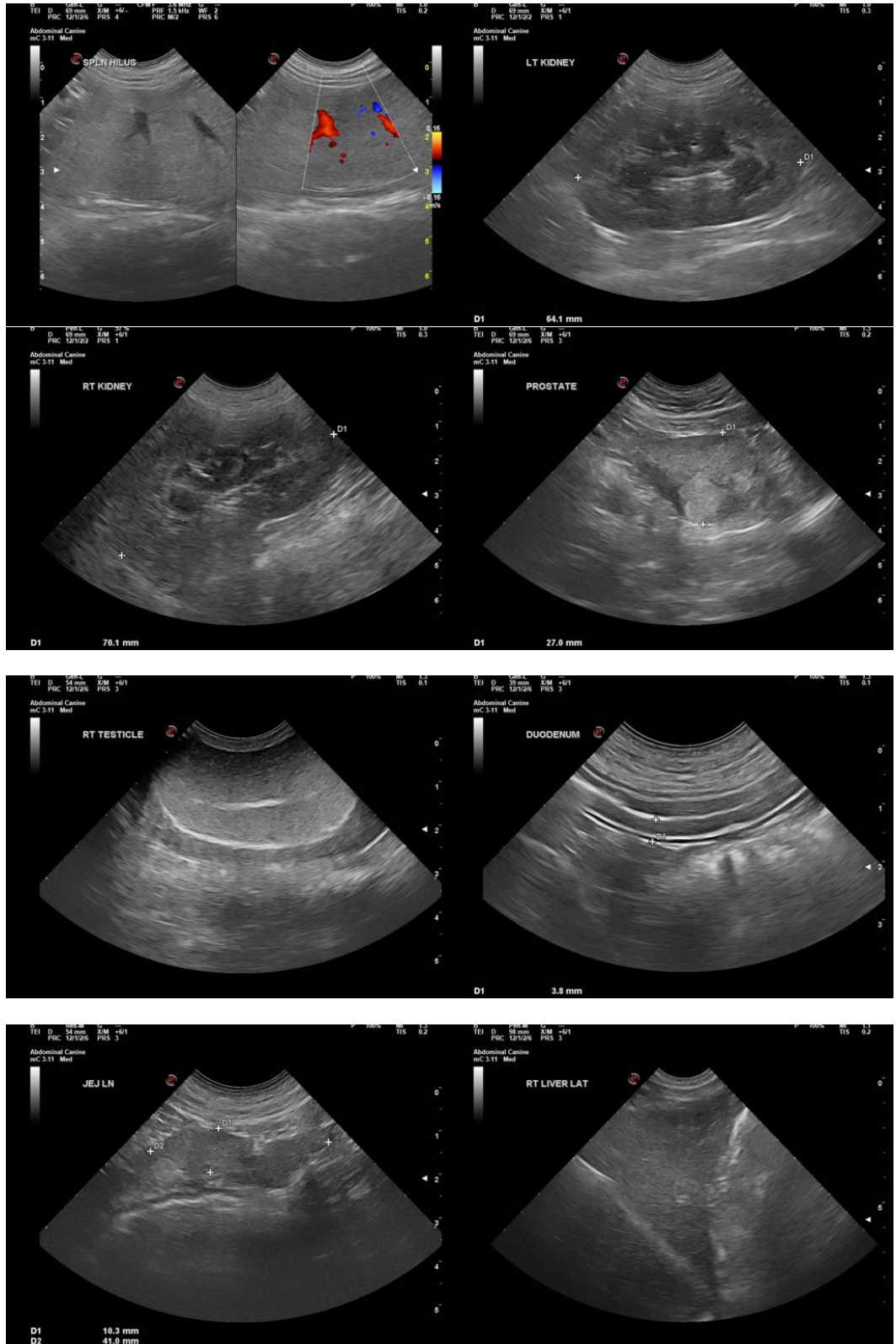
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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