**PATIENT**

Guinness Resch

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact Male

AGE

10 months

WEIGHT

80.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

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8/17/22

PRESENTING CLINICAL SIGNS

History: Guinness presented for vomiting and not eating. Guinness stopped eating last night and then started vomiting around 2am. He vomited 3 socks and mulch and has continued to vomit about 7-8 times since. He is historically healthy and UTD on vaccines otherwise.

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 3.12 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 7.16 cm. The left kidney measured 6.34 cm.

Adrenal Glands

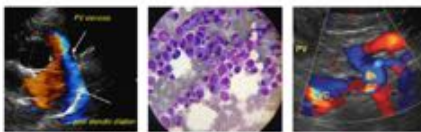
Both **adrenal glands** appear subjectively small for this patient. Screening for underlying Addison's is indicated. The right adrenal gland measured 2.95 x 0.55 cm at the caudal pole and 0.45 cm at the cranial pole. The left adrenal gland measured 3.07 x 0.3 cm at the caudal pole and 0.29 cm at the cranial 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.

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

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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

Excessive upper **gastrointestinal** gas was noted in this patient. The gastric fundus presented stasis. The small intestine was empty. The mesenteric lymph node was reactive and measured 2.24 x 0.53 cm.

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Pancreas**SEX**

Intact Male

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.

AGE

10 months

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis.

WEIGHT

80.5 lbs

Excessive gas with slight mesenteric lymphadenopathy.

Subjectively small adrenal glands.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for underlying Addison's would be indicated. Supportive medical care for enterotoxins, parasites and dietary indiscretion are all possible. There was no evidence of foreign body obstruction. There were some areas of spastic bowel present.

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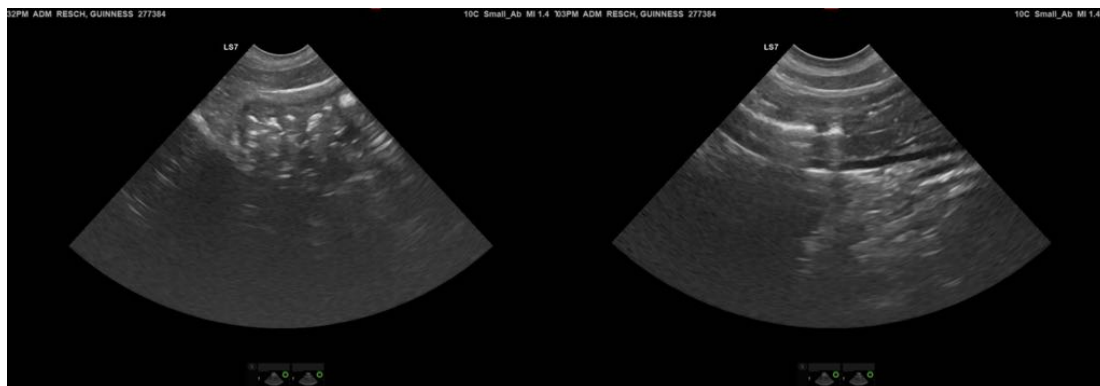
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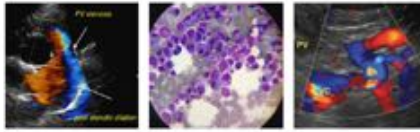
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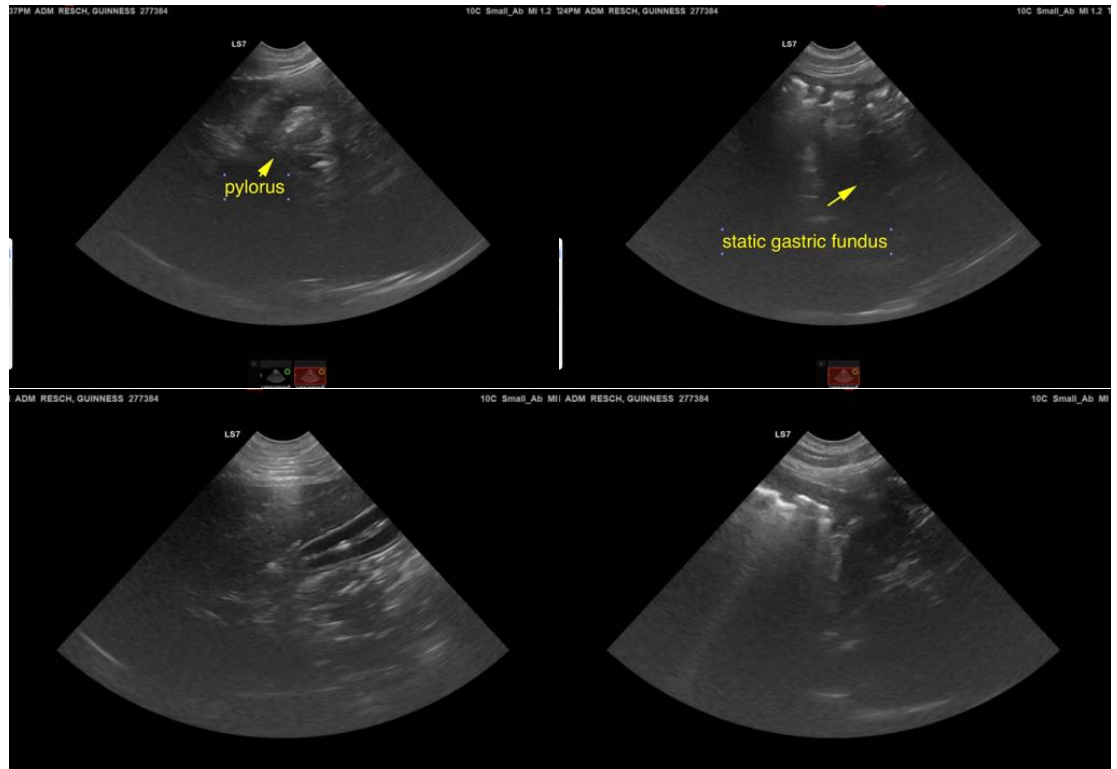
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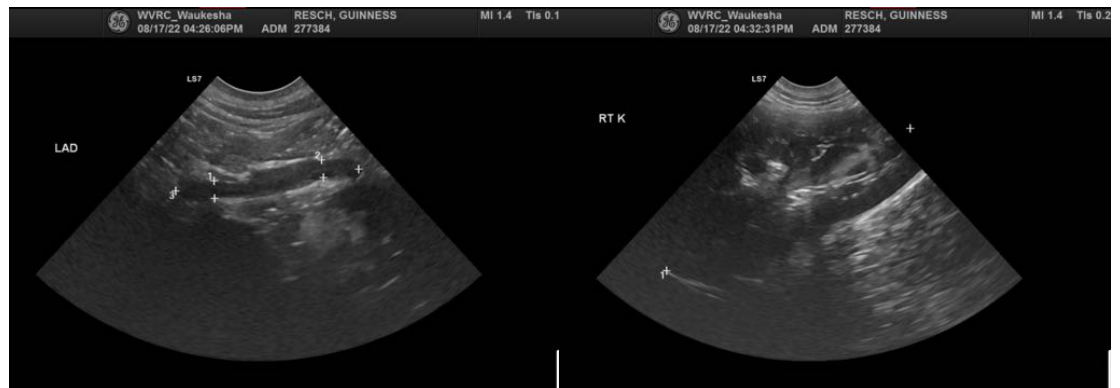
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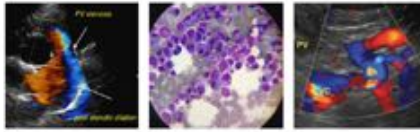
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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