



PATIENT

Rocky Cohen

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

19 months

WEIGHT

51.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

91623

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: rocky--- on/off loose stool diarrhea x 1 year cc v/d, melena ,lethargy and gradual wt loss of 10 lb all bw WNL including GI maldigestion resting cortisol and pcr diarrhea panel pending coccidia positive today vomited carrots given Sunday night unable to perform barium since dog will not take it , so I elected us to r/o fb vs other

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 **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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.23 cm with slight pyelectasia. The left kidney measured 6.61 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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.



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Gastrointestinal

Rocky Cohen

The **stomach** was dilated with fluid. The gastric wall was unremarkable. The pyloric wall was mildly thickened. Hyperperistalsis was noted in the gastrointestinal tract. The mesenteric lymph nodes were reactive.

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Pancreas

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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.

Bernese Mountain Dog

SEX

Free Abdomen

Neutered male

The cranial abdominal lymph nodes were slightly enlarged.

AGE

ULTRASONOGRAPHIC FINDINGS

19 months

Chronic gastritis pattern with pyloric hypertrophy and regional minor lymphadenopathy. This is likely gastritis, inflammatory bowel and reactive lymph nodes.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

51.5 lbs

Endoscopy with mucosal biopsies would be warranted or full thickness gastric and lymph node biopsies. There is no evidence of obstructive disease at this time. Screening for Addison's is warranted given the vague clinical signs.

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Eric Lindquist, DMV
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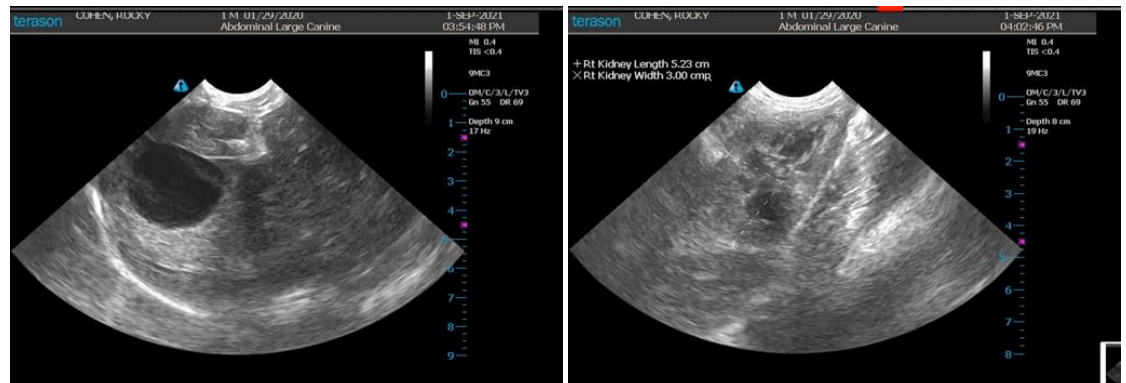
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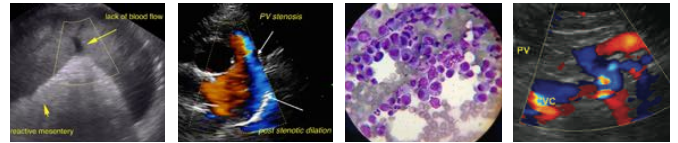


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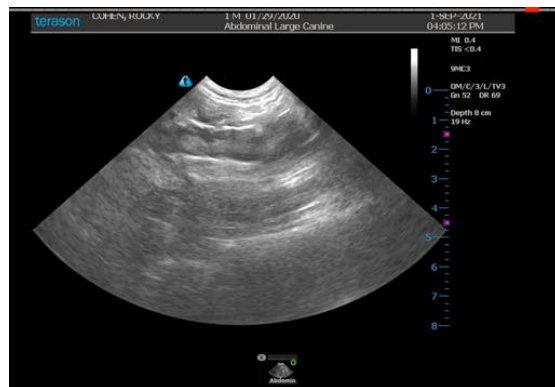
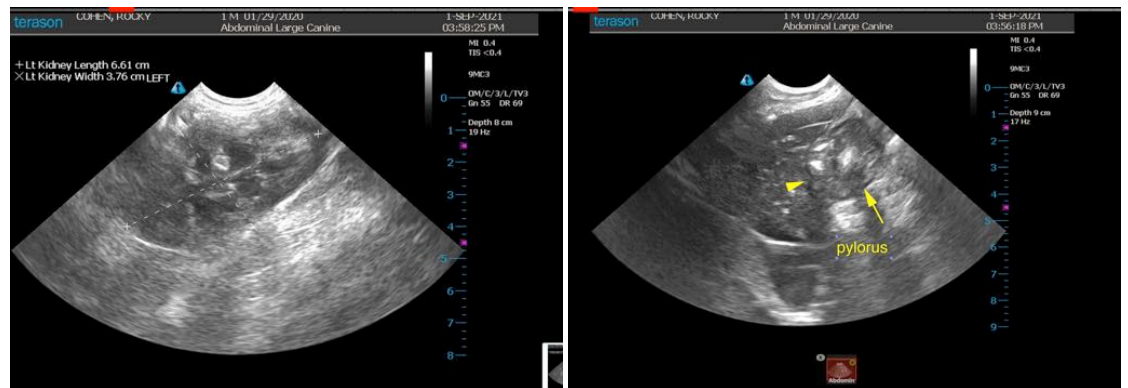
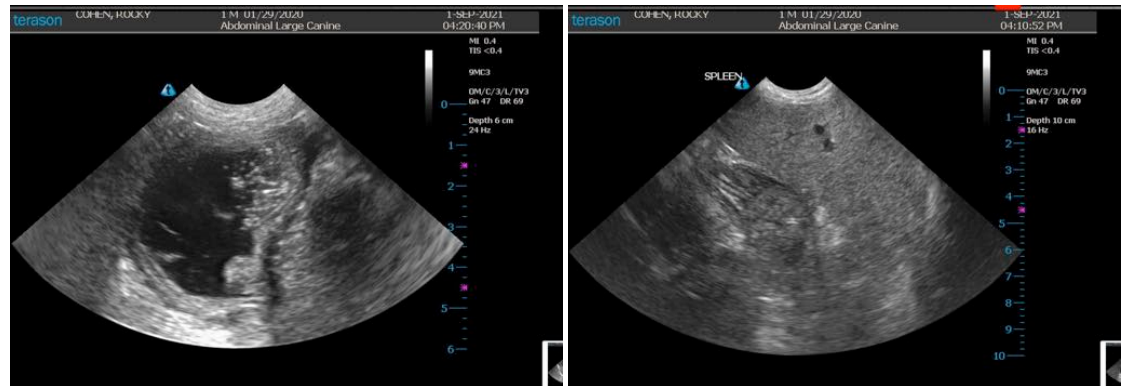
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com