

**DATE**

9/6/21

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea. Seen 8/21 for vomiting for 5-6 days. Rads show concerning segments of intestine within the ventral abdomen and may indicate partially obstructive foreign material. Patient did well for 4-5 days after treatment but then vomiting started again as well as diarrhea.

PATIENT

Chance Sills

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SPECIES**

Canine

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.

BREED

Pit Bull

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 5.5 cm.

AGE

8/21/12

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys had slight mineralization. The left kidney measured 7.6 cm. The right kidney measured 7.0 cm.

WEIGHT

88 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.73 x 0.52 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.0 x 0.72 cm at the cranial pole and 0.47 cm at the caudal pole.

HOSPITAL NAME

Banfield Towson

Spleen

The **spleen** was enlarged and folded upon itself cranially and caudally. The spleen was mildly heterogenous.

REFERRING VET**INVOICE****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

A 2.5 -5.0 cm shadowing foreign body was noted in the jejunum with linear attachment and accordion pleating. Minor intestinal dilation was noted prior to the foreign body. The stomach revealed a minor amount of retention of luminal content. This may be related to the foreign matter and should be investigated at the

time of surgery. Variable intestinal thickening was noted with hypertrophied muscularis. Regional free fluid was noted around the intestinal obstruction with reactive mesentery.

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.

ULTRASONOGRAPHIC FINDINGS

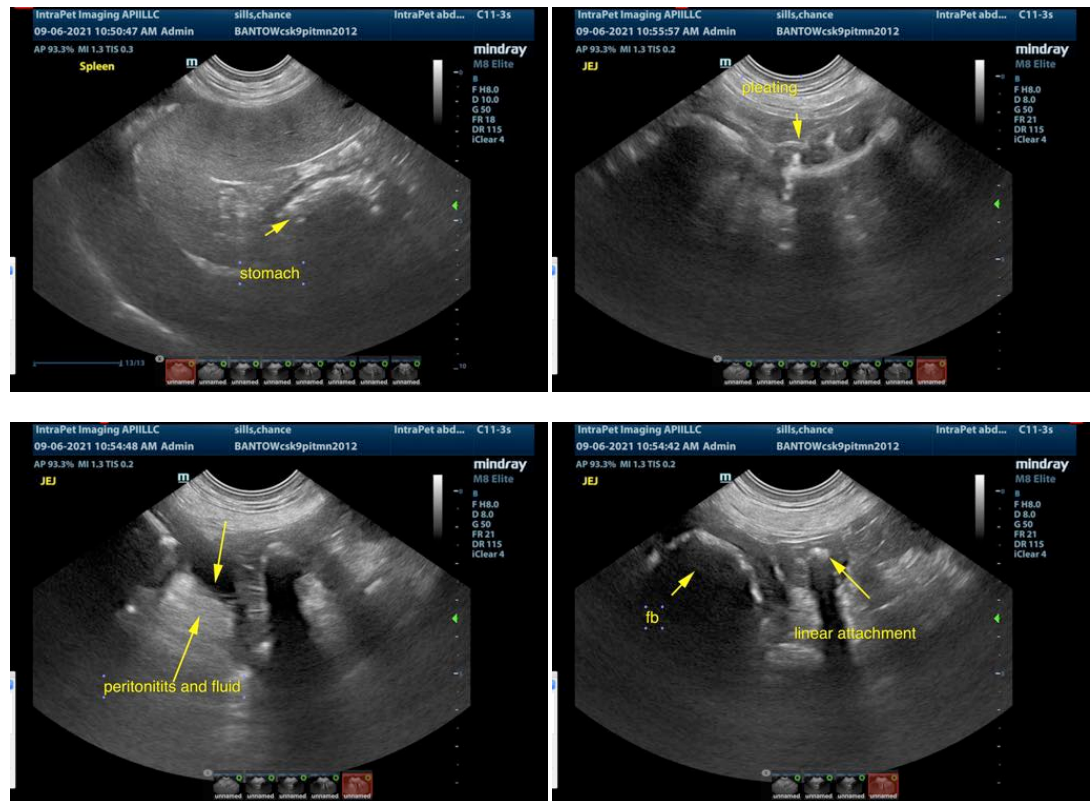
Intestinal foreign body with variable intestinal thickening and splenic enlargement.

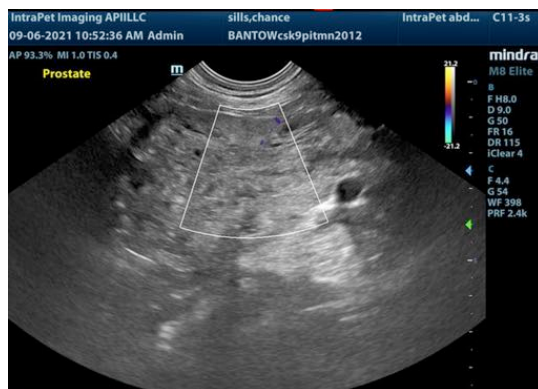
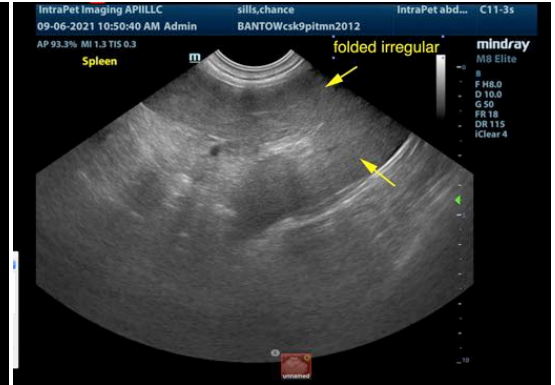
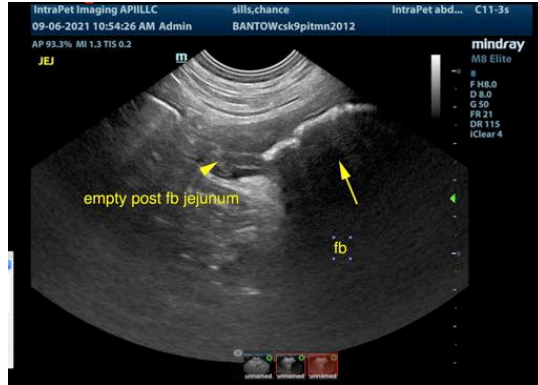
Regional, minor early peritonitis.

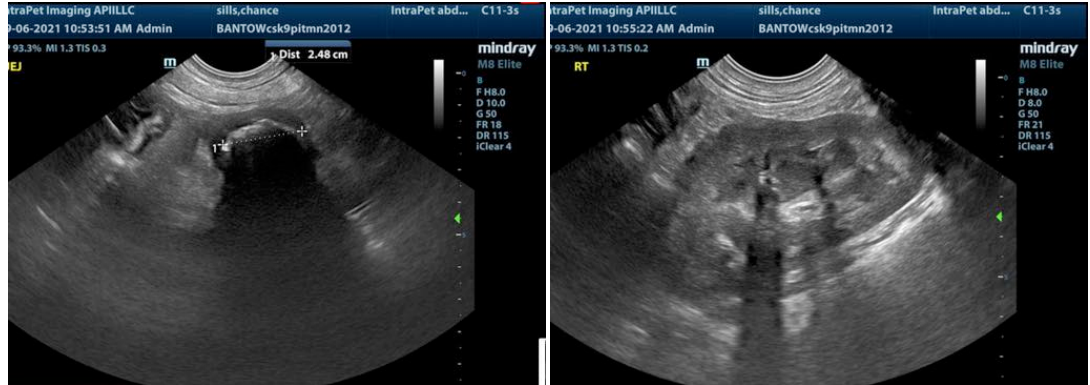
BPH prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical intervention is necessary. Chest radiographs are recommended to ensure that metastatic disease is not present. There is a minor potential for concurrent intestinal +/- splenic neoplasia. Enterotomy with intestinal biopsies is recommended +/- splenectomy. This would be a judgment call at the time of surgery. Neutering can be considered at the time of surgery as well.







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.

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