



PATIENT

Luca Montaruli

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

4 Years

WEIGHT

99.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Whippany Veterinary
Hospital

REFERRING VET

Dr. Cordero

INVOICE

71540

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Leaking urine for several months even before Prazosin, previous U/s 1/2/24 Meds: Prazosin 2 mg BID, Piroxicam 10mg SID just started, Xiao Chai Ho Tan 50 mg 2 tabs BID

Abnormal PE/Chem/CBC/UA Results: BUN 39, Crea 2, SDMA 14.7, Urine: PH 5.5, USG 1.021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is subjectively prominent/enlarged for a neutered dog, measuring 2.7 cm wide. Having said that, this finding is improved from the previous study and likely in part due to later in life neutering. The parenchyma, however, is mildly heterogeneous and hypoechoic. Normal symmetrical bilobed shape is maintained, but there is an approximately 2.5 cm x 1.1 cm anechoic density/cyst noted within the parenchyma.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measures 6.6 cm. The right kidney measures 5.9 cm. Mild pyelectasia is noted bilaterally.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole. Right measures 1.1 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

Spleen is subjectively large in size (4.0 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the kidneys is static to potentially mildly progressive from last year's study and suggestive of chronic kidney disease.
- The appearance of the prostate has improved in size since neutering, although ongoing chronic low-grade smoldering prostatitis with a large cyst, hematoma, or even abscess can't be ruled out.
- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Mild amount of echogenic urinary bladder debris.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

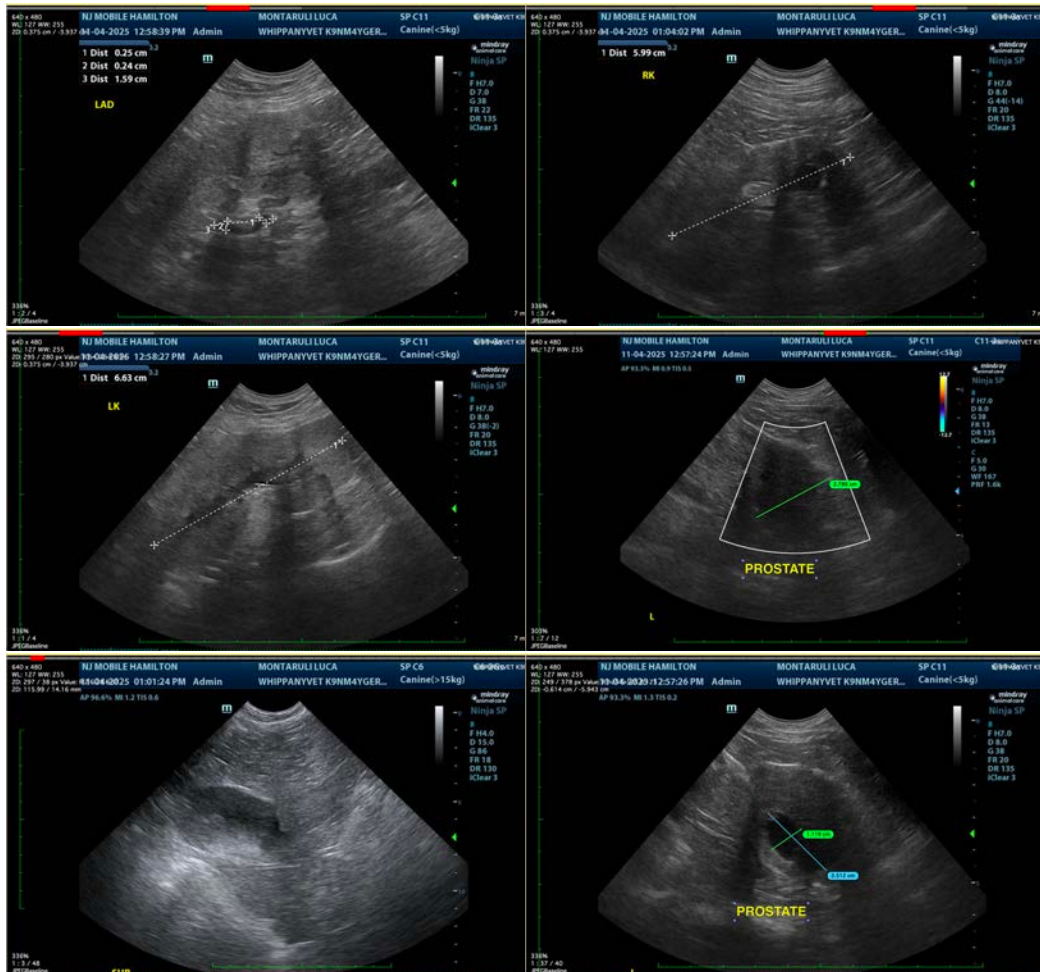
If not recently evaluated, a recheck urinalysis with culture is recommended.

Pending results, direct sampling via fine needle aspirate of the prostate for cytology, culture and sensitivity of that anechoic area, etc. could be considered if patient's coagulation status is appropriate.

A blood pressure is recommended if not recently evaluated.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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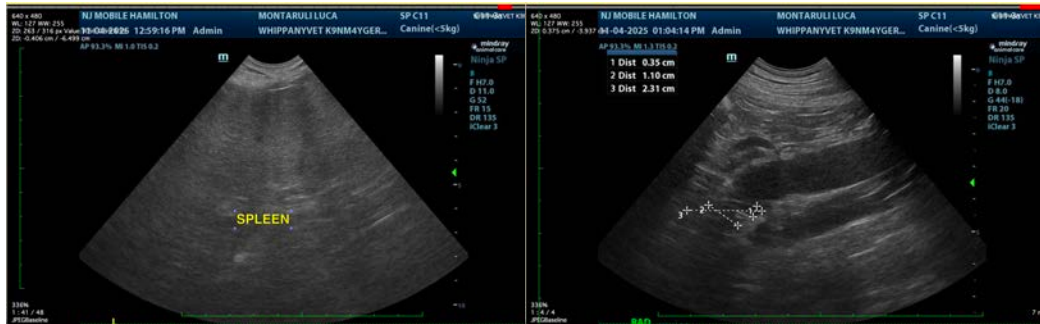
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com