



**PATIENT**

Bruno Marini

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Intact Male

**AGE**

10.5 Years

**WEIGHT**

12.5 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples Animal  
 Hospital

**REFERRING VET**

Dr. Kazienko

**INVOICE**

72409

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

Exam: tense on abdominal palpation. M1-2 GI sounds on auscultation. M3 tartar with infection. On/off diarrhea(mucoousy & yellow) for 3 weeks. Smallest change in diet will cause diarrhea. Has had pancreatitis in past, under control with home cooked diet. Not showing usual signs of pancreatitis. Tick removed beginning of Nov, and another couple weeks later. \*Since starting the antibiotics on Dec 5--Is not hiding, stools are normal & he is more like himself & is eating(wants to eat)\* Current Medications Clindamycin BID

Abnormal PE/Chem/CBC/UA Results: Slightly increased Globulin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is uniformly moderately enlarged and hypoechoic. There are multiple variable sized, generally small, roughly spherical, anechoic fluid accumulations consistent with cysts visualized throughout the parenchyma. There is no mineralization or evidence of masses. There is an ovoid, hypoechoic structure near the prostate, suspected to represent a lymph node. There is a possibility this represents a periprostatic abscess, though this is considered less likely based on appearance.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present bilaterally in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 4.94 cm. Right kidney measures 4.06 cm.

**Adrenal Glands**

The adrenal glands were definitively visualized on still images only. They are bilaterally subjectively prominent and measure slightly enlarged for a patient of this size. There are no overt structural abnormalities, and visible phrenic vasculature is unremarkable. Right measures 1.94 cm in length x 0.54 cm at the caudal pole and 1.14 cm at the cranial pole. Left measures 1.62 cm in length x 0.76 cm at the caudal pole and 0.73 cm at the cranial pole.

**Spleen**

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. Multifocal hypoechoic nodules are present. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

***Free Abdomen***

There is a roughly ovoid, hypoechoic structure near the prostate measuring 2.5 cm x1.2 cm, suspected to represent an enlarged colic lymph node.

The left testicle is subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The right testicle contains a roughly spherical, hyperechoic mass measuring 1.2 cm x 1.2 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Spherical structure near the urinary bladder, colon and prostate – Suspect enlarged colic lymph node. FNA recommended to further define.
- Cystic prostatomegaly – consistent with intact status and an older pet.
- Right testicular mass.
- Degenerative renal changes with nephrocalcinosis.
- Coarse liver with hypoechoic nodules.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are no significant mural GI abnormalities to explain reported clinical signs. FNA of the hypoechoic structure that may represent an enlarged colic lymph node is recommended. IBD vs other chronic enteropathy is a likely differential in this patient.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gallbladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.



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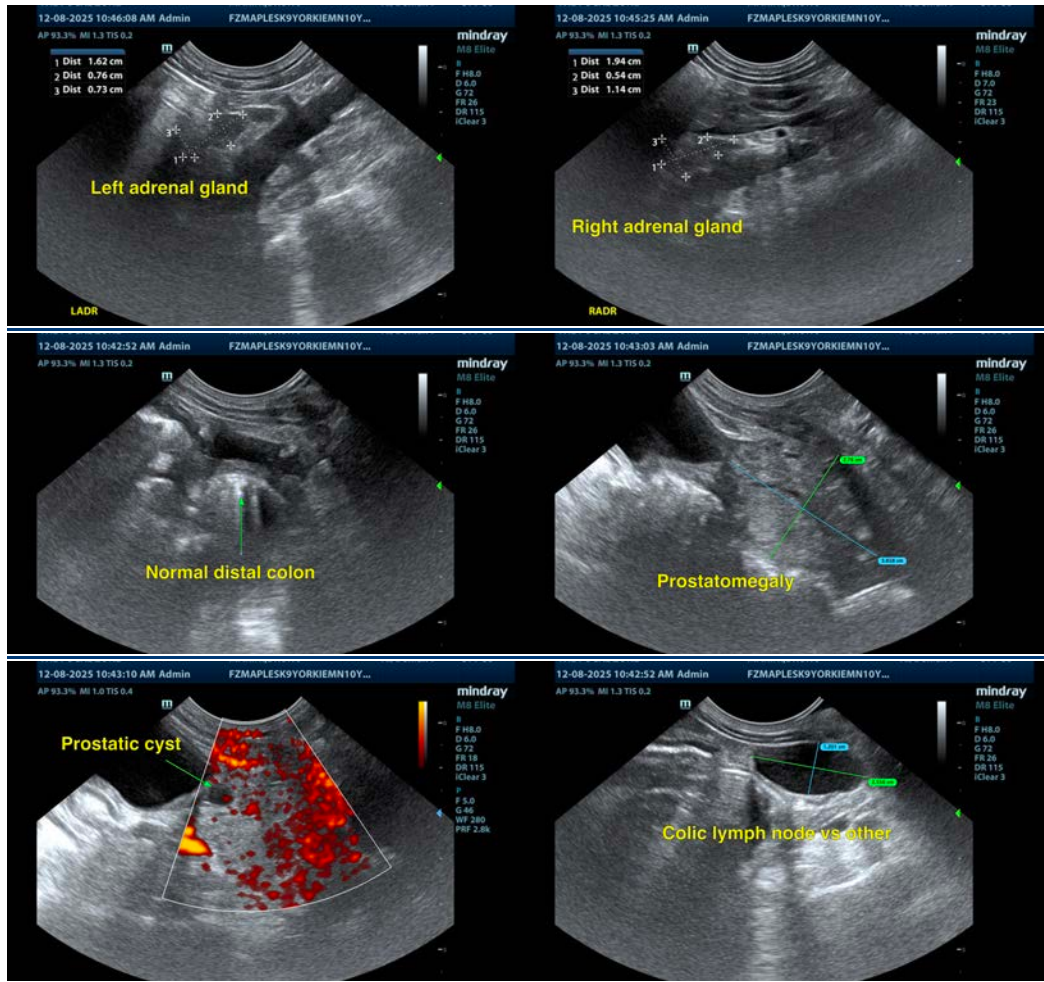
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Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

Leydig (interstitial) cell tumors, seminomas, and Sertoli (sustentacular) cell tumors occur most frequently in the testicles of the dog. Most testicular tumors are technically malignant, but they usually behave benignly and metastasis to other organs is rare. Fine needle aspirate is recommended to further define. Castration with histopathology is often both diagnostic and curative.





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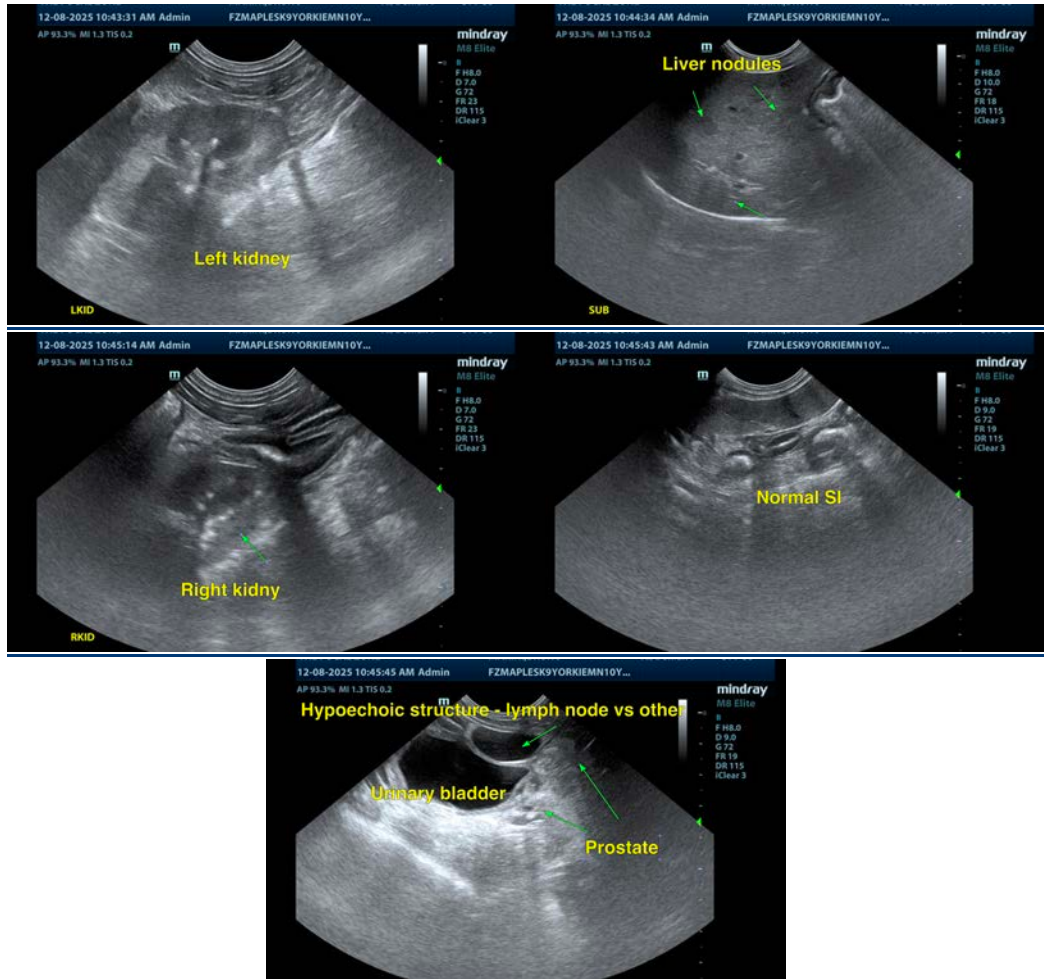
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com