



**PATIENT**

Charlie Greco

**SPECIES**

Canine

**BREED**

JRT x

**SEX**

Intact Male

**AGE**

8 Years

**WEIGHT**

20.2 lbs

**INTERPRETED BY**

Kathleen Sennello DVM,  
 MS, Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog & Cat Clinic of  
 Niagara

**REFERRING VET**

Dr. Snieder

**INVOICE**

72157

**DATE**

1/13/26

**PRESENTING CLINICAL SIGNS**

Presented to NVEC for "Spinning and rolling" according to the O - new changed behaviour. Has hx of sporadic seizures according to the O that started 2 years ago Current Medications Clavaseptin 250mg Tabs, Gabapentin 100mg/ml

Abnormal PE/Chem/CBC/UA Results: Labs attached from after hours clinic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and hyperechoic, measuring 2.21 cm. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.02 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 1.33 cm at the cranial pole and 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size (1.1 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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***Gastrointestinal***

The stomach contains moderate fluid/shadowing ingesta. It measures at a normal thickness of 0.39 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/ingesta distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

***Other***

Both testicles are visualized and appear within normal limits.

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**ULTRASONOGRAPHIC FINDINGS**

- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Correlate with urinalysis and culture results.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

*\*Images and records indicate a neutered male, but based on imaging and the request submitted, these images represent an intact male.*

**REFERRING VET**

Dr. Snieder

No focal lesions are visualized associated with the liver or the gallbladder to explain the elevation in ALT reported. Recommend pre- and post-prandial bile acids to assess liver function. If bile acid levels are significantly elevated, a contrast CT scan of the liver could be considered, looking for a shunting vessel, although none is seen on today's exam. If ALT elevations are persistent and/or progressive, eventually biopsies of the liver may be warranted for histopathology, culture and copper levels. Consider screening for Leptospirosis if clinically appropriate, and consider any medications that could be causing an elevation in ALT.

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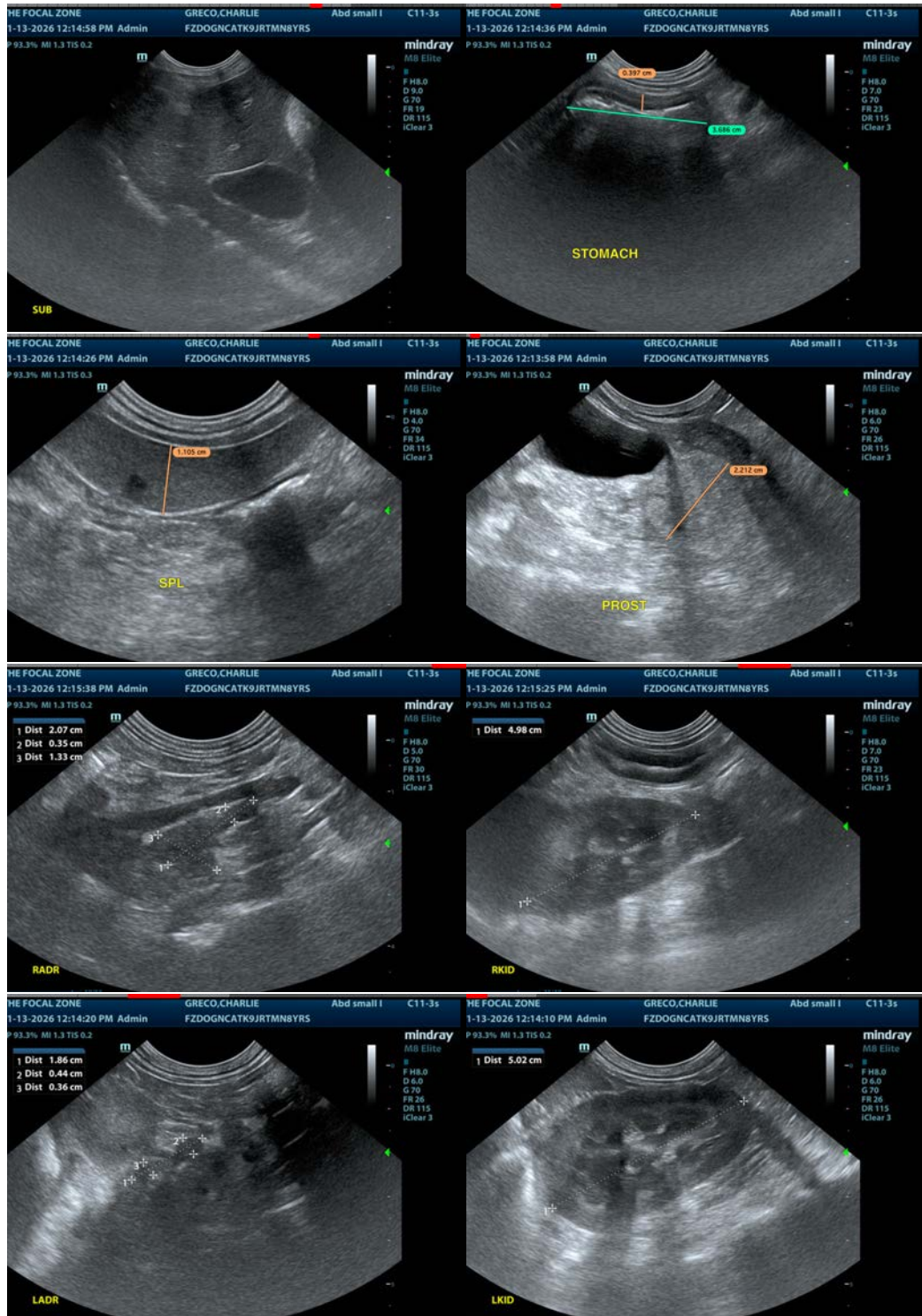
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Recommend a neurology consultation to evaluate the neurologic behavior described (provided liver function is normal).





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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.

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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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[info@sonopath.com](mailto:info@sonopath.com)

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