PATIENT

Woofles Perez

SPECIES

Canine

BREED

Chi x Pom

SEX

Neutered Male

AGE

Not Provided

WEIGHT

7.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Peavine Animal Hospital

REFERRING VET

Dr. Morford

INVOICE

72409

DATE

1/22/26

PRESENTING CLINICAL SIGNS

P has increased urinary frequency- going out to urinate, comes back inside and then wants to go out to urinate again 5-10 minutes later. inappropriate urination in the house. on c/d hills science diet food. Working diagnosis.

Evaluate for uroliths in kidneys, bladder, urethra. Medication

Thyro-tabs 0.1 mg bid. vetmedin 2.5 mg 1/2 po bid

Abnormal PE/Chem/CBC/UA Results: MCH 22, wbc 3.3, neu 2.541, lymphocytes 0.554, eosinophils 0.04, creatinine 0.4, cystatine B 201, TP 7.7, creatine kinase 334, PH 5.5, urine protein 1+, RBC 10-15 HPFcrystals 2+ calcium oxalate dihydrate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is borderline large (for a neutered dog), measuring 1.19 cm in height, with smooth margins, and two small pinpoint mineralizations. One measures 0.20 cm, the other measures 0.15 cm in diameter.

The left kidney has a normal shape and size (4.2 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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 is normal in size (4.17 cm) but abnormal in shape (due to a previous infarct in the caudal pole), with mildly reduced corticomedullary distinction and occasional small cortical cysts. 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 0.44 cm at the cranial pole and 0.51 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 0.46 cm at the cranial pole and 0.49 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 (1.33 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.

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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.

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.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.36 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The iliac lymph nodes are normal but visible. The right measures 0.37 cm. The left measures 0.39 cm in diameter. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended and dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly prominent prostate with pinpoint mineralizations – If this patient was neutered prior to puberty, this could be concerning for early prostatic neoplasia. This could be normal for a patient neutered as an adult.
- Mild bilateral renal changes consistent with chronic age related change/early renal disease.
- Mildly thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

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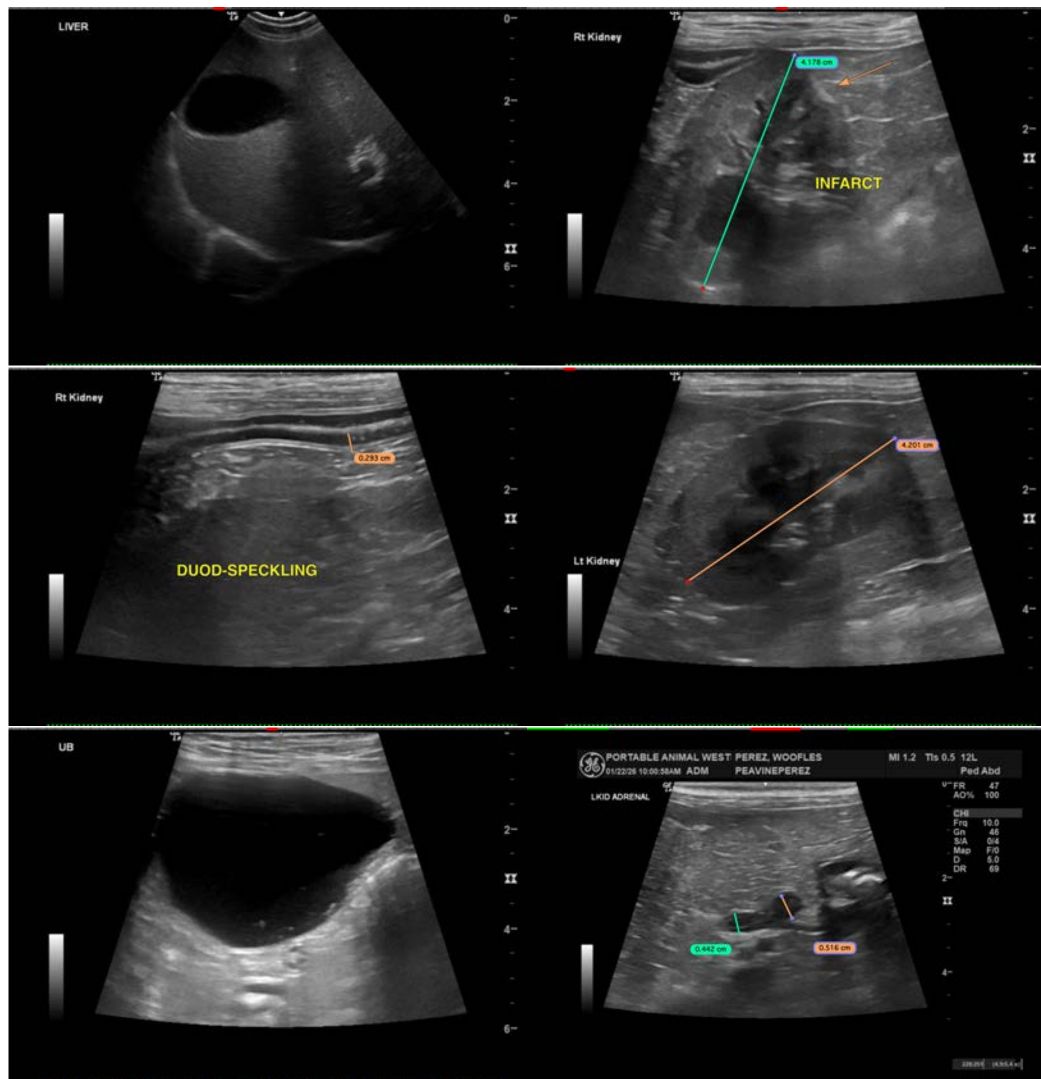
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate has a relatively normal shape. It measures as slightly large for such a small dog that is neutered, and there are some mineralizations. These mineralizations can be associated with neoplasia or previous inflammation or infection. Correlate with the age of neutering. Consider a fine needle aspirate of the prostate as well as a urine culture. There are small, pinpoint hyperechoic foci that could be consistent with small stones or similar. Consider radiographs to confirm there is no evidence of calculi within the mid/distal urethra.

There are mild renal changes observed. Correlate with current lab work, blood pressure and urinalysis.

There is mild mucosal speckling visualized associated with the duodenum. The significance of this in the absence of underlying gastrointestinal disease is uncertain. If there is a history of chronic GI signs, further evaluation would be warranted.



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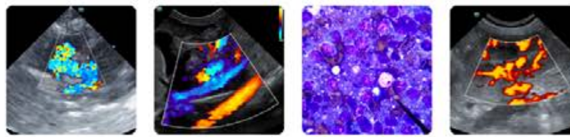

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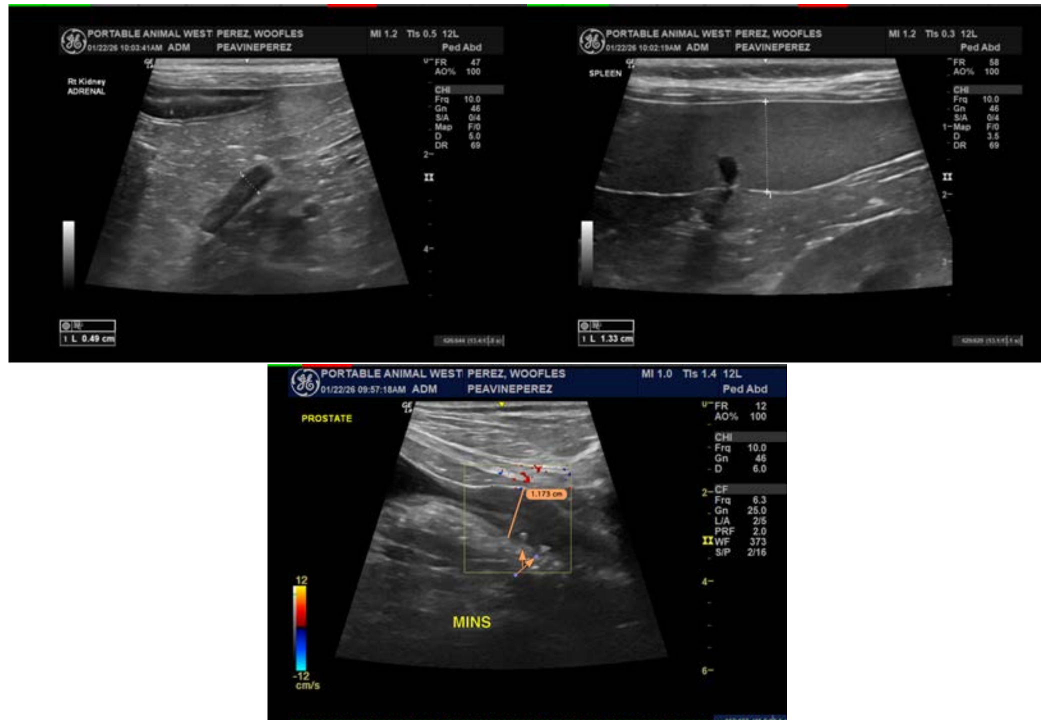

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com