



**PATIENT**

Herbert Thomas

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

4.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes AC

**REFERRING VET**

Dr. Lynette Reyes

**INVOICE**

42027

**DATE**

10/12/22

**PRESENTING CLINICAL SIGNS**

Pet has a history of elevated Cpl. Presented yesterday for dark, smelly urine and decreased appetite. Currently taking carprofen SID, Gabapentin and getting Adequan twice a week. Pet also has a grade / murmur, parasternal. There is a concern for possible swelling around colon vs prostate, stools are reduced in size

Abnormal PE/Chem/CBC/UA Results: ALKP:144 BUN: 37 Amy: 1798 PSL: 5534 WBC: 17.0 Plt: 793 Neut: 14450 T4: < 0.5 UA USG: 1.035 Blood: 3+ WBC: > 50 Rods: > 100

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with slightly echogenic urine. The Bladder wall appears diffusely mildly thickened and irregular, measuring at 0.20 cm. The area of the trigone, ureteral papillae and proximal urethra appear largely within normal limits. On one view there is the possible presence of some dependent mineralized material. Correlate these findings with abdominal radiographs, a urinalysis, and culture.

The prostate is difficult clearly discern. I suspect it is approximately 0.90 cm, which would be large for a small dog that was neutered early. If this pet was neutered after puberty, it is possibly within normal limits. Correlate findings with a digital rectal exam, as visibility was difficult.

The left kidney has a normal shape and size (2.5 cm) with mild pyelectasia at 0.13 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size with mild pyelectasia of 0.20 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.31 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, 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. There is a mild amount of non-organized echogenic debris with some possible hyperechoic mineralizations/sandy debris. The cystic and common bile ducts are normal/not visible.

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**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.

**BREED**

Pomeranian

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

**SEX**

Neutered Male

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**AGE**

15 Years

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.

**WEIGHT**

4.4 Pounds

**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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Questionable prostatic enlargement – Correlate with the age of neutering and a digital rectal exam.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on the information provided, this pet likely has cystitis. Recommend urinalysis and culture. The prostate was difficult to discern. On one view, I was able to get an approximate measurement of 0.90 cm, but this is a rough estimate. Correlate these findings with age of neutering and a rectal palpation to determine if there is any pain, irregularity, etc. If there is concern and imaging is difficult in this area, consider a contrast CT scan.

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The urinary bladder is irregular. There is likely cystitis and there is mild pyelectasia in the kidneys. There is the possibility of early pyelonephritis in this patient, or this could be associated with PU/PD, etc. Recommend 2-3 weeks of appropriate antibiotics based on sensitivity results, and a recheck culture approximately one week after stopping antibiotics. Kidney values and a blood pressure should be monitored.

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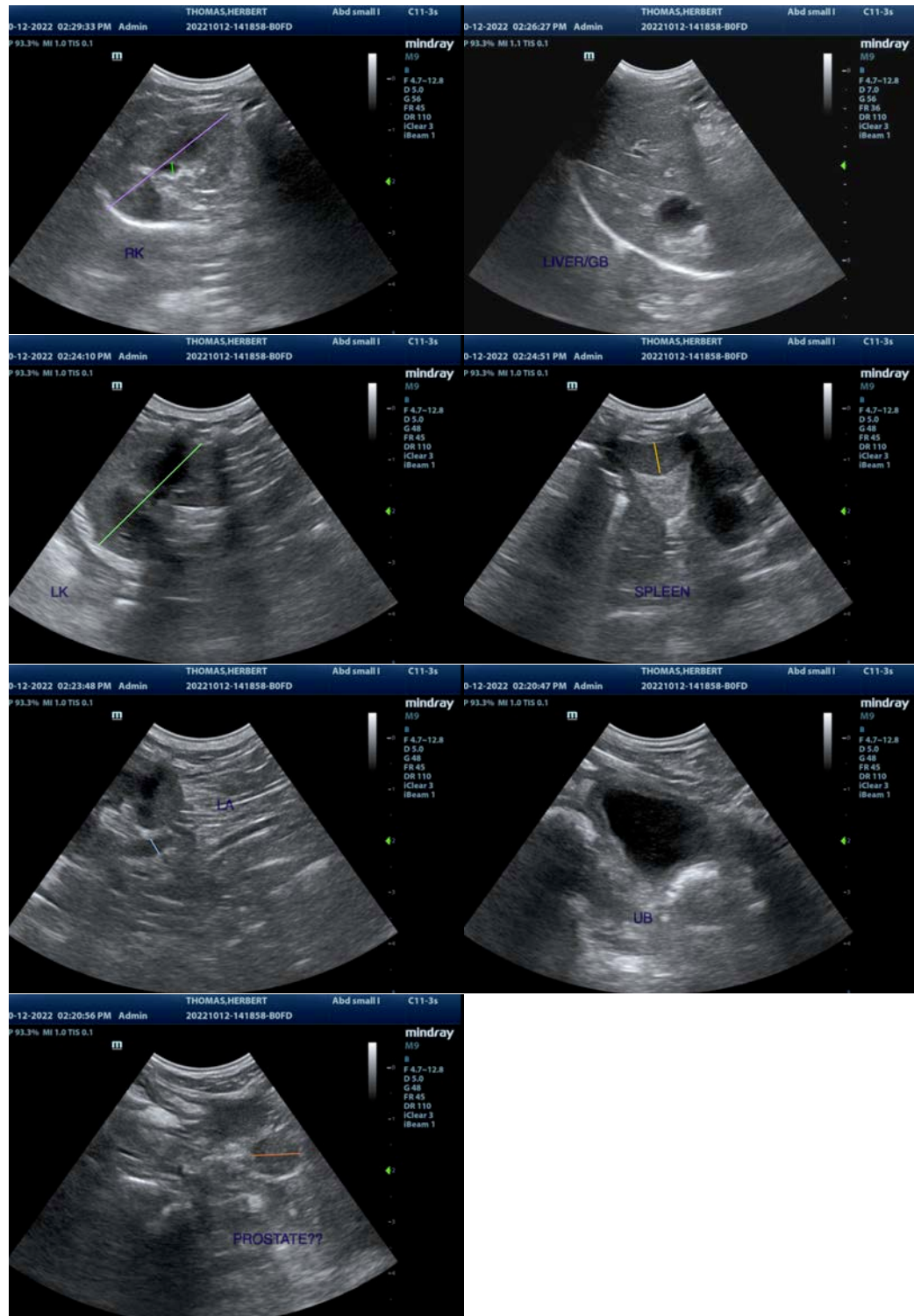
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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Pomeranian

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kathleen.sennello@sonopath.com

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