



PATIENT

Griffey Smith

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

10.5 years

WEIGHT

12 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Penn Valley Veterinary
Associates

REFERRING VET

Dr. Nancy Reese

INVOICE

10774

DATE

11/20/2025

PRESENTING CLINICAL SIGNS

Griffey is a 10.5 yr old male neutered Shih Tzu who presented 9/15/25 with a history of blood in his urine. UA- proteinuria 3+ and hematuria 3+, pH 7.0 and struvites. No visible stone on Xrays. He improved with antibiotics and NSAID but represented 10/13/25 with recurrence with Pu/PD and mild weight loss of 0.3# since September to 19.5#. Bloodwork- CBC-NSF, Chems: mild increase TP 7.7 (5.0-7.4)/ globulin 3.8 (1.6- 3.6) and ALP 452 (5-131), rest WNL. UA no longer had struvites. I could only feel the caudal pole of the prostate. We could not fully pass a urinary catheter but again could not see stone on rads but mineralization in area of prostate. Repeat AB's and NSAIDS but he has continued to have straining and blood in urine- looking for stone vs neoplasia vs stricture.

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, or masses. In the region of the trigone there is a pinpoint hyperechoic mineralization visualized measuring 0.12 cm.

The prostate is large, irregular, mottled and mineralized measuring 2.61 cm in height in the sagittal view.

The left kidney has a normal shape and size (4.72 cm). The cortex is of increased echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous 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.

The right kidney has a normal shape and size (5.04 cm). The cortex is of increased echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cysts. There is an occasional pinpoint cortical mineralization. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

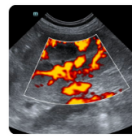
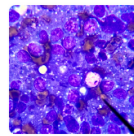
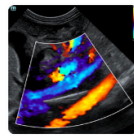
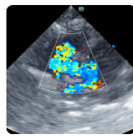
The left adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.79 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.71 cm at the cranial pole and 0.51 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 (1.68 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

Liver



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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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. Some of the debris consists of small pinpoint mineralizations/small choleliths. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

BREED

Shih Tzu

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.

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The visualized areas of duodenum (0.52 cm), jejunum (0.4 cm) 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. 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.

Pancreas

The pancreas is prominent and mottled in the right limb. 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 free fluid. There's occasional prominent mesenteric lymph nodes. The right iliac lymph node measures 0.41 cm, and the left iliac lymph node measures 0.5 cm. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Large, irregular, mineralized prostate. Findings are concerning for prostatic neoplasia. Recommend a fine needle aspirate. Other differentials are possible.
- Large gallbladder debris with some small mineralizations/choleliths. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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SECONDARY FINDINGS

- Pinpoint mineralization in the urinary bladder.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Subjectively, mildly thickened small intestine. The significance of this is uncertain in the

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absence of underlying gastrointestinal symptoms.

Griffey Smith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The prostate is large, irregular and mineralized. This would be very abnormal in a neutered male. Given the history provided and the appearance of the prostate, I'd be very concerned about a prostatic carcinoma or other. Although other differentials are possible. Consider either a fine needle aspirate of the prostate, or a traumatic catheterization (pass catheter to the point of the prostate and apply suction, submit sample for cytology.) Additionally, a urine BRAF test could be considered. If this test is positive, it would increase the likelihood of an underlying neoplastic process. If it is negative, it is non-diagnostic, and further evaluation would be warranted.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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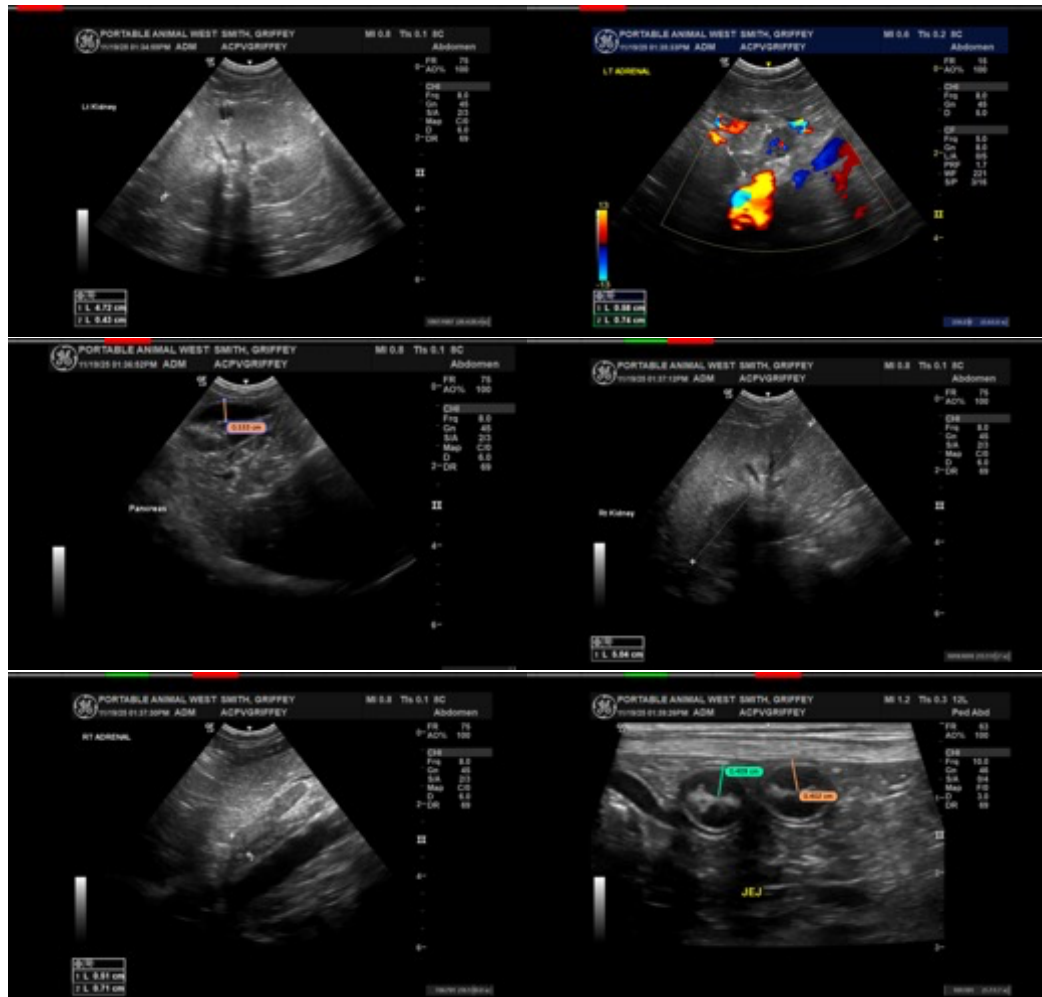
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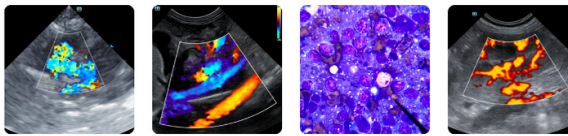
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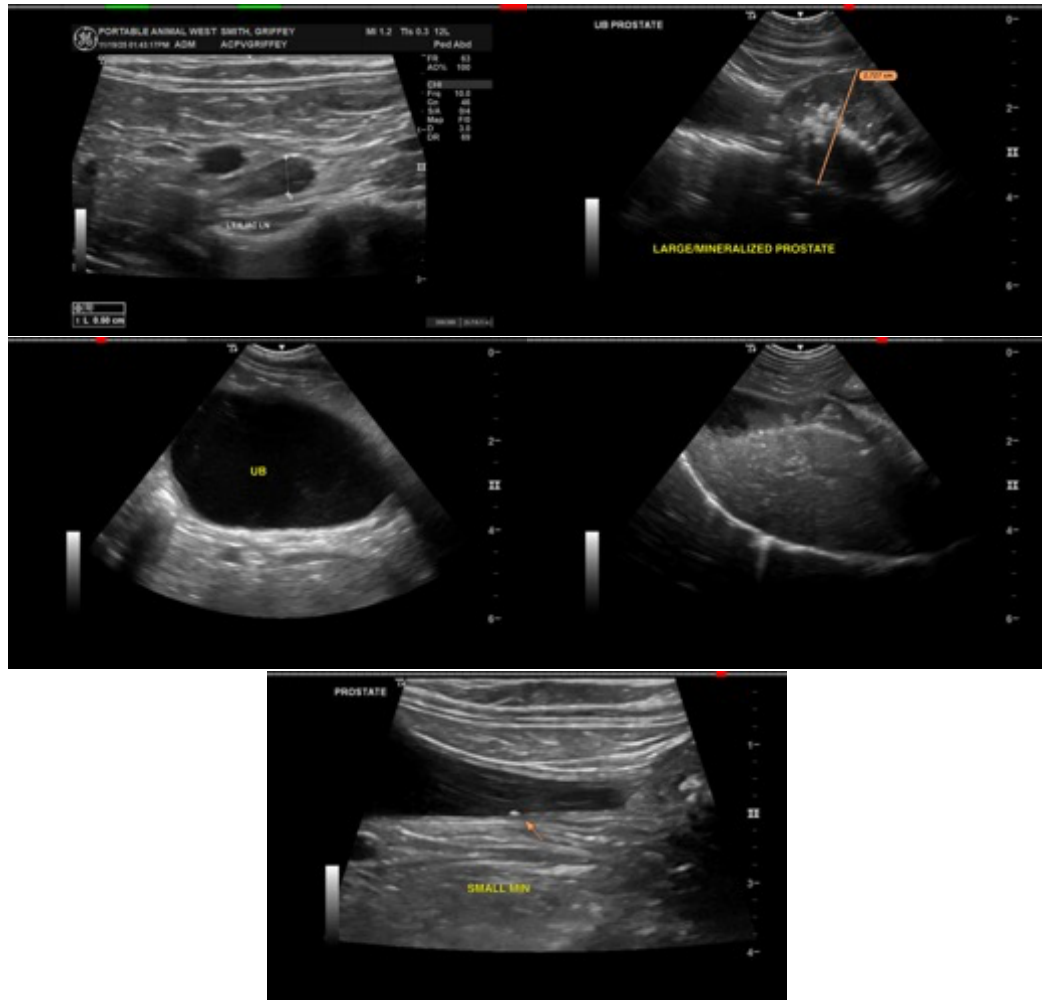
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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