PATIENT

Arthor Centric

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

7 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Pablo Mendoza

INVOICE

10792

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Patient has had ongoing hyposthenuria w/ polydipsia for at least 2 months U/S request to evaluate renal architecture, adrenals, liver, bladder, etc. Ongoing hyposthenuria, urine culture negative.

Abnormal PE/Chem/CBC/UA Results: LABS attached.

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 normal in size, slightly irregular in shape measuring at 0.84 cm. The parenchyma is slightly mottled with a mild hyperechoic irregularity measuring 0.44 cm.

The left kidney has a normal shape and size (7.31 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 mild pyelectasia noted measuring 0.4 cm.There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.54 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 0.56 cm at the cranial pole and 0.55 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 0.66 cm at the cranial pole and 0.57 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 borderline large in size (2.71 cm in width at the level of the hilus) 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. There is a mixed echogenicity/hypoechoic, somewhat poorly defined nodule in the head on the spleen measuring 1.99 cm x 2.93 cm. Additionally, there's a smaller hypoechoic nodule adjacent measuring 0.79 cm x 0.78 cm.

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.

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 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 (0.41 cm in wall thickness) and the jejunum measured as normal (0.38 cm.) Visualized peristalsis appears appropriate. 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 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 revealed scant free fluid. There is no evidence of a significant lymphadenopathy. There's a prominent jejunal lymph node visualized measuring 1.01 cm in diameter. The omentum is of normal uniform echogenicity.

Other

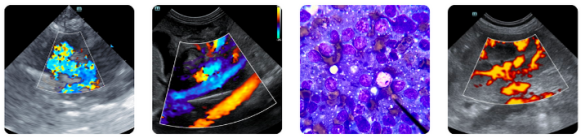
The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled/irregular prostate. Findings are likely normal if this patient was neutered as an adult/after puberty. If they were neutered prior to puberty, recommend a re-check evaluation (with a high frequency probe) in 8 – 12 weeks to try and determine if this is a significant lesion.
- Two hypoechoic splenic nodules. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis
- Occasional prominent mesenteric lymph node. This is most consistent with a reactive lymph node.
- Scant free abdominal fluid.

Imaging performed by

pawsonography@gmail.com
530-786-8340



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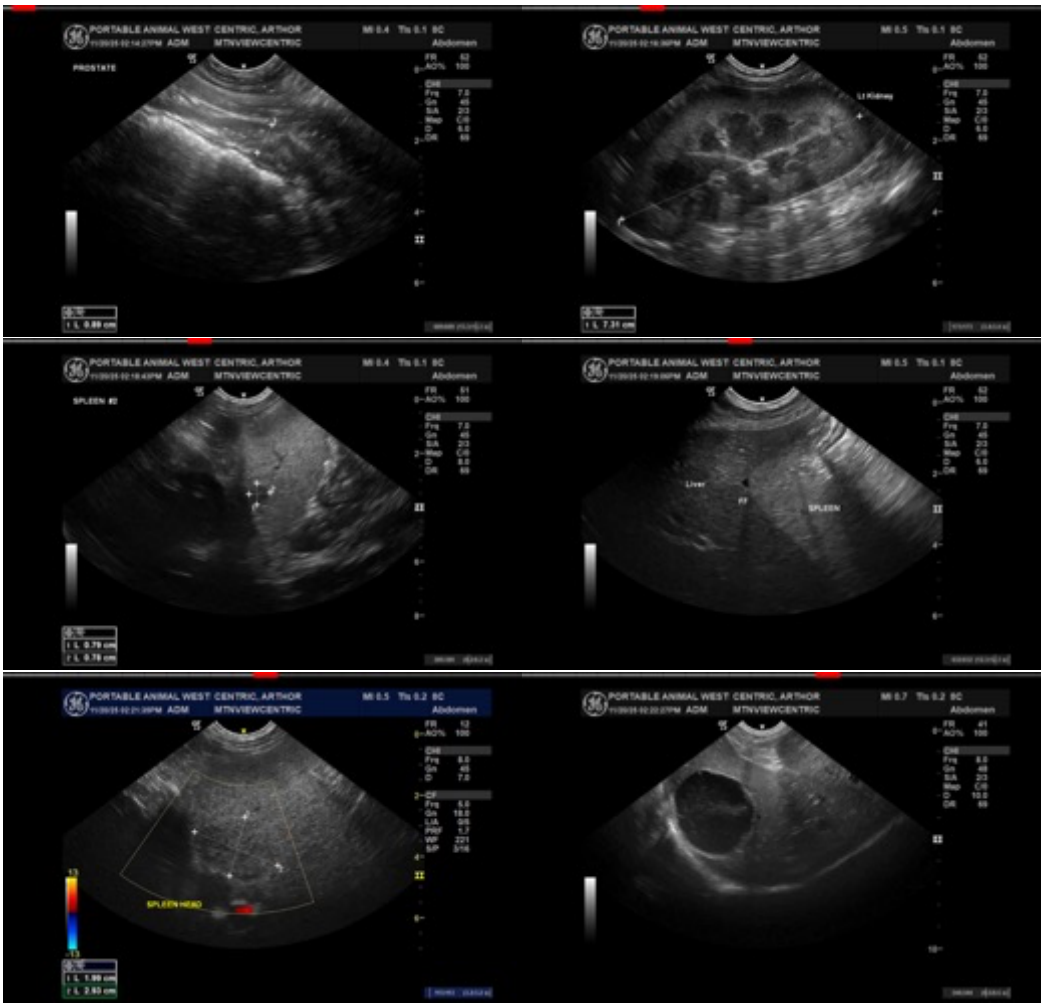
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a very subtle lesion visualized in the prostate. I suspect this is incidental but if this patient was neutered very early in age, this could be an early true nodule/mass lesion. If there's any concern, consider repeat evaluation in 8 – 12 weeks.

There are two relatively small, subtle, hypoechoic nodules in the spleen. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, you could consider continued monitoring with ultrasound.

No other obvious lesions are visualized to explain the PU/PD reported.



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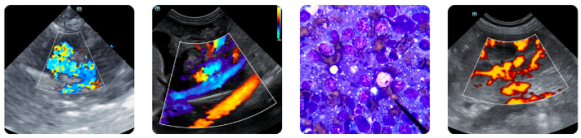

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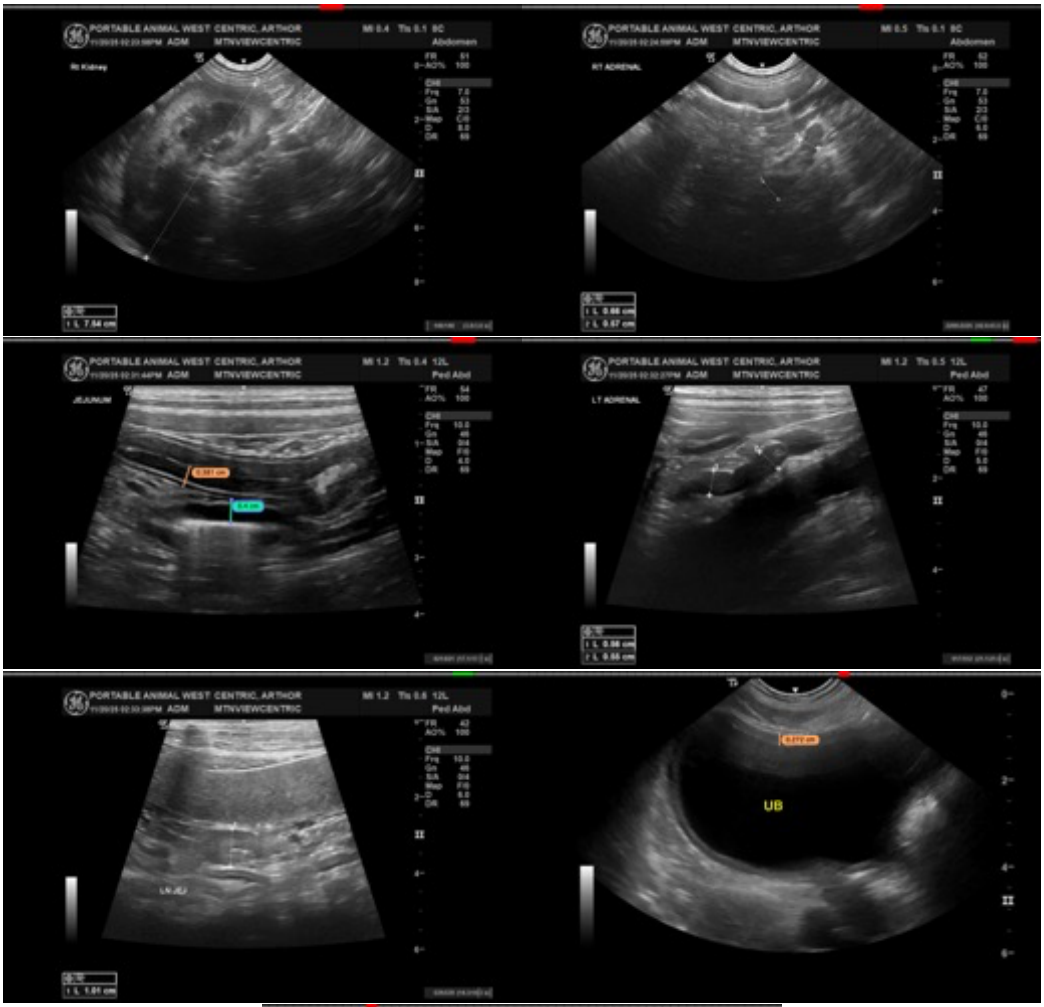

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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