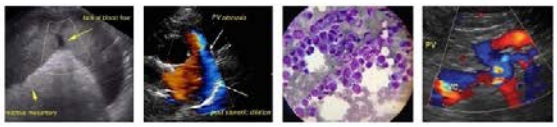
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cassius Vines

SPECIES

Canine

BREED

English Mastiff

SEX

Neutered Male

AGE

8 Years

WEIGHT

56.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Gerritsen

INVOICE

42947

DATE

11/23/22

PRESENTING CLINICAL SIGNS

CBC WNL. Chemistry - High values: SDMA 16, Creatinine 143, Urea (BUN) 12.1, Triglyceride 2.87 Low values: ALT 17 Urinalysis on Oct. 28th (free catch) - Sp. Gravity 1.011, pH 7.5, WBCs 20-30/HPF, Marked Rods (>40/HPF), 1+ Squamous epi cells (1-2/HPF). Culture came back positive for Escherichia coli - >1x10E5 CFU/ml and Beta-hemolytic streptococcus -> 5-10x10E4 CFU/ml, with no abx resistance. Sent home with 10 day course of Clavaseptin. Repeat Urinalysis on November 16th (free catch)- Sp. Gravity 1.007, pH 8.0, Blood 2+ on strip but only 0-2/HPF, WBCs 20-30/HPF, no bacteria, 1+ Squamous epi cells (1-2/HPF)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large and distended with mildly echogenic urine. The Bladder wall appears diffusely irregular and thickened, measuring at approximately 0.80 cm. The area of the trigone, ureteral papillae and proximal urethra appear mildly thickened and irregular, but there are no focal mass lesions or calculi visualized. Findings are most consistent with bacterial cystitis, but an underlying neoplastic process cannot be ruled out.

The prostate is normal in size (1.78 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.76 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 (8.44 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 0.59 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 0.49 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.

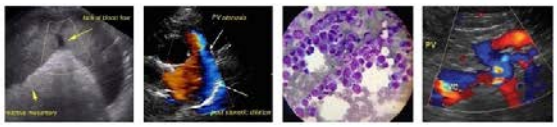
Spleen

The spleen is subjectively normal in size, 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cassius Vines

SPECIES

Canine

BREED

English Mastiff

SEX

Neutered Male

AGE

8 Years

WEIGHT

56.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Gerritsen

INVOICE

42947

DATE

11/23/22

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.38 cm. 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, 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.

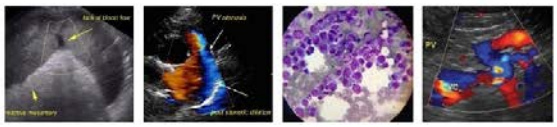
ULTRASONOGRAPHIC FINDINGS

- Mildly echogenic urine with an irregular thickened bladder wall – These changes primarily appear diffuse in nature and would be most consistent with cystitis, although an underlying neoplastic process cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a repeat urinalysis and culture at least 3-5 days after cessation of antibiotics. If an infection is identified, recommend treatment with a prolonged course of antibiotics, a culture, and reevaluation of the urinary bladder wall with ultrasound mid treatment to ensure that the bladder wall has normalized prior to considering discontinuation of antibiotics, as there could be bacteria embedded in the wall, etc. Recommend re-culture and antibiotics after cessation of antibiotics. If the inflammatory changes persist, then you could consider traumatic catheterization of the urinary bladder to obtain cells for cytologic evaluation. Additionally, if that is not fruitful, a fine needle aspirate of the prostate could be considered. Correlate these findings with a rectal palpation. Additionally, a urethral lesion could be possible (note any resistance on catheterization, etc.).

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cassius Vines

SPECIES

Canine

BREED

English Mastiff

SEX

Neutered Male

AGE

8 Years

WEIGHT

56.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

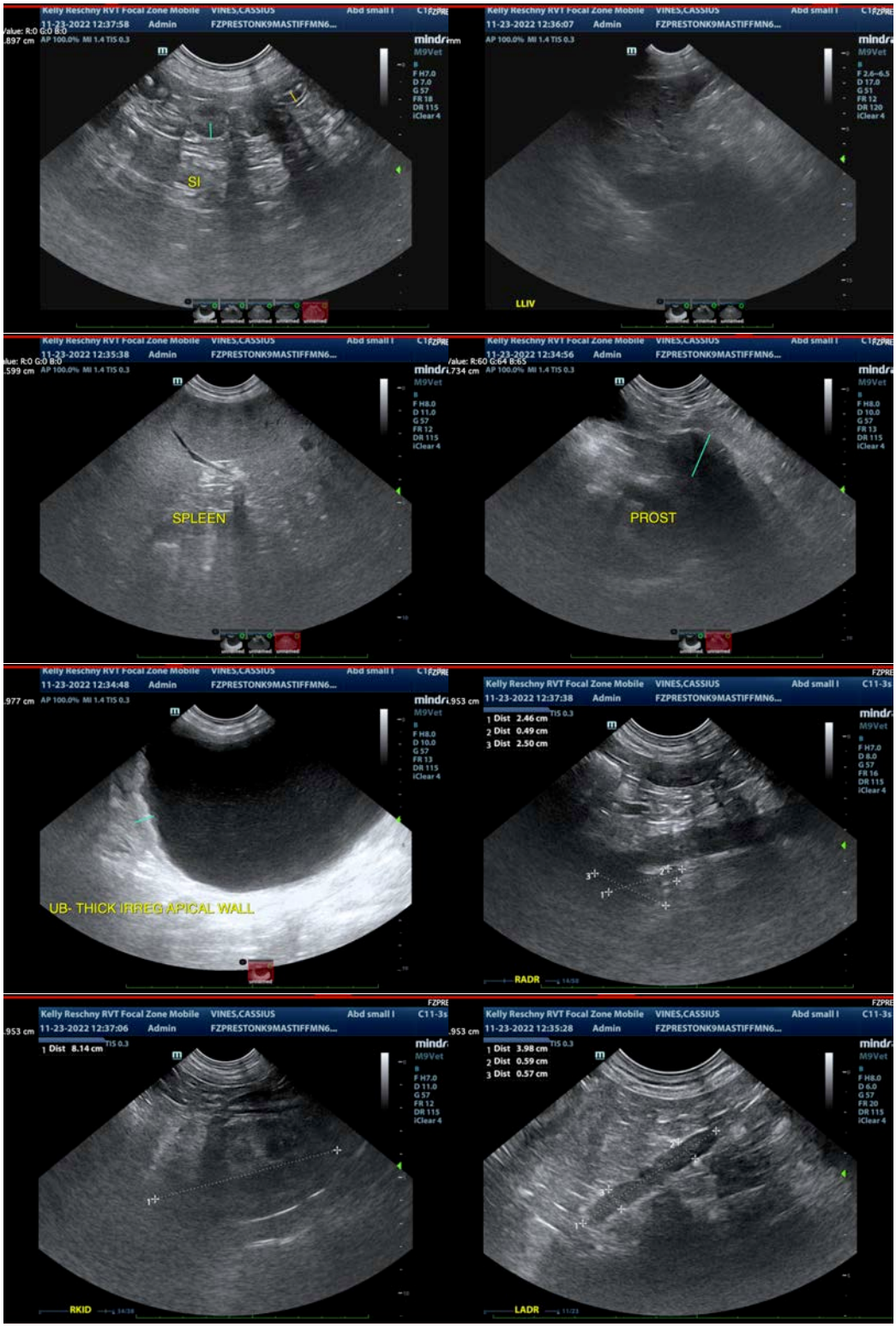
Dr. Gerritsen

INVOICE

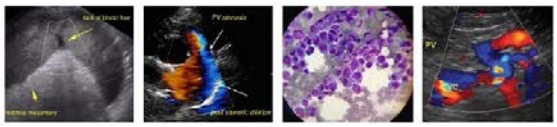
42947

DATE

11/23/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cassius Vines

SPECIES

Canine

BREED

English Mastiff

SEX

Neutered Male

AGE

8 Years

WEIGHT

56.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Gerritsen

INVOICE

42947

DATE

11/23/22

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)

kathleen.sennello@sonopath.com