



## PATIENT

Kona Koritar

## SPECIES

Canine

## BREED

German Shorthaired  
Pointer

## SEX

Intact Male

## AGE

4 Years 3 Months

## WEIGHT

34.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Healing Traditions  
Holistic Vet Clinic

## REFERRING VET

Dr. Susie

## INVOICE

72146

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

The patient presents with a clinically significant history of hematuria, increased water consumption, and a high elevation in Creatine Kinase (CK). The primary clinical concerns noted are hematuria (blood in the urine) and increased water consumption. Additionally, laboratory findings have revealed a high elevation in Creatine Kinase (CK), suggesting potential muscle damage or disease.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with urine. There is a large amount of suspended echogenic debris and dependent mineralized debris and small stones (typical stones measuring approximately 0.20 cm, suspect in the 5-10 range). These appear mobile. The Bladder wall appears within normal limits. The stones are visualized in the trigone region and at the cystourethral junction. No obvious urethral stones observed.

The prostate is large and hyperechoic, measuring 3.24 cm x 3.52 cm in the sagittal view.

The left kidney has a normal shape and size (7.63 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 (7.2 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 0.47 cm at the cranial pole and 0.47 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 0.69 cm at the cranial pole and 0.66 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 (2.58 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.

### 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.

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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.

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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 0.50 cm. Jejunum wall measures 0.27 cm. 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***

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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***

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy. An example of a mesenteric lymph node measures 1.13 cm x 2.61 cm. A pair of large jejunal lymph nodes are visualized measuring 0.70 cm x 1.42 cm and 0.68 cm x 0.98 cm. The omentum is of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended echogenic debris and dependent mineralized debris/small stones in the urinary bladder. Correlate with radiographs, urinalysis and culture.
- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a large amount of echogenic and mineralized debris visualized in the urinary bladder. Some of these are small stones/sandy debris with no obvious evidence of stones in the urethra at this time. Recommend radiographs to confirm the number and size of stones present, and urinalysis and culture looking for underlying infection. It is possible that a cystotomy would be necessary to remove these stones and to obtain cultures and stone analysis.

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The prostate is large and hyperechoic, most consistent with benign prostatic hypertrophy. If urine culture is positive, prostatitis is likely. Both benign prostatic hypertrophy and prostatitis can cause



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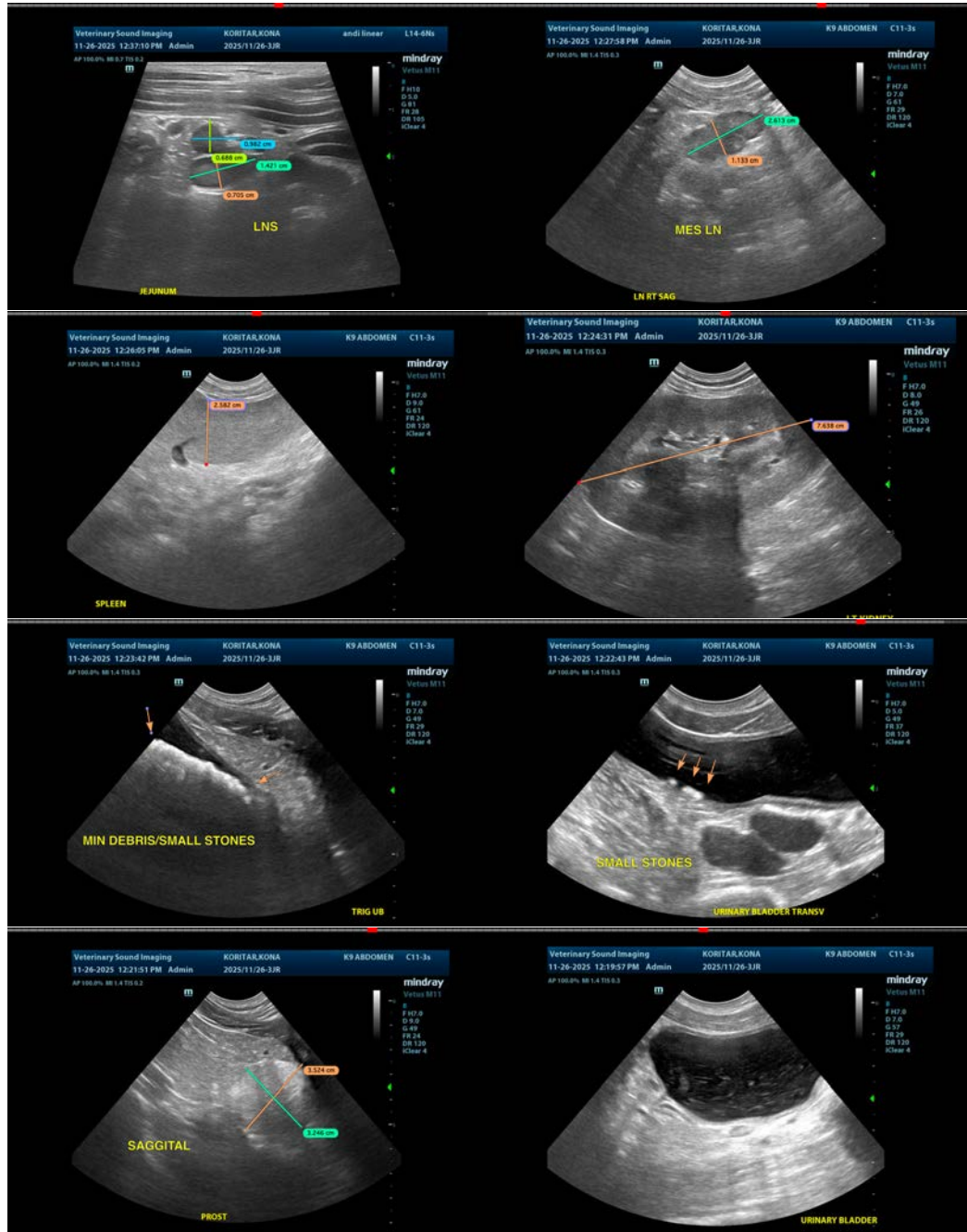
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hematuria. If prostatitis is present or prostatic disease is thought to be a significant contributor, neutering should be considered.

There are occasional large mesenteric lymph nodes. These likely represent reactive mesenteric lymph nodes, but early neoplastic lymph nodes cannot be ruled out. Recommend continued monitoring. If a safe window for sampling is available you could consider a fine needle aspirate.





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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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