PATIENT

Frankie Reinike

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

53.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

72288

DATE

12/3/25

PRESENTING CLINICAL SIGNS

More protein in urine, proteinuria and hematuria present in urinalysis, checking kidneys and bladder

Abnormal PE/Chem/CBC/UA Results: Neuts 2.71, Mono 0.08 BUN 29.7, Creat 20, Chol 450 U/A: 3+ blood, 4+ protein, rbcs, wbcs, USG 1.020

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 borderline large, normal in shape, with slightly mottled parenchyma, measuring 1.4 cm in height in the sagittal view.

The left kidney has a normal shape and size (5.66 cm). The cortex is hyperechoic and mottled, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Numerous small cortical cysts and small cortical mineralizations are present. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.08 cm). Overall echogenicity is slightly hyperechoic. The cortex is slightly mottled, with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cysts and a larger cystic lesion in the cranial pole measuring 1.18 cm in diameter. 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 0.67 cm at the cranial pole and 0.77 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.

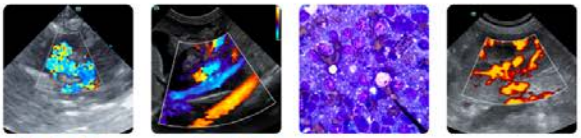
The right adrenal gland is normal in size measuring 0.99 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is subjectively mildly mottled (when viewed with high frequency probe), 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.

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 0.41 cm. Jejunum wall measures 0.32 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 area of 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

- Prominent, mildly mottled prostate – Correlate with the age of neutering. If the patient was neutered early in life, this could be abnormal. Alternately, this could represent an involuted prostate.
- Age related changes and cortical cysts visualized associated with both kidneys.
- Subjectively mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder to explain the hematuria reported. The prostate is slightly prominent and mildly mottled, but not overtly abnormal. Correlate with age of neutering and a digital rectal exam. Other considerations would include the typo sampling performed (was this a cysto, a catheterized sample, free catch, etc?). A fine needle aspirate of the prostate could be considered. Additionally, recommend a urine culture, looking for cystitis, and consider radiographs to evaluate the distal urethra for any stones or abnormalities. Additionally, a urinary catheter could be passed, looking for any resistance.

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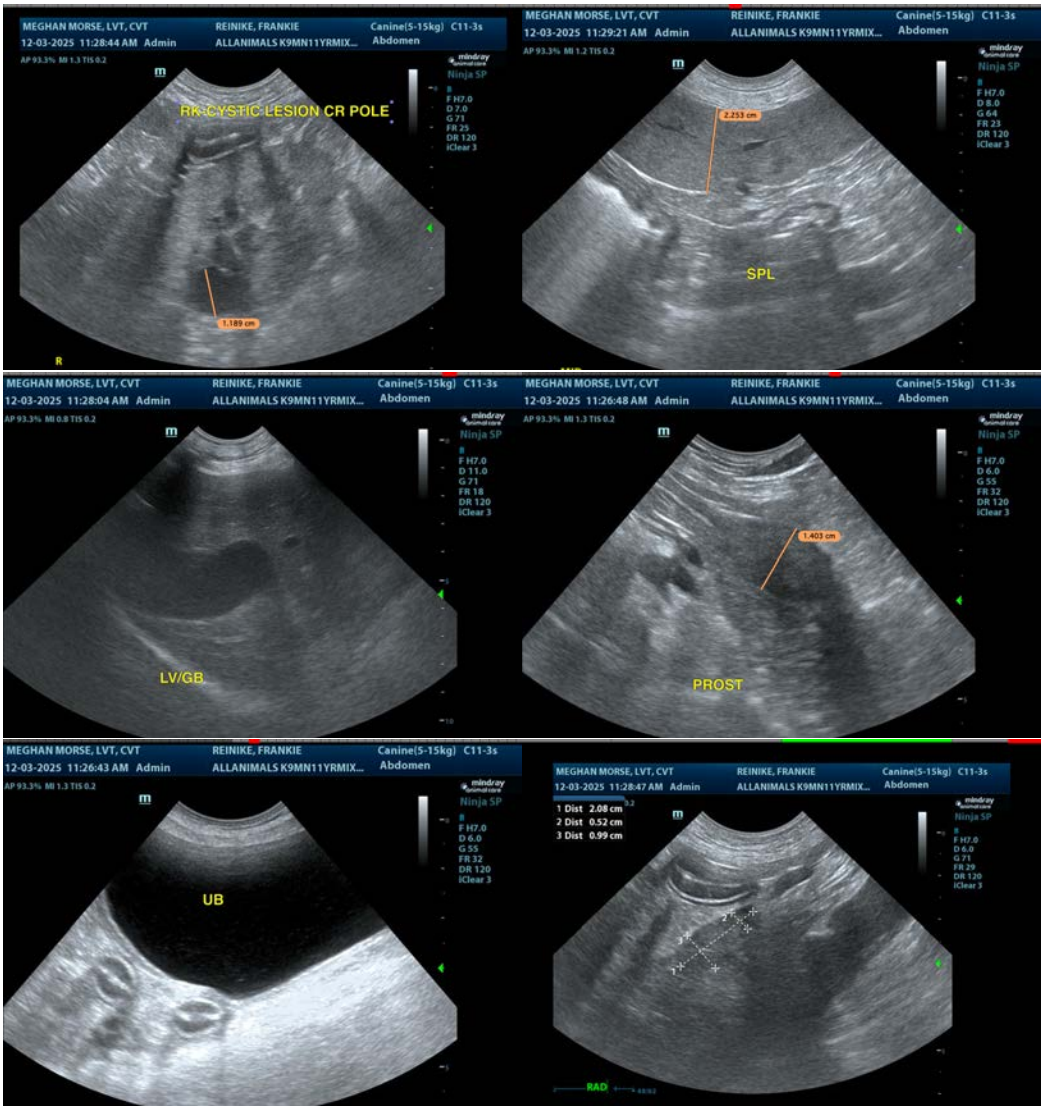
The spleen subjectively appears mildly mottled when evaluated with the high frequency probe. I suspect this is incidental. Options would include continued monitoring with ultrasound or a fine needle aspirate.

If a source for the hematuria and proteinuria is not readily identified, consider reevaluation in the future, looking for progression of a lesion or the development of a new lesion.



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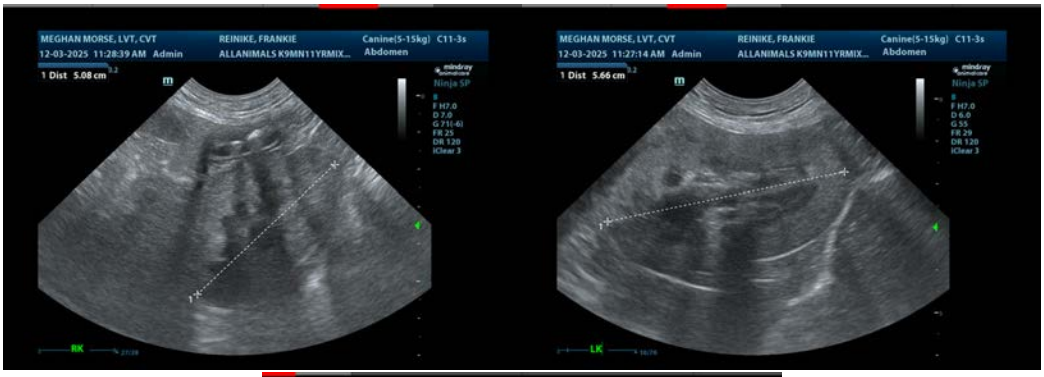

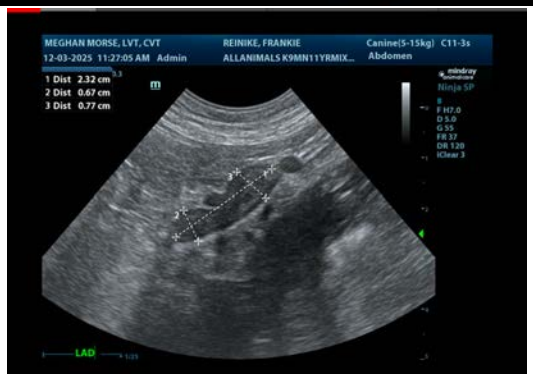

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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