

PATIENT

Sterling Wilcox

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

56.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic

REFERRING VET

Dr. Russell

INVOICE

72893

DATE

12/31/25

PRESENTING CLINICAL SIGNS

P presented 12/26 for PU/PD and weight loss, Sr panel mild elevation in SDMA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The apical wall of the urinary bladder appears mildly thickened, measuring at 0.40 cm with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (1.21 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. There are small hyperechoic foci visualized within the prostatic parenchyma, measuring 0.40 cm and 0.21 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.76 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 (6.32 cm). There is a cortical cyst towards the caudal aspect of the kidney measuring 0.88 cm in diameter. 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 0.76 cm at the cranial pole and 0.71 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 0.72 cm at the cranial pole and 0.74 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 heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. Some of the mottling gives the appearance of ill-defined hypoechoic nodules. An example measures 0.97 cm x 0.79 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.

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Gastrointestinal

The stomach contains large fluid/ingesta. 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.

BREED

Pit Bull

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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.

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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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Hyperechoic foci in the prostate – Findings could be consistent with small foci of fibrosis, non-shadowing mineralizations, changes currently have a benign appearance, an early neoplastic process cannot be ruled out.

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- Mildly mottled spleen with occasional ill-defined hypoechoic nodules – 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 further evaluate.

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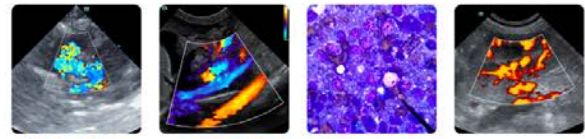
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- Fluid distended stomach and small intestine – Findings could be consistent with a non-fasted patient (drinking excessively) or less likely generalized ileus or an unseen obstruction.

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- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

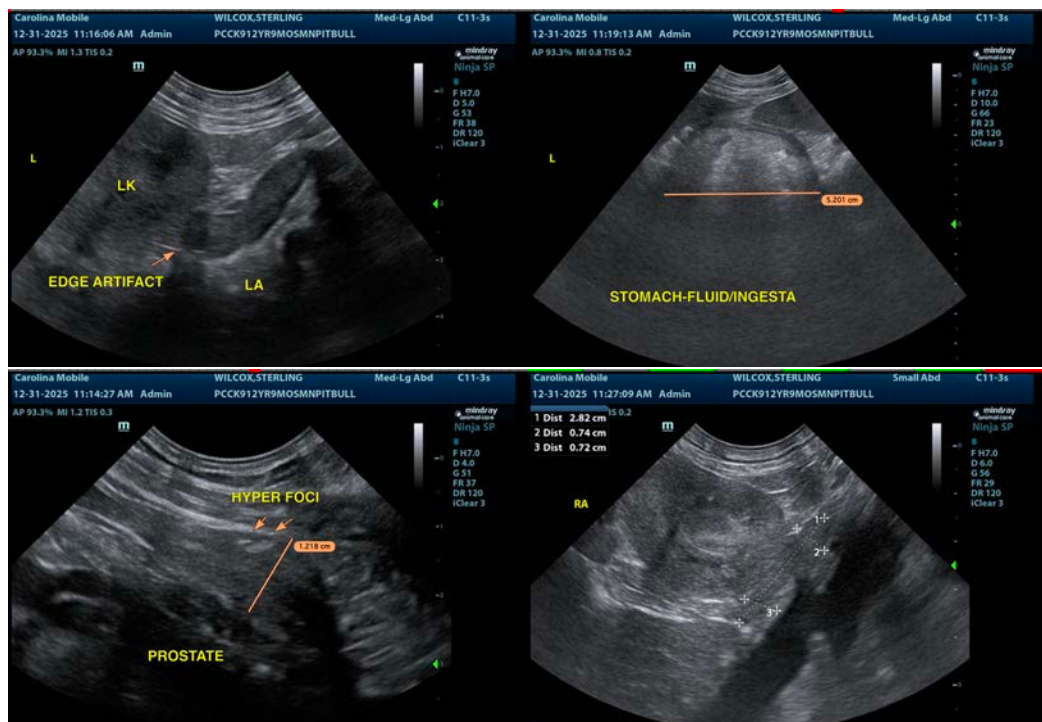
The prostate appears relatively normal in size but has occasional hyperechoic foci. The significance of these lesions is uncertain. These could represent small areas of fibrosis or early mineralization. Consider reevaluation in 6-8 weeks, looking for significant change in these areas a fine needle aspirate could be considered if there is concern for a neoplastic process.

The apical of wall the urinary bladder is slightly prominent. Recommend a urinalysis, culture, blood pressure, +/- urine protein to creatinine ratio for further evaluation of the urinary bladder and kidneys.

The spleen is mildly mottled with some ill-defined hypoechoic nodules. This could represent benign or less likely early neoplastic change. Recommend a fine needle aspirate with cytology to further assess.

An obvious cause for the PU/PD reported is not clearly observed. Correlate with urinalysis and culture results, measuring water intake, and chemistry values/electrolyte values. No evidence of adrenomegaly is observed, but this does not rule out Cushing's disease as a possibility. Additionally, you could consider a liver function test and screening for Leptospirosis as initial steps.

Eventually, a more in-depth evaluation may be necessary if a diagnosis cannot be obtained. Additionally, you could consider repeat evaluation in the future, looking for the development of new lesions or the progression of the lesions observed on today's exam.





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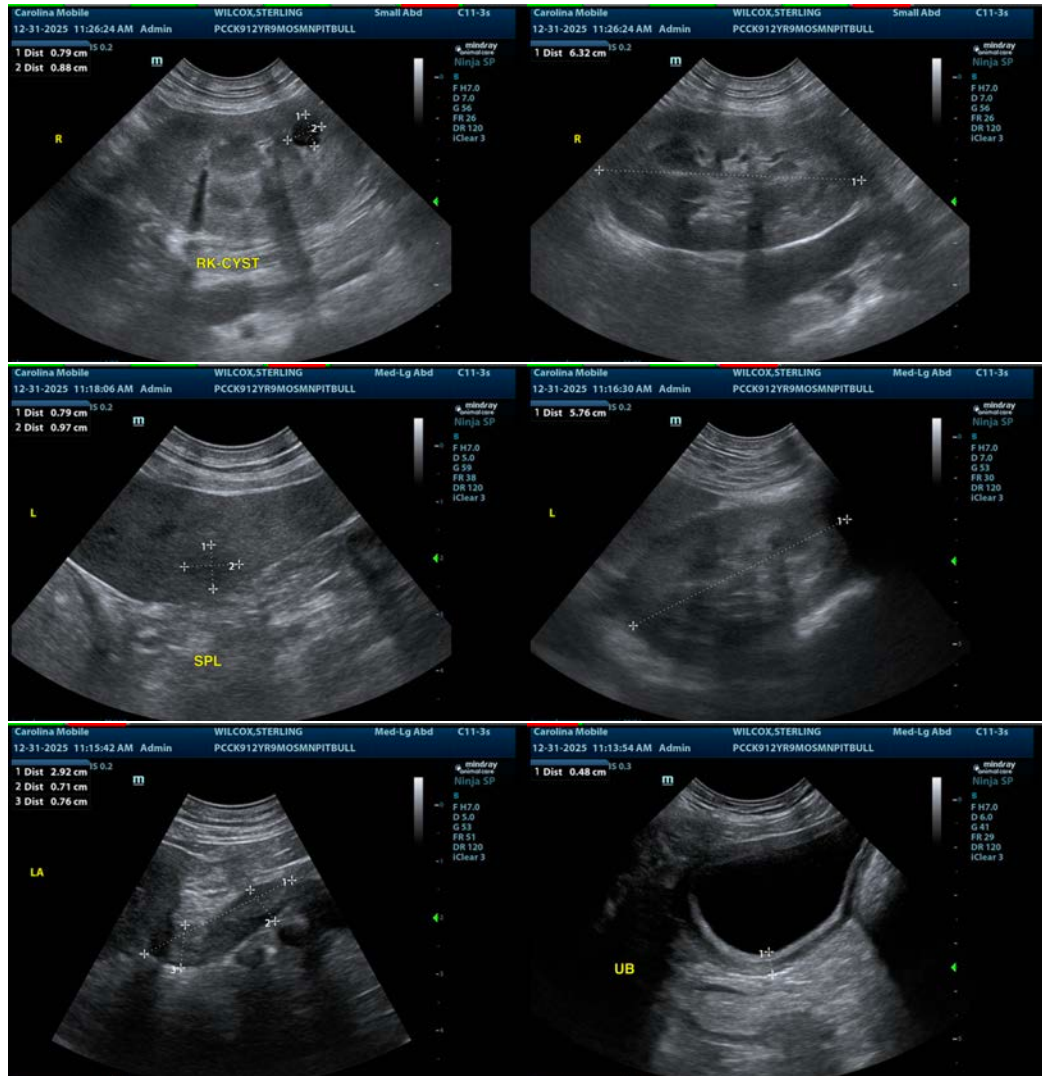
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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