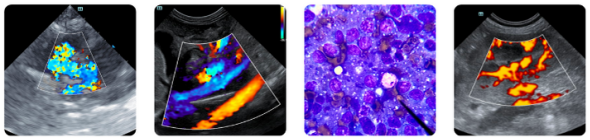


PATIENT

Gator Sanders

SPECIES

Canine

BREED

American Bulldog

SEX

Male

AGE

9 years

WEIGHT

69 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Randi Gibson

INVOICE

10858

DATE

12/4/2025

PRESENTING CLINICAL SIGNS

History of vomiting and diarrhea for about a week and a half. Painful mass effect - consider large right anal gland vs perineal hernia. Appears to be encapsulated and non-reducible. AUS to screen for evidence of possible metastasis and underling cause of liver value elevations, CPL elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with urine, and there is a large amount of suspended echogenic debris visualized. 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 large (4.3 cm x 5.95 cm) and mottled with numerous small hypoechoic cysts.

The left kidney has a normal shape and size (7.46 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 (7.1 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 0.98 cm at the cranial pole and 0.73 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 0.86 cm at the cranial pole and 0.55 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.

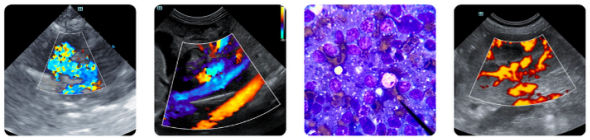
Spleen

The spleen is subjectively normal in size (1.79 cm) 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. 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 (0.48 cm in wall thickness) and the jejunum measured as normal (0.32 cm.) Visualized peristalsis appears appropriate. There are occasional loops of bowel with mild fluid distension most consistent with an enteritis type pattern. Partially obstructive foreign material cannot be ruled out.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas. 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. There is no lymphadenopathy. 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.

Other

A mass effect is visualized labeled “anal gland.” The mass effect measures 4.39 cm x 2.56 cm. It’s heterogenous and mildly cystic.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended echogenic debris in the urinary bladder. Recommend urinalysis and culture.
- Large, cystic, heterogenous prostate. Findings are most consistent with cystic benign prostatic hypertrophy +/- prostatitis.
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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- The stomach has mild fluid and shadowing ingesta. Correlate with the feeding/medication history. If the patient was adequately fasted this could represent retained ingesta, delayed gastric emptying, etc.
- Mild enteritis type pattern visualized associated with the small intestine. No overt evidence of an obstructive pattern is noted. Partially obstructive foreign material cannot be ruled out.
- Mass effect labeled “anal gland.” Recommend a fine needle aspirate for further evaluation.

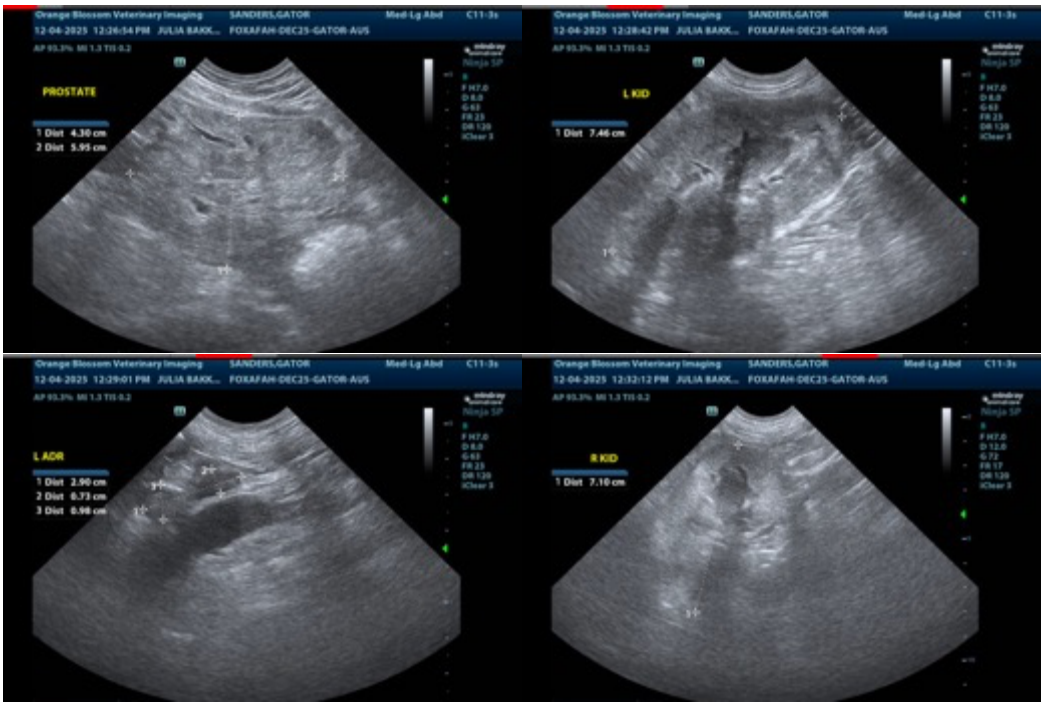
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears slightly heterogenous. No significant focal lesions are observed. Consider a liver function test, a fine needle aspirate (provided coagulation parameters are normal), and screening for leptospirosis (if clinically appropriate.)

There is a large amount of suspended echogenic debris in the urinary bladder, and the prostate is large, mottled, and cystic. Recommend urinalysis and culture to look for evidence of cystitis and prostatitis. Consider neutering if prostatitis is present.

Theres a small amount of shadowing ingesta visualized within the stomach and some sections of small intestine appear mildly fluid distended. These changes are most consistent with gastroenteritis, although partially obstructive foreign material or similar, cannot be definitively ruled out.

No definitive lesions consistent with metastatic lesions are observed on today’s exam.



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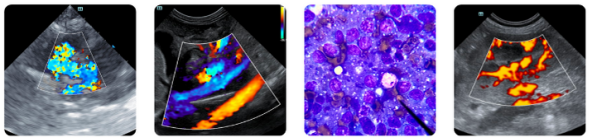

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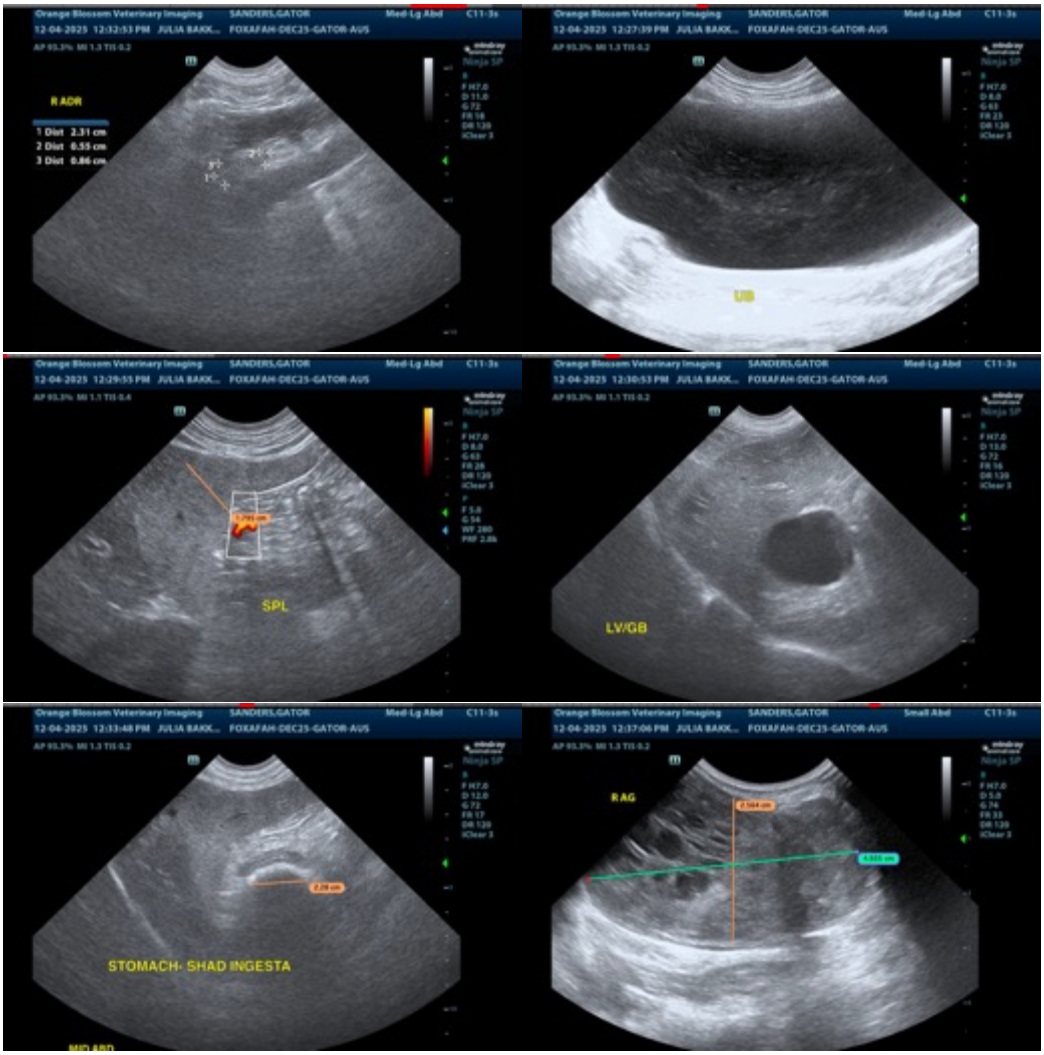

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com