



## PATIENT

Theo Monnet

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Poodle X

Chief Concern / Provisional Diagnosis: ~chronic hematuria noted on Free Catch urinalysis, P also has persistent green urine. P is a very persistent humper~ suspect green urine either from biliverdin or oral supplements, this may r/o trauma from the urethra Relevant Medical History and Physical Exam findings: ~ see above, want to r/o: stones, proststic dz, Inflammatory bladder, trauma from persistent humping~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~10-15 RBC/HPF on 2 different FC urinalysis, Chem panel/CBC~ Current medications (include full name, dosage and frequency): ~Vetprophen 25 mg 1/2 tab PO BID~

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SEX

Neutered Male

### 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.

## AGE

7 Years 9 Months

The prostate is normal in size (0.62) 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.

## WEIGHT

16 Pounds

The left kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

The right kidney has a normal shape and size (4.85 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Adrenal Glands

The left adrenal gland is borderline large in size measuring 0.84 cm at the cranial pole, 0.72 cm at the caudal pole, and is 2.2 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance in that the cranial pole appears slightly rounded and nodular, creating subtle nodular effect measuring 0.82 cm x 1.1 cm at the cranial pole. Findings are most consistent with an irregular left adrenal, but an early nodular lesion cannot be excluded as a possibility.

## HOSPITAL NAME

Mountain View AH

The right adrenal gland is borderline large in size measuring 1.42 cm at the cranial pole, 0.72 cm at the caudal pole, and 2.2 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance in that the cranial pole is larger than the caudal pole and is somewhat hyperechoic, creating a subtle nodular effect, measuring 1.31 cm x 1.28 cm. It is common for the cranial pole to be larger than the caudal pole of the right adrenal gland, but this is creating a subtle nodular effect, which should continue to be monitored.

## REFERRING VET

Dr. Sarah Kalivoda

## INVOICE

35730

## DATE

2/17/22



## PATIENT

Theo Monnet

### **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.

## SPECIES

Canine

### **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.

## BREED

Poodle X

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.

## SEX

Neutered Male

### **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.

## AGE

7 Years 9 Months

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

## IMAGING BY

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LVT

### **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.

## HOSPITAL NAME

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### **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## REFERRING VET

Dr. Sarah Kalivoda

## ULTRASONOGRAPHIC FINDINGS

- Irregular/nodular adrenal glands – Both adrenal glands have a prominent cranial pole, the right adrenal more so than the left. These lesions are relatively subtle and could be consistent with normal anatomic variation or early mass lesions.

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- Moderate gallbladder debris – The gastric distension and hypomotility could be consistent with focal ileus or a proximal duodenal obstruction.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are no lesions associated with the urinary tract to explain the hematuria reported.

**BREED**

Poodle X

- Recommend urinalysis and culture.
- Consider passing a urinary catheter to ensure there is no resistance or distal urethral stones.
- Correlate findings with abdominal radiographs.

**SEX**

Neutered Male

Both adrenal glands appear somewhat irregular. The significance of this is unclear, as there is no significant distortion of the adrenal glands other than having prominent cranial poles. Correlate with clinical signs. If Cushing's disease is suspected, you could consider adrenal function testing. Additionally, recommend blood pressure evaluation. If no signs of Cushing's are present, then I would consider recommending continued monitoring of these adrenal glands with ultrasound (recheck in approximately 8 weeks) to see if they are changing/growing, etc.

**AGE**

7 Years 9 Months

Recommend full blood work (if not already done) to evaluate for elevated bilirubin, etc.

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**REFERRING VET**

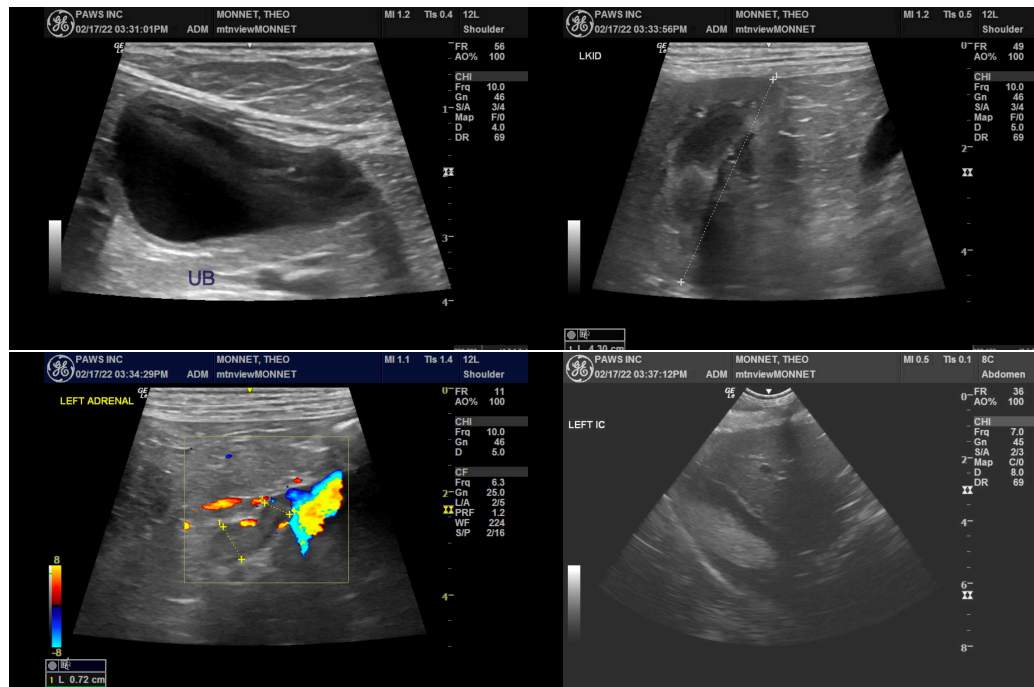
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Neutered Male

**AGE**

7 Years 9 Months

**WEIGHT**

16 Pounds

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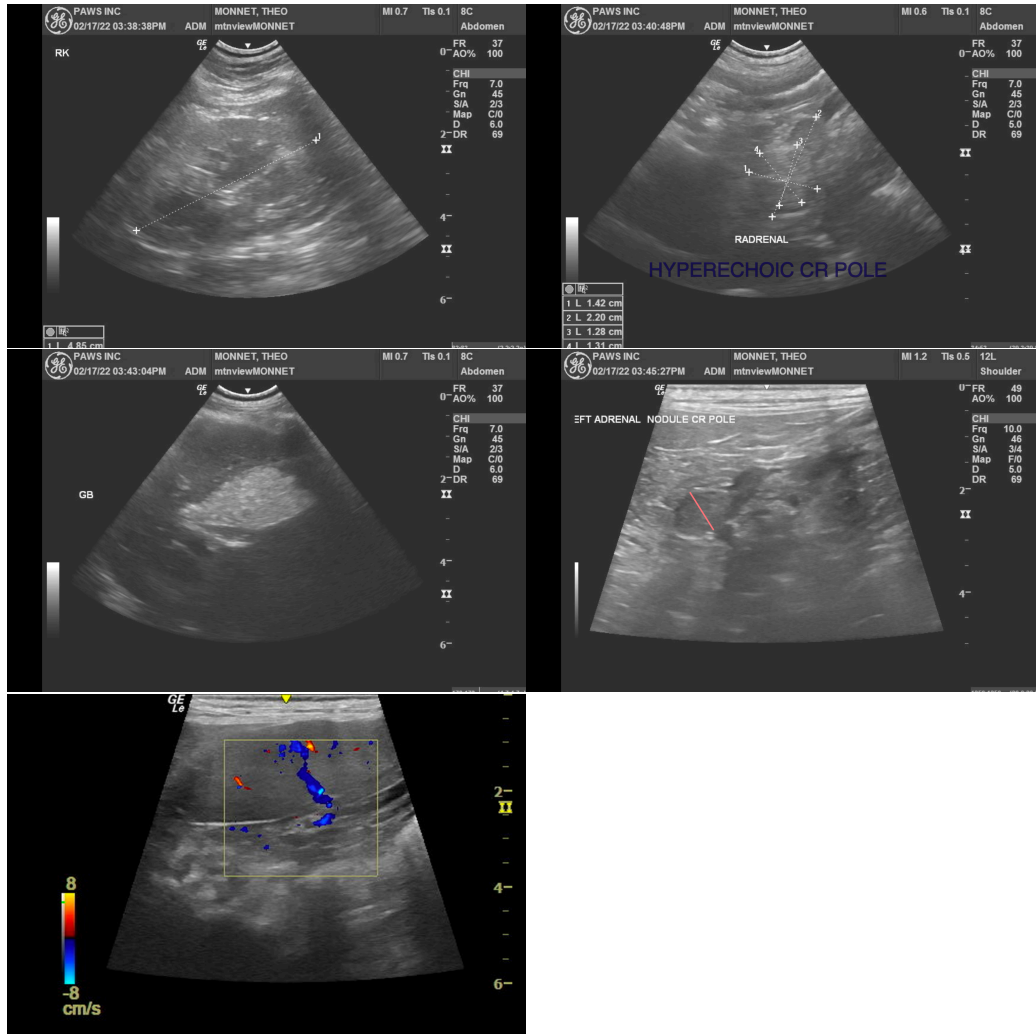
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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