



PATIENT

Zeus Birkelo

SPECIES

Canine

BREED

Mastiff

SEX

Male

AGE

11 years 2 months

WEIGHT

131.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Leon Anderson

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11328

DATE

2/18/2026

PRESENTING CLINICAL SIGNS

- Large urinary bladder and dribbling urine at wellness examination yesterday.

Abnormal PE/Chem/CBC/UA Results: Ex: Abdomen palpates with large urinary bladder and likely enlarged prostate. Dribbling urine. Urinary catheter passed easily. Labs: None performed yet.

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, or masses. There is a dependent hyperechoic shadowing foci, most consistent with a solitary stone visualized, measuring approximately 1.39 cm.

The prostate is large in size and mottled, measuring 4.5 cm x 7.7 cm in the transverse view with occasional small parenchymal cysts.

The left kidney has a normal shape and size (8.48 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 (9.01 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/borderline large in size measuring 0.81 cm at the cranial pole and 1.2 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/borderline large in size measuring 0.51 cm at the cranial pole and 0.92 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 (3.15 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.



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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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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. The duodenum measured as normal (0.53 cm in wall thickness) and the jejunum measured as normal (0.42 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.

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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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ULTRASONOGRAPHIC FINDINGS

- Shadowing mineralization/bladder stone. Correlate with a urinalysis and radiographs to confirm the size and number of stones present.
- Large, mottled prostate with occasional small parenchymal cysts. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Borderline plump adrenals. The size may be appropriate for such a large dog.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal shadowing structure visualized in the urinary bladder most consistent with a solitary stone. Correlate findings with urinalysis and culture, as well as radiographs to confirm the size and number of stones present. Based on this information you could decide if cystotomy is warranted.

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The prostate is large, and mottled. The appearance is somewhat typical for an aged intact male dog. Correlate with urine culture results, looking for evidence of concurrent prostatitis. Options moving forward could include neutering, or a fine needle aspirate of the prostate for further evaluation.

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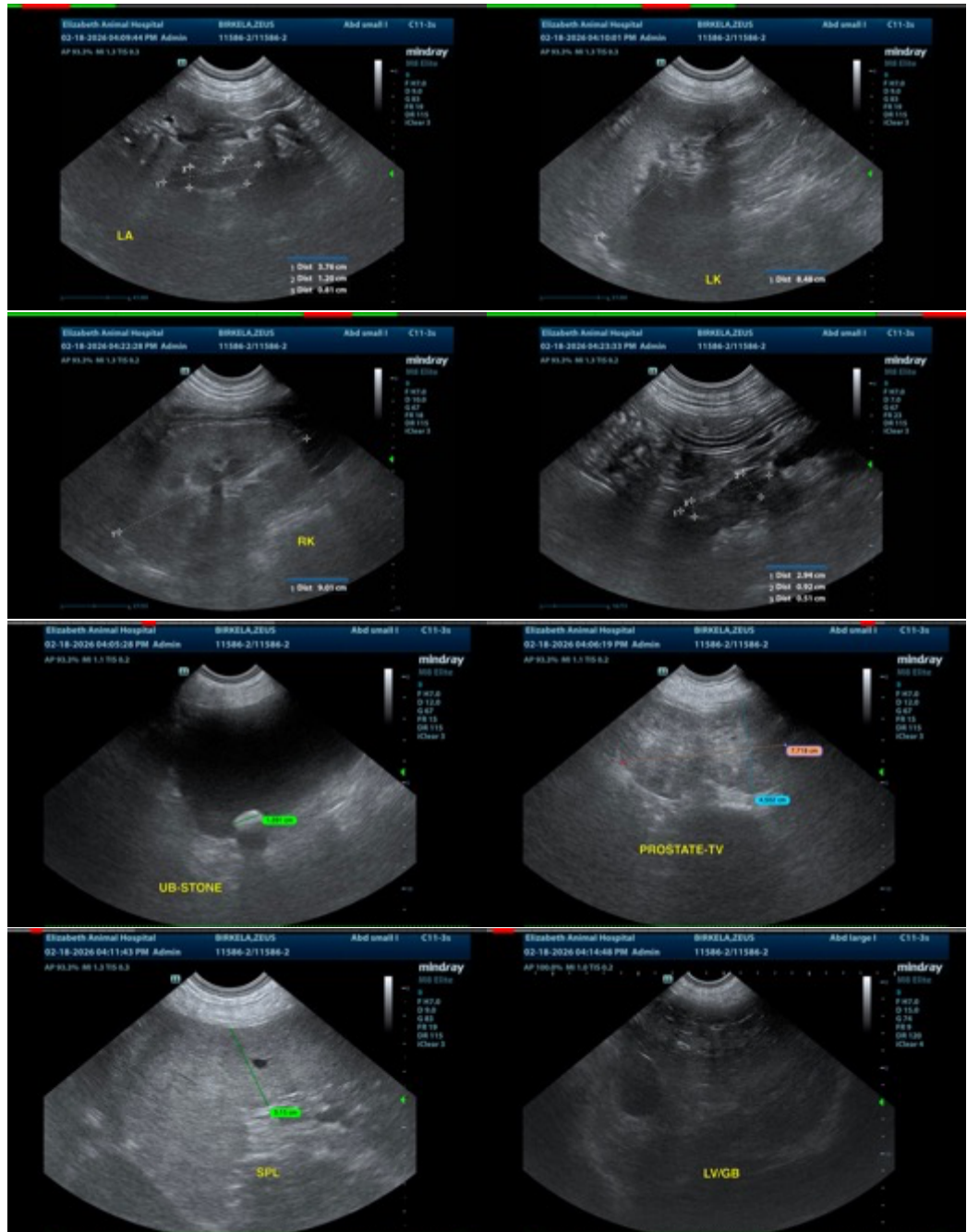
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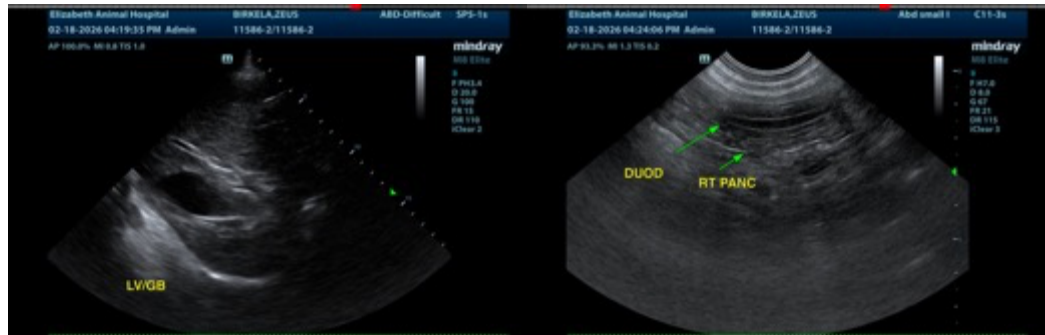
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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