



## PATIENT

SJ Casper

## SPECIES

Canine

## BREED

Nova Scotia Duck  
Tolling Retriever

## SEX

Male

## AGE

8 Years

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Casper

## INVOICE

73078

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

Recent (approx 2 month) hx of urinary leakage/accidents in the house. P is intact and wears belly-band to prevent marking behaviors. More often bands have significant amounts of urine in them. P does frequently urinate when outside but again, is intact. No accidents through the night. P was placed on 2 week course of clavamox (completed 2/13) and signs improved but are still present. O reports possible Polydipsia.

Abnormal PE/Chem/CBC/UA Results: 8/12/25 AUS- mottled prostate, heterogenous liver w/ hypoechoic nodule. 11/20/25 bloodwork - mild inc creat (1.7), mild inc ALT (173, prev 222), mild inc AST (63). UA free catch- SG 1041, ph 8, 2+ urine protein, mild pyuria, rare cocci, w/ sperm present. 1/26 UA free catch- SG 1030 ph 7 trace protein, cocci present 2/17 UA cysto (after abx completion)- SG 1011, ph 7, trace protein, sperm present. NO growth on culture

## 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 large, hyperechoic, and mottled with small microcysts, measuring 3.36 cm x 4.96 cm.

The left kidney has a normal shape and size (6.39 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 (5.97 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### Spleen

The spleen is subjectively normal in size (1.95 cm), 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.

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of



## PATIENT

SJ Casper

## SPECIES

Canine

## BREED

Nova Scotia Duck  
Tolling Retriever

## SEX

Male

## AGE

8 Years

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Casper

## INVOICE

73078

## DATE

2/19/26

the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules visualized.

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 a large amount of shadowing 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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. Jejunum wall measures 0.30 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.

Both testicles are visualized and appear within normal limits.

### **PRIMARY FINDINGS**

- Large, hyperechoic, mottled/mildly cystic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Mildly heterogeneous liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

### **SECONDARY FINDINGS**

- Large, shadowing ingesta visualized within the gastric lumen – findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or ingested foreign material.



**PATIENT**

SJ Casper

**SPECIES**

Canine

**BREED**

Nova Scotia Duck  
Tolling Retriever

**SEX**

Male

**AGE**

8 Years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

Dr. Casper

**INVOICE**

73078

**DATE**

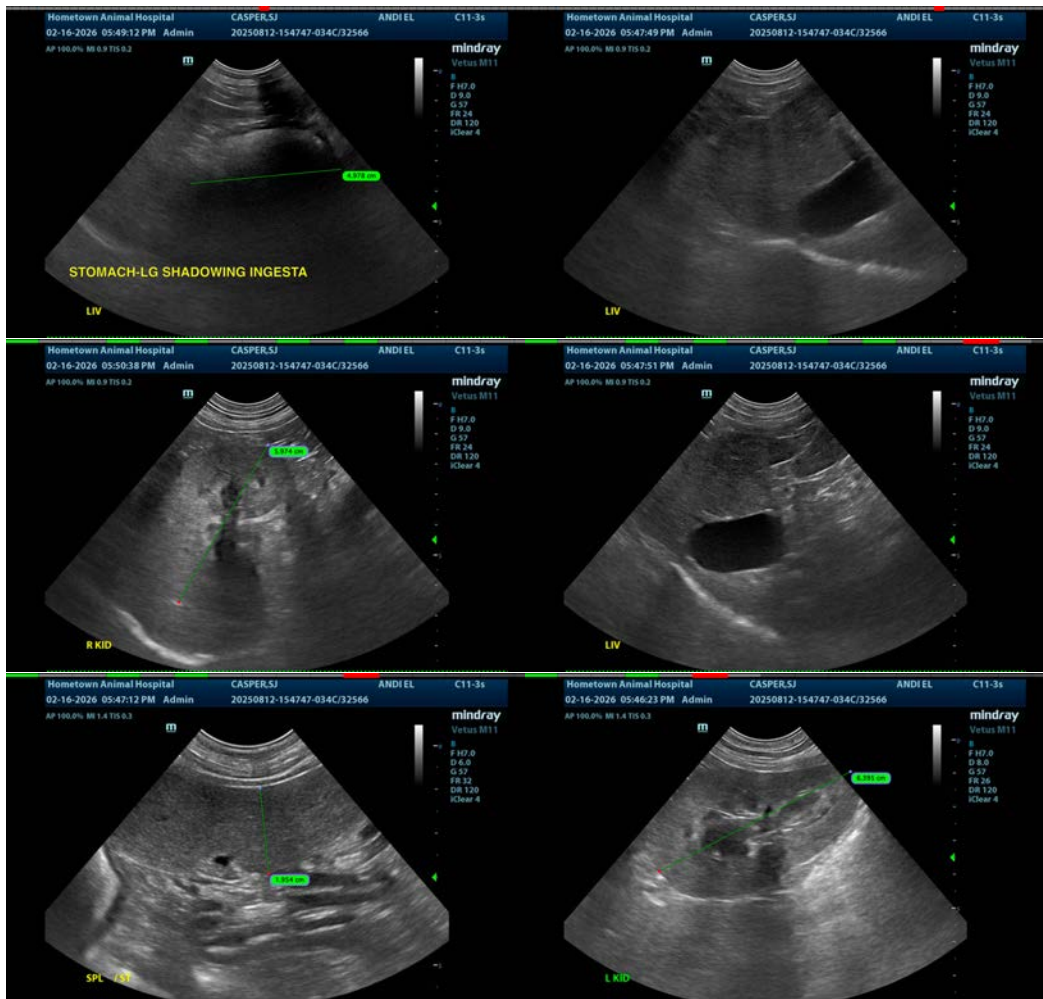
2/19/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the urinary bladder to explain the urinary symptoms reported.

The prostate is large, hyperechoic and mottled with small cystic lesions. These findings are common in older intact male dogs and are likely consistent with cystic benign prostatic hypertrophy, but there is concern that given the history the prostate could be harboring infection (prostatitis). In the absence of other obvious causes, you could consider neutering this individual. If that is not an option, you could consider treatment with a testosterone blocker (Finasteride). If symptoms improve with shrinking of the prostate over time, neutering would likely be beneficial. Additionally, this could be a source of recurrent infections. If symptoms become more evident, again you could consider a repeat culture with more time between previous antibiotic use. An underlying neoplastic process seems much less likely, but a fine needle aspirate of the prostate could be considered to further evaluate.

The liver appears mildly heterogeneous. This is a non-specific finding and likely stable from the previous exam.





## PATIENT

SJ Casper

## SPECIES

Canine

## BREED

Nova Scotia Duck  
Tolling Retriever

## SEX

Male

## AGE

8 Years

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

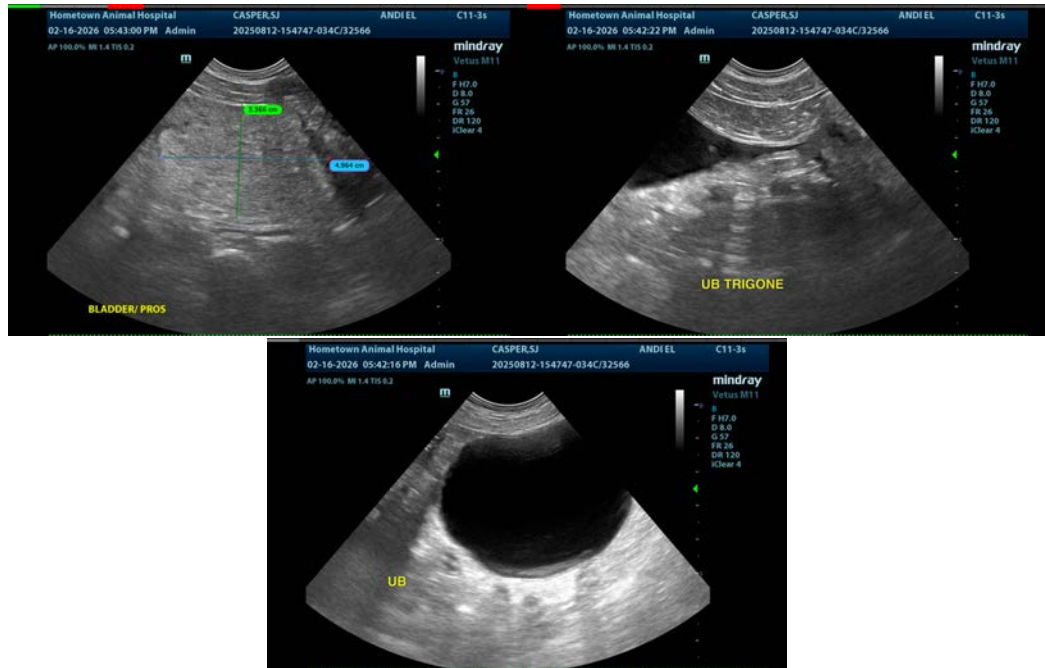
Dr. Casper

## INVOICE

73078

## DATE

2/19/26



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