



PATIENT

Beorn Nemyo

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Intact Male

AGE

6 Years

WEIGHT

84 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
High Country

REFERRING VET

Dr. Watson

INVOICE

72708

DATE

2/4/26

PRESENTING CLINICAL SIGNS

P presented for US due to report of prolonged time to urinate, hiding while urinating, waking up at night to urinate. P has been on a prednisone taper until US could be done. Collected UA by cysto today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the region of the trigone at the cystourethral junction there is a slight “bulge” that is not evident on all views but sometimes has the appearance of a small tubular structure, possibly consistent with an ectopic ureter or anatomic variation/imaging artifact.

The prostate is large, hyperechoic, and heterogeneous. It measures 4.93 cm x 4.01 cm with numerous small, poorly defined cystic regions.

The left kidney has a normal shape and size (7.31 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 (7.45 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 0.45 cm at the cranial pole and 0.43 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 1.37 cm at the cranial pole and 0.57 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 (3.02 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 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 contains mild/moderate 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. No masses or focal lesions were observed.

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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.40 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 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.

ULTRASONOGRAPHIC FINDINGS

- Irregular bulge at the cystourethral junction – Possible differentials include ectopic ureter, imaging artifact, etc.
- Large, hyperechoic cystic prostate – Findings are most consistent with cystic benign prostatic hypertrophy +/- prostatitis.
- Moderate gallbladder debris – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and hyperechoic as would be expected in an adult intact male dog. These changes are most consistent with benign prostatic hypertrophy, and there are some occasional small cystic lesions. Recommend urine culture to screen for active prostatitis. A fine needle aspirate of the prostate could also be considered.

On some views of the urinary bladder there is a slight irregularity at the cystourethral junction. This is not evident on all views. There is the possibility of a small ectopic ureter. It is likely that a contrast CT scan or similar contrast study would be necessary to further evaluate.



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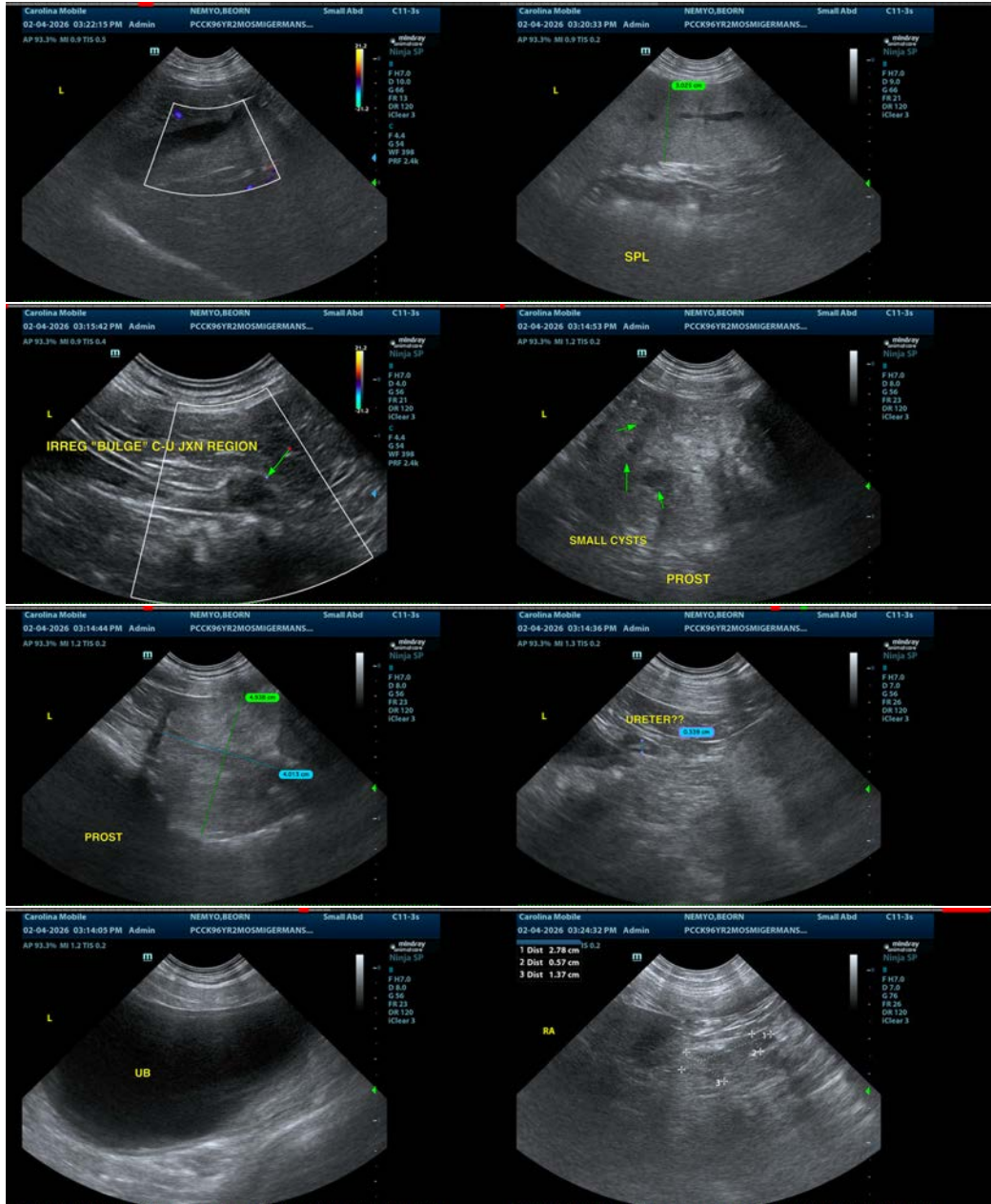
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Possible differentials for the symptoms described could include prostatitis, benign prostatic hypertrophy, an unseen distal urethral lesion, stone, etc., cystitis/urethritis, an ectopic ureter, or possibly reflex dyssynergia. Initial evaluation should correlate with clinical findings. Prostatitis and benign prostatic hypertrophy would be most likely. If there is reluctance to neuter, you could do a trial of Finasteride. If the patient improves dramatically with a reduction of testosterone and shrinkage of the prostate, neutering should likely be pursued, although other causes are also possible.





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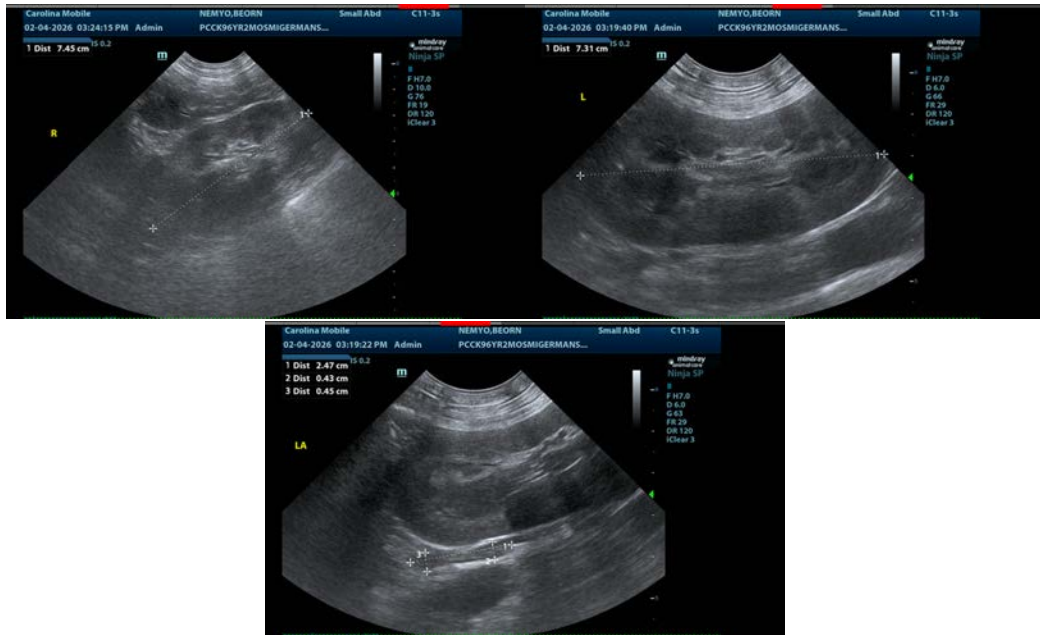
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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