



PATIENT

Oliver Firth

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

8 Years

WEIGHT

18.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

73767

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Intermittent hematuria. Current Medications: gaba/traz

Abnormal PE/Chem/CBC/UA Results: Normal bw Radiographic Findings nsf Primary Question to Be Answered in This Exam cause of intermittent hematuria Actively urinating blood during scan

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, measuring 4.16 cm x 5.33 cm, with numerous cystic lesions. Examples of two prominent lesions measure 0.83 cm and 1.0 cm in diameter.

The left kidney has a normal shape and size (6.21 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 (6.17 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 0.44 cm at the cranial pole and 0.56 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 1.21 cm at the cranial pole and 0.47 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 (1.48 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.



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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. 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 moderate fluid and 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. Findings are most consistent with a non-fasted patient.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and chyme 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 0.50 cm. Jejunum wall measures 0.28 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. There is no evidence of a diffuse lymphadenopathy. The left iliac lymph node is prominent measuring 0.56 cm x 1.42 cm.

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ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, mottled prostate with numerous cystic lesions – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis and prostatic cysts.
- 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.
- Prominent iliac lymph node – Findings are most consistent with a reactive lymph node. An early neoplastic process cannot be definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and mottled with numerous cystic lesions. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend a urinalysis and culture, looking for evidence of prostatitis. Consider neutering, as this could very likely be the source of the hematuria reported. If this is not an option, a lifelong testosterone blocker could be considered.

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The gallbladder has moderate debris. Some of the debris is slightly adhered to the gallbladder wall. The significance of this in the absence of liver enzyme elevations is uncertain. Recommend continued monitoring. The iliac lymph node is slightly prominent, possibly secondary to inflammation from the prostate. Recommend continued monitoring.

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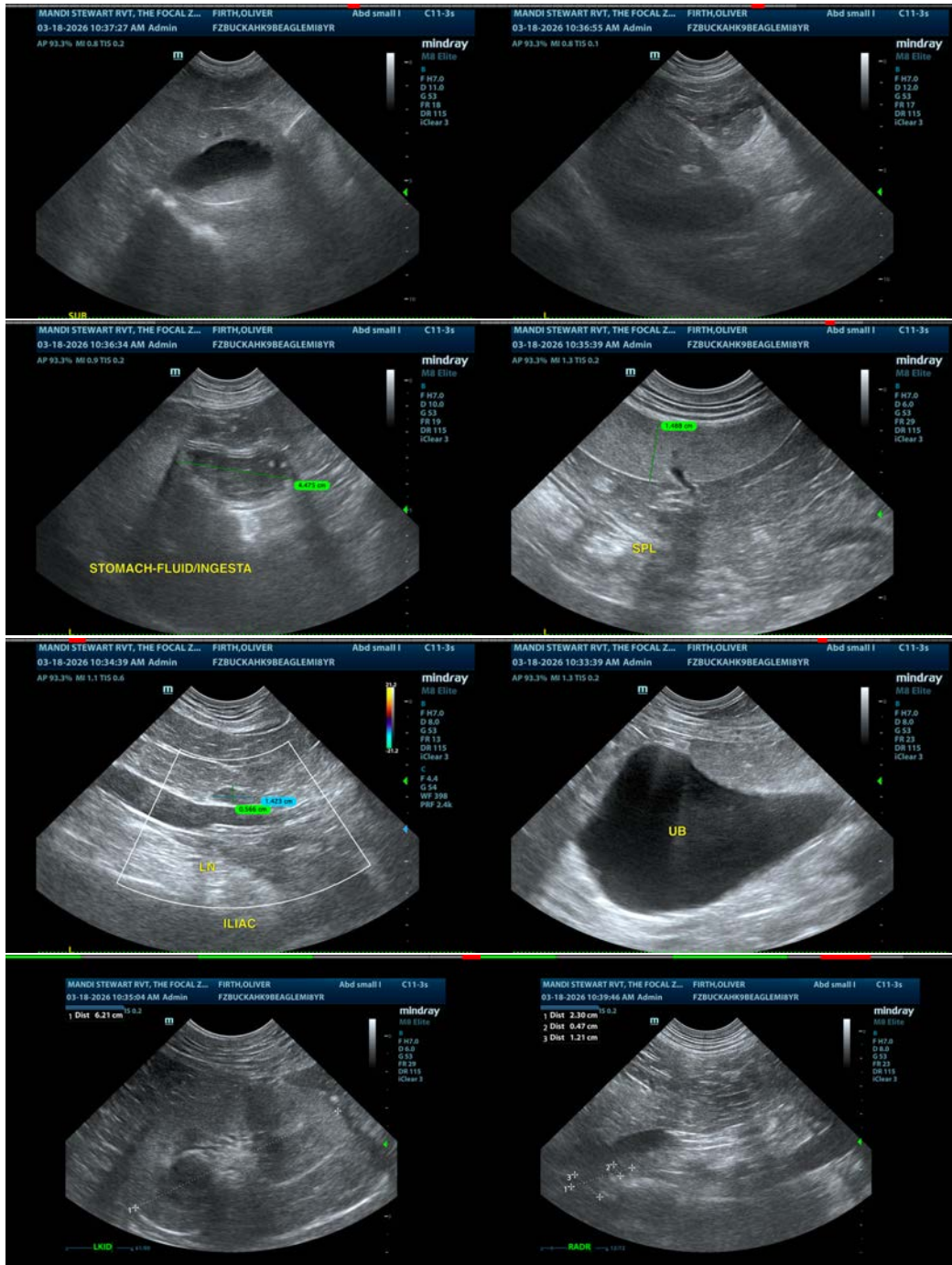
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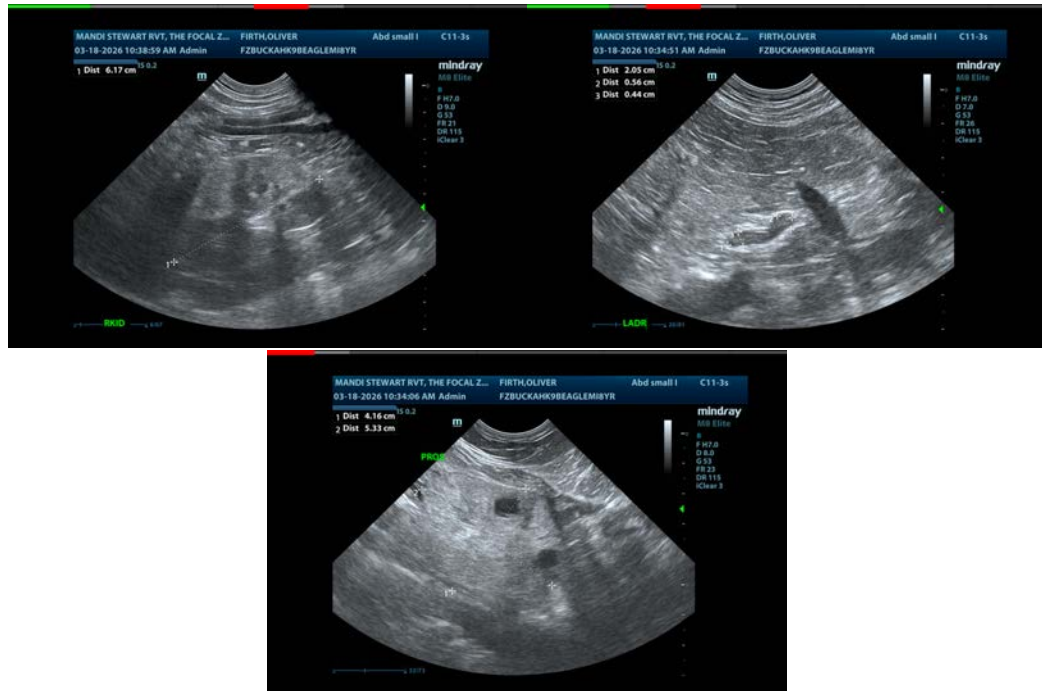
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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