



**PATIENT**

Benji Davidson

**SPECIES**

Canine

**BREED**

Bichon Frise x

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

22.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Nazareth Veterinary  
Center

**REFERRING VET**

Dr. Lori Bankowski

**INVOICE**

73957

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

Elevated LE's, Hx pancreatitis. Dental dz (scheduled dental/mass removal 4/26/26)

Current Meds: Allergy inj's weekly (immunotherapy); Apoquel 5.4mg PO SID PRN; Pepcid 5mg PO SID

Abnormal PE/Chem/CBC/UA Results: ALT-318; ALKP-1023; CPL-380

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened, particularly in the apical region, measuring 0.47 cm with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.69 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. There are occasional hyperechoic shadowing foci most consistent with mineralizations. The prostatic urethra appears normal with no evidence of irregularity, invasion or mass effect.

The left kidney has a normal shape and size (4.85 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.01 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.37 cm at the cranial pole and 0.51 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 0.74 cm at the cranial pole and 0.50 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic lesion towards the periphery of the spleen measuring 0.59 cm x 1.07 cm, most consistent with a benign myelolipoma.



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**Liver**

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach contains mild/moderate fluid. 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 to moderate fluid/chyme/gas 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 0.49 cm. Jejunum wall measures 0.39 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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.

**Other**

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

**ULTRASONOGRAPHIC FINDINGS**

- Prominent/mildly thickened bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Hyperechoic foci most consistent with mineralizations visualized in the prostate – The significance of this is uncertain. This could be consistent with previous prostatic inflammation, prostatic neoplasia, mineralization of the prostatic urethra, etc.
- Age related changes visualized associated with both kidneys.



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- Hyperechoic lesion in the spleen – Most consistent with benign myelolipoma. Recommend continued monitoring.

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- Pancreatic changes most consistent with pancreatic remodeling.

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Bichon Frise x

- Large, heterogeneous liver – 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.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is large and heterogeneous. No focal lesions are observed. The appearance is generally most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired, consider pre- and post-prandial bile acids to assess liver function and a fine needle aspirate of the liver.

**AGE**

10 Years

Generally, the prostate is normal in size and shape. There are some hyperechoic foci most consistent with mineralizations in the prostate. This can be seen in pets neutered after having significant prostatic disease or potentially if there is a small stone or sandy debris visualized within the prostatic urethra, but some of the mineralization appears more peripheral.

**WEIGHT**

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There could be concern for very early prostatic neoplasia. Correlate with a digital rectal exam and patient’s history. If the patient was neutered early in life and has not previous history of prostatic disease, then options could include close monitoring with ultrasound (recheck in two months) or a fine needle aspirate to further assess.

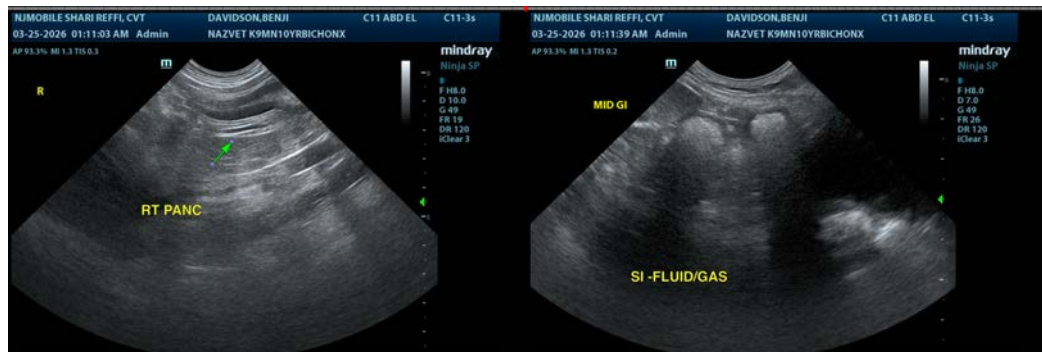
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Additionally correlate with urinalysis +/- culture. You could consider passing a urinary catheter to see if any of the mineralization shifted into the urinary bladder.

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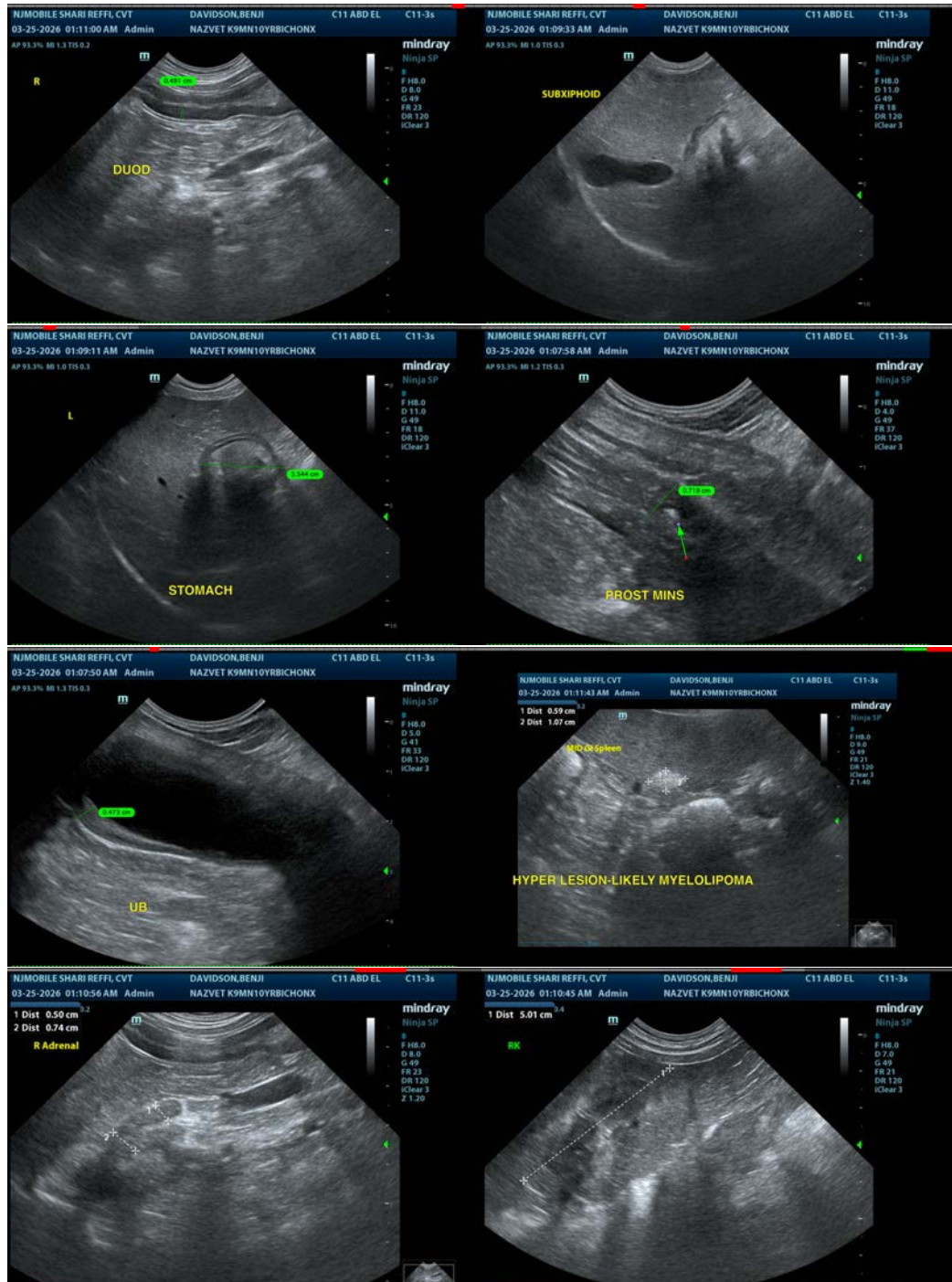
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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