



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bracco Tiberio
SPECIES
Canine

History: Patient presents for intermittent hematuria, no stranguria/pollakuria. Med: recently finished Clavamox 375mgs 1 tab BID; owner noticed an improvement on antibiotic but then symptoms reoccurred shortly after.

Abnormal PE/Chem/CBC/UA Results: U/A: 1+ blood, 2+ protein, trace keytones, 1+ bili, 1+ struvites, USG: 1.049.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Braque Francais
Urinary System

SEX
Intact Male

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.

AGE
6 Years

The prostate is large in size (4.53 cm x 5.12 cm) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. A small (0.8 cm) cyst is visualized within the parenchyma.

WEIGHT
59 Pounds

The left kidney has a normal shape and size (6.32 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

The right kidney has a normal shape and size (5.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.58 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 0.68 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. 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.

INVOICE

21521

DATE

3/8/23

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Vetco Total Care (Kinnelon)

REFERRING VET

Dr. Rodriguez



PATIENT

Bracco Tiberio

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

The stomach is distended with a mild amount of 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.

BREED

Braque Francais

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 (between 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Intact Male

AGE

6 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

WEIGHT

59 Pounds

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

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Medicine)

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

IMAGING PERFORMED BY

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Both testicles are visualized and appear within normal limits. The right testicle measures 3.81 cm. The left testicle measures 3.16 cm.

ULTRASONOGRAPHIC FINDINGS

- Large heterogenous hyperechoic prostate with a small cyst. Findings are consistent with benign prostatic hypertrophy +/- prostatitis. Underlying neoplasia is much less likely but cannot definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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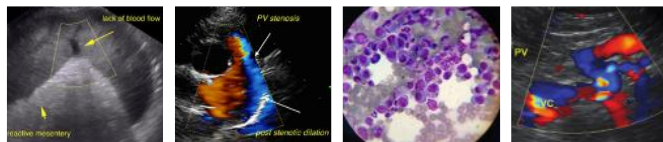
The lower urinary tract signs reported are likely secondary to the enlarged prostate and BPH +/- prostatitis. Recommend a urinalysis and culture. Ideally, neutering would resolve the prostatic enlargement. Underlying neoplasia is very unlikely but a fine needle aspirate of the prostate could be considered. If neutering is not medically possible, consider testosterone blocking with Finasteride.

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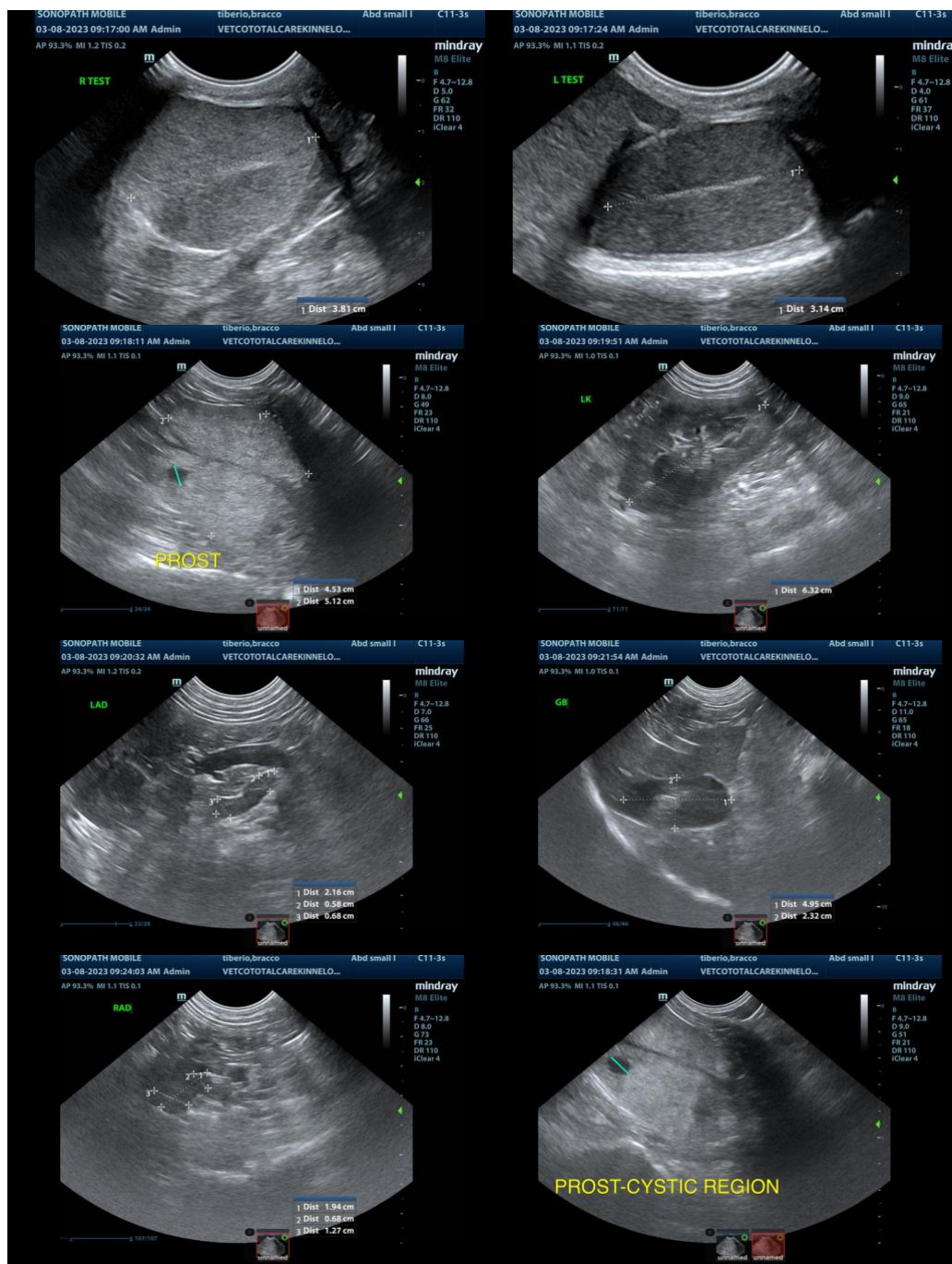
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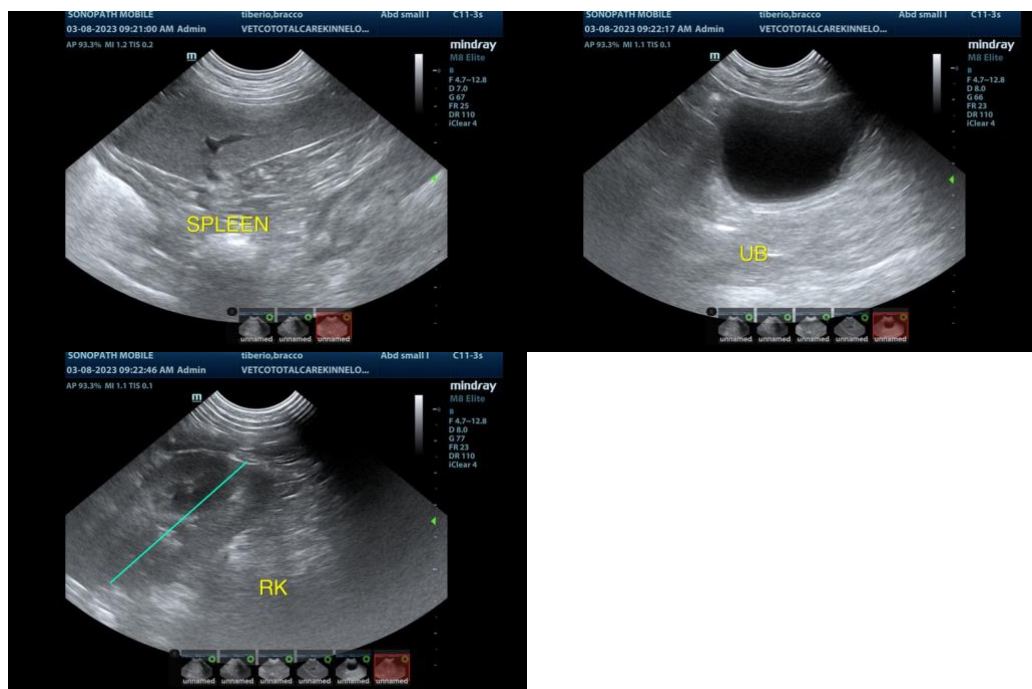
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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