



**PATIENT**

Mrpeabody Anzalone

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

New Bridge Veterinary  
Practice

**REFERRING VET**

Dr. Glennon

**INVOICE**

74120

**DATE**

4/1/26

**PRESENTING CLINICAL SIGNS**

Frequent urination, poss cystic calculi? R/O prostatomegaly

Abnormal PE/Chem/CBC/UA Results: UA WNL

**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 2.72 cm x 3.04 cm with occasional small parenchymal cysts.

The left kidney has a normal shape and size (4.81 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.

The right kidney has a normal shape and size (5.0 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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 0.35 cm at the cranial pole and 0.47 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 0.36 cm at the cranial pole and 0.39 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 (0.75 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 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.



**PATIENT**

Mrpeabody Anzalone

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

New Bridge Veterinary  
Practice

**REFERRING VET**

Dr. Glennon

**INVOICE**

74120

**DATE**

4/1/26

***Gastrointestinal***

The stomach contains moderate fluid/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 0.28 cm. Jejunum wall measures 0.23 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.

***Other***

Both testicles were visualized and appear within normal limits.

**ULTRASONOGRAPHIC FINDINGS**

- Large, hyperechoic, mottled prostate with occasional small parenchymal cysts – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Mild age related changes visualized associated with both kidneys.
- Mildly heterogeneous liver – Correlate with liver values. If liver enzymes are elevated, this could be consistent with a mild vacuolar hepatopathy or other hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No definitive lesions are visualized associated with the urinary tract to explain the symptoms reported. The prostate is large, hyperechoic and mottled, as would be expected in an older intact male. This is likely consistent with benign prostatic hypertrophy. A urine culture would be recommended to look for any evidence of concurrent prostatitis. You can see lower urinary tract symptoms secondary to benign prostatic hypertrophy, but it is uncertain if that is what is going on in this individual. If symptoms are persistent, you could consider neutering and assess response to therapy.



**PATIENT**

Mrpeabody Anzalone

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

New Bridge Veterinary  
 Practice

**REFERRING VET**

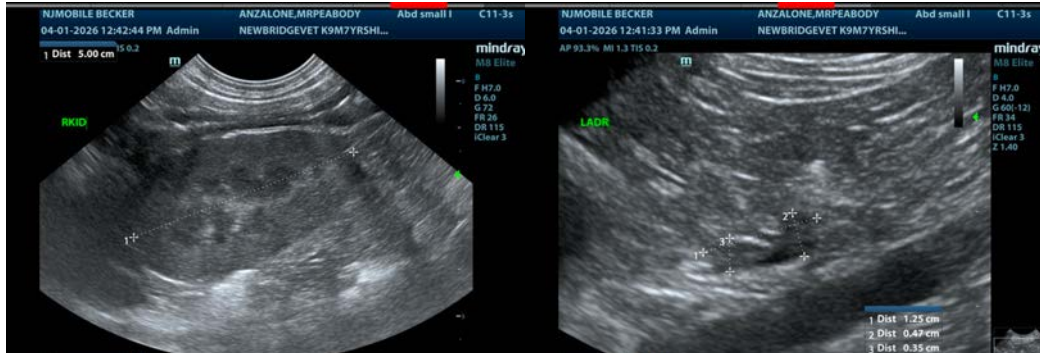
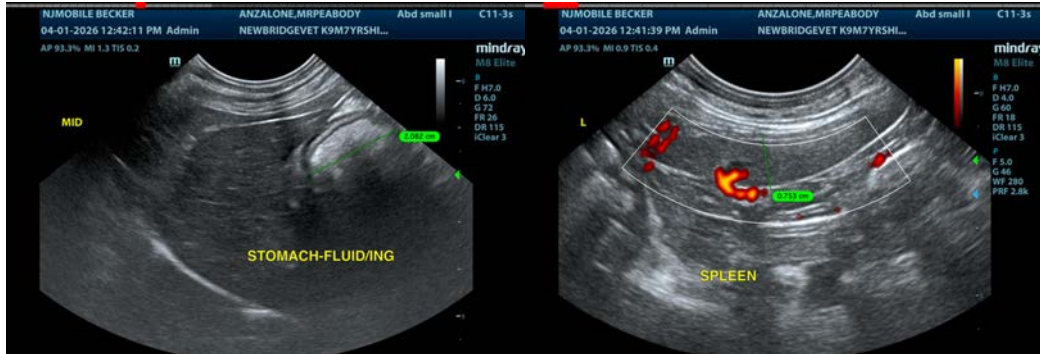
Dr. Glennon

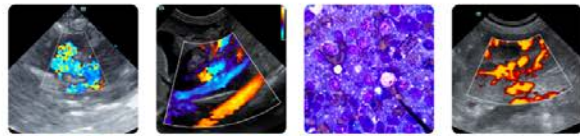
**INVOICE**

74120

**DATE**

4/1/26





**PATIENT**

Mrpeabody Anzalone

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

7 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

New Bridge Veterinary  
Practice

**REFERRING VET**

Dr. Glennon

**INVOICE**

74120

**DATE**

4/1/26

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](mailto:info@sonopath.com)