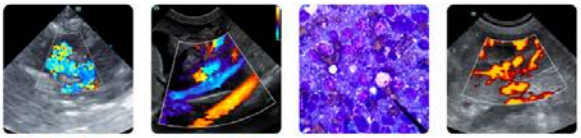


PATIENT

Murphy McGoldrick

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

8 Years 9 Months

WEIGHT

102 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

North Jersey Animal Hospital

REFERRING VET

Dr. Chiu

INVOICE

74428

DATE

4/14/26

PRESENTING CLINICAL SIGNS

ADR, Decr. appetite, diarrhea- Tarry stool intermittently. Obese
Abnormal PE/Chem/CBC/UA Results: RBC-10.74 UA- 2+bili usg-1.063

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 and irregular in shape, measuring 4.05 cm x 4.86 cm. Parenchyma is hypoechoic and mottled with irregular margins and surrounding reactive mesentery.

The left kidney has a normal shape and size (7.05 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 (7.48 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 0.46 cm at the cranial pole and 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

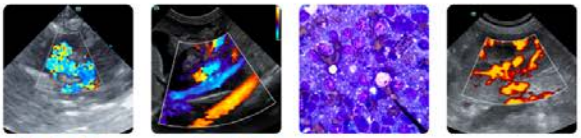
Spleen

The spleen is subjectively normal in size (1.79 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. 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. In the right cranial abdomen, there is some focal thickened bowel suggestive of pylorus or proximal duodenum, although a cranial jejunal loop cannot be ruled out. This areas of bowel measures 0.95 cm with reduced detail of wall layering.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. *See note under stomach section. There is a loop of bowel visualized in the right cranial abdomen that appears thickened with reduced detail of wall layering. This is suspicious for pylorus/proximal duodenum, but a cranial jejunal loop cannot be ruled out (measures 0.95 cm in wall 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

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 hyperechoic around the prostate.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled, irregular, hypoechoic prostate with surrounding reactive mesentery – Findings could be concerning for prostatic neoplasia in a neutered dog. If this patient was recently neutered, this could be consistent with prostatitis.
- Focal area of thickened bowel with reduced detail of wall layering in the right cranial abdomen – This is suspected to be pylorus or proximal duodenum, although jejunum cannot be ruled out. Findings are most consistent with highly inflammatory or early neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate appears large, hypoechoic and mottled with irregular margins and reactive/inflammatory tissue surrounding. Correlate these findings with patient history, the age of neutering, etc. If the patient was neutered prior to puberty this would be concerning for prostatic neoplasia. If the patient was recently neutered, this could be consistent with benign prostatic hypertrophy and prostatitis. A fine needle aspirate of the prostate and a urinalysis and urine culture are strongly recommended for further evaluation, as well as a digital rectal exam.

There is a prominent loop of bowel visualized in the right cranial abdomen. This appears thickened with reduced detail of wall layering. This is concerning for a thickened pylorus, although no evidence of a gastric obstruction is present. This could also represent an inflamed loop of bowel or similar. Options for

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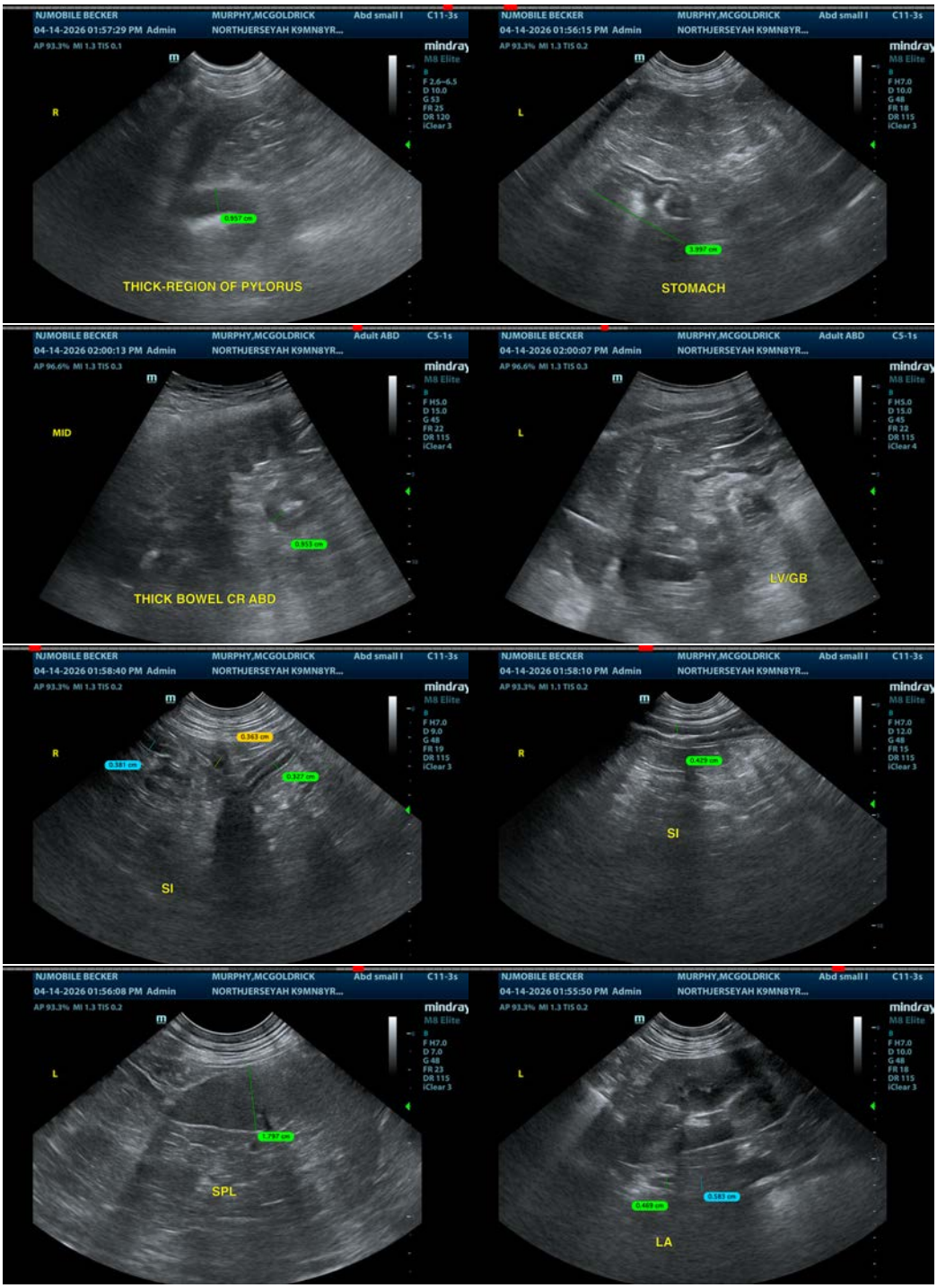
further evaluation could include upper GI endoscopy or even a contrast CT scan in this very large dog. If this is not an option, you could consider empirical treatment for inflammation, ulceration, etc., and consider repeat imaging in the future, looking for the progression of this lesion.



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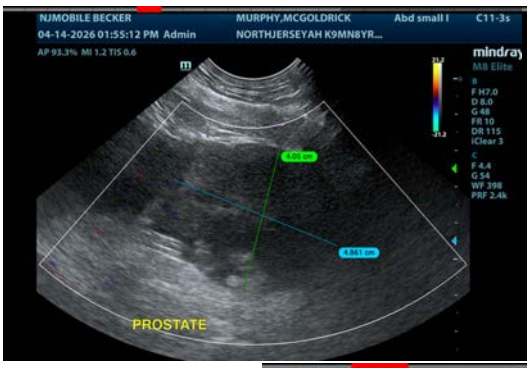

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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