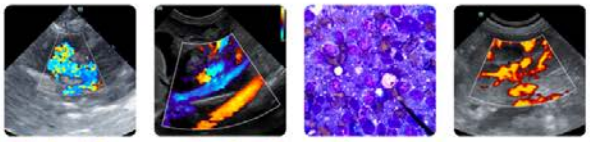


PATIENT

Sailor Giovenco

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Chatham Veterinary Services

REFERRING VET

Dr. Scott

INVOICE

74182

DATE

4/2/26

PRESENTING CLINICAL SIGNS

P presented for US due to hematuria that is not resolving. P initially presented with UTI signs, blood and Rods in urine. Treated with antibiotics. Symptoms resolved but blood, rods, and pro 3+ still present. Most recent urinalysis 4/1/26 Pro 4+, Blood 2+, amorphous phosphate crystals present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal with a smooth mucosal surface. In the apical region there is mild thickening at 0.32 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.79 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.19 cm) with mild pyelectasia at 0.19 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.05 cm) with a small cortical cyst visualized measuring 0.33 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.

Adrenal Glands

The left adrenal gland is borderline “plump” measuring 0.52 cm at the cranial pole and 0.63 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.

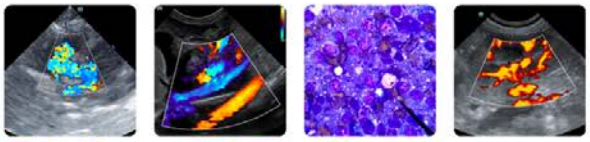
The right adrenal gland is normal in size measuring 0.99 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.06 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 large and rounded. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules in the parenchyma. An example of a mixed nodule on the left side measures 0.77 cm x 1.05 cm. A smaller hypoechoic nodule measures 0.82 cm.



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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. 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/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 0.26 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 pancreas is visible/mottled in the right limb. 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.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened apical wall of the urinary bladder – Findings are most consistent with cystitis or lack or urine distention.
- Mild age related changes visualized associated with both kidneys as well as mild left-sided pyelectasia and a small cystic lesion in the right kidney.
- Pancreatic changes most consistent with chronic pancreatic remodeling. Mild inflammation cannot be ruled out.
- Large, hyperechoic liver with occasional poorly defined hypo/mixed echogenicity nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The nodules visualized have a somewhat benign appearance at this time, although early neoplastic lesions cannot be ruled out. Recommend continued monitoring.

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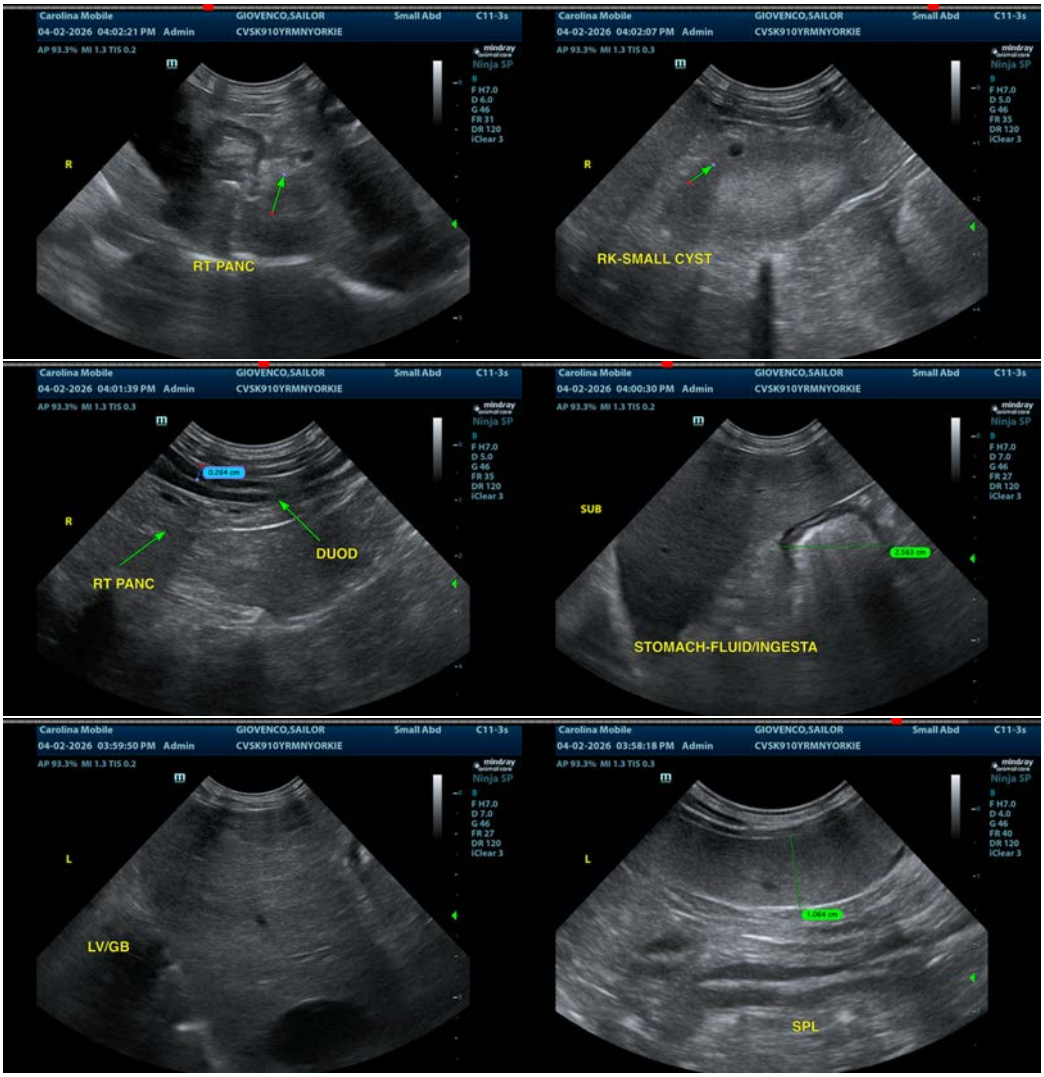
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder. There is mild apical wall thickening, which could be secondary to cystitis or lack of urine distention. Recommend urine culture and urinalysis when patient has been off antibiotics for at least 5 days to further assess. Consider a digital rectal exam to palpate the prostate and the distal urethra. The distal urethra is not typically visualized on ultrasound exam.

The liver is large and hyperechoic. Correlate with current liver values, looking for possible evidence of a primary hepatopathy. The hypoechoic nodules currently have an appearance most consistent with regenerative nodules, although early neoplastic lesion cannot be ruled out. Options would include a fine needle aspirate or continued monitoring with ultrasound.

If urinary tract infections are persistent despite appropriate workup, you could consider repeat evaluation in the future, looking for progression of today's lesions or the development of new lesions.



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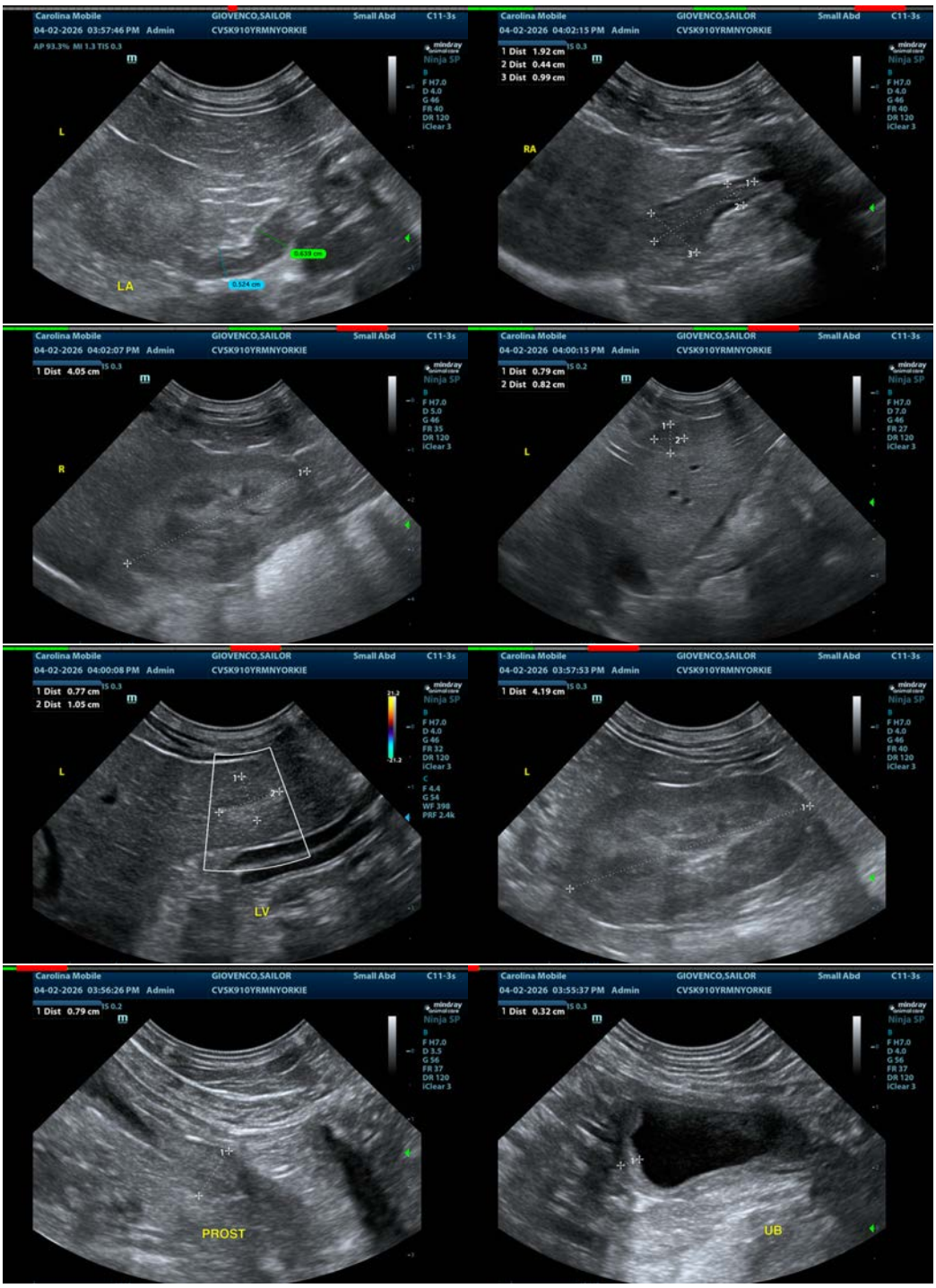

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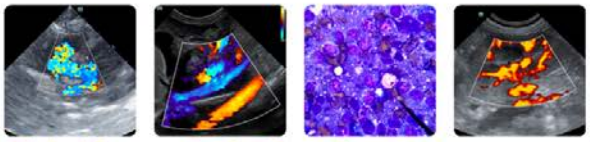

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com