



PATIENT PRESENTING CLINICAL SIGNS

Rocky Russo Straining to urinate. O says the dog has not been out to urinate for 4.5 hours. Hx of perineal hernia surgery but seems like it did not correct. Neutered as an older dog; has periods of no urine production. On metronidazole 50 mg bid, clavamox 93.75 mg bid

SPECIES Abnormal PE/Chem/CBC/UA Results: precision PSL 286; UA: wnl; pH 6, USPG 1.021

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Poodle The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears thickened and irregular, measuring 0.79 cm. No obvious mass lesions or calculi are visualized. Visualization of the bladder in general is greatly impeded by its intrapelvic location and lack of urine distention.

SEX

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

AGE

13 Years

The left kidney has a normal shape and size (3.37 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.3 Pounds

The right kidney has a normal shape and size (3.92 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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 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.

IMAGING PERFORMED BY

Diane McFadden

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.

HOSPITAL NAME

American AH

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.

REFERRING VET

Dr. Stockmal

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The gallbladder 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.

DATE

4/21/22



PATIENT

Gastrointestinal

Rocky Russo

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. No masses or focal lesions were observed.

SPECIES

Canine

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 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

BREED

Poodle

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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

AGE

13 Years

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

WEIGHT

14.3 Pounds

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

- Small, poorly distended urinary bladder with questionable bladder wall thickening and irregularity - Evaluation of the urinary bladder is very difficult due to lack of urine distention. No obvious calculi or mass effects are visualized. The prostate cannot be visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While no obvious mass lesions or calculi are visualized (correlate with abdominal radiographs), further detail is difficult to assess due to lack of urine distention and the intrapelvic location of the urinary bladder. Possible considerations would be installation of the urinary bladder with saline via urinary catheter to distend the urinary bladder and be able to better visualize the wall and mucosa, and removal of the catheter for evaluation of the urethra and hopefully prostate.

There is a section of small intestine that seems to be somewhat irregularly located adjacent to the urinary bladder. I am concerned about possible adhesions or issues associated with tacking of the urinary bladder with the perineal hernia surgery. It is not clear if this patient is truly having trouble voiding its bladder and the bladder was empty via catheterization, or if he has stranguria and urgency despite having an empty bladder.

Recommend urinalysis and culture. Additionally, contrast radiographs could be considered if sterile contrast solution was instilled into the urinary bladder. It is possible that a contrast CT scan or exploratory would be necessary if adhesions are obscuring visualization.

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Poodle

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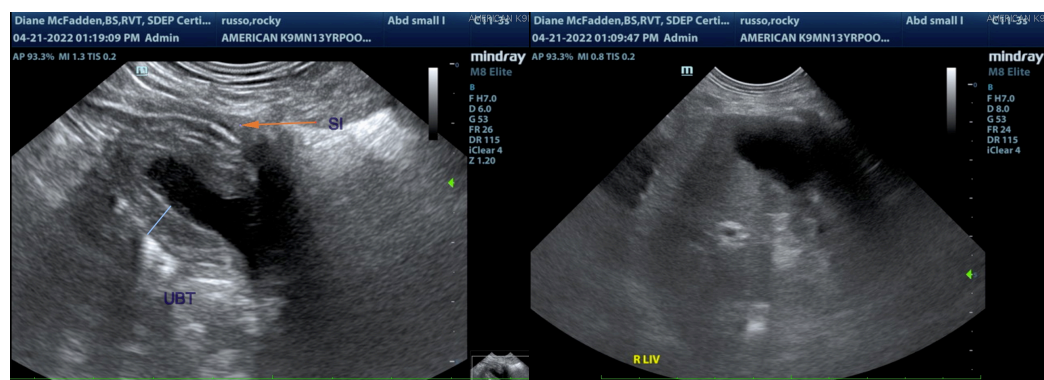
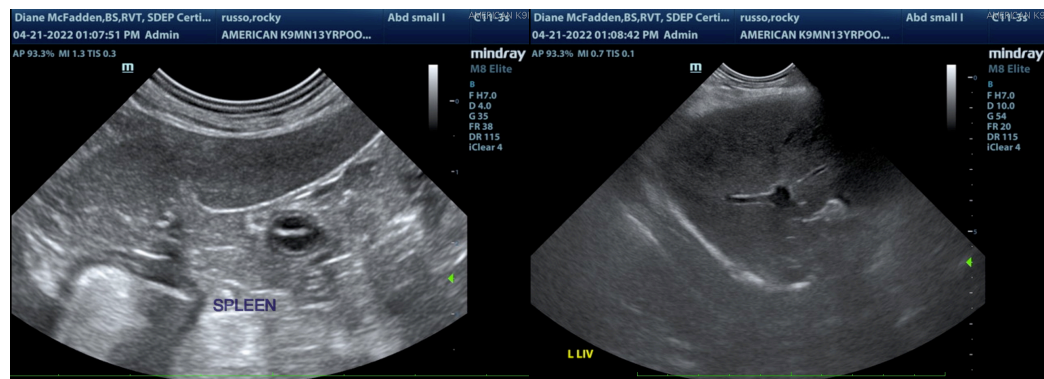
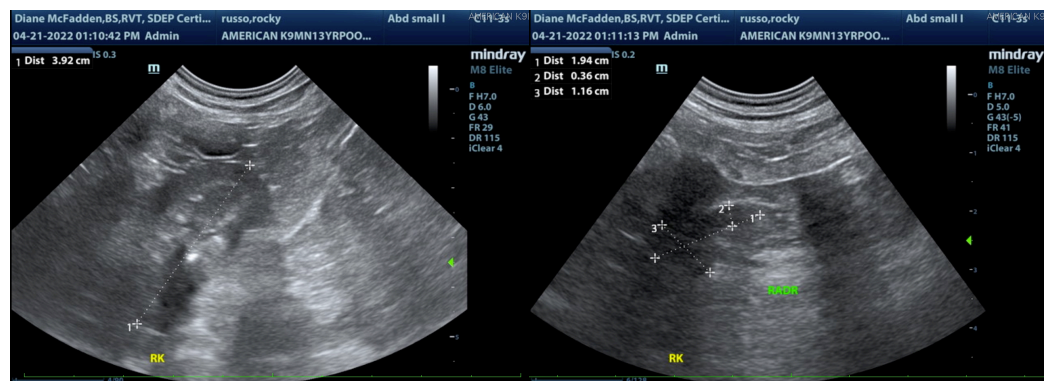
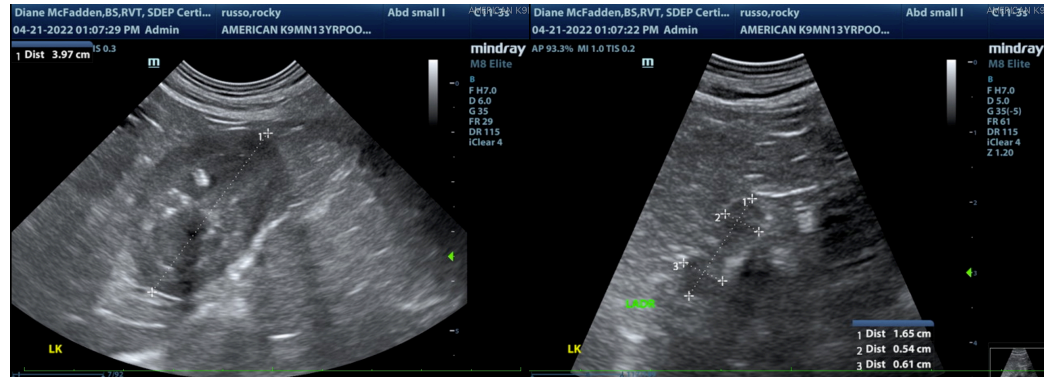
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PATIENT

Rocky Russo

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.

SPECIES

Canine

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)

BREED

Poodle

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SEX

Neutered Male

AGE

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WEIGHT

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