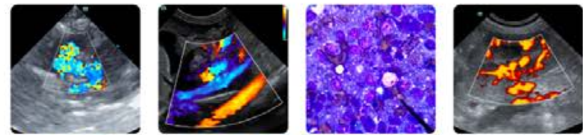


PATIENT

Hunter Palmer

SPECIES

Canine

BREED

Boston Terrier x

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

74250

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Grade 2/6 heart murmur noted in 2022 now grade 3-4/6 left systolic murmur, no cough or exercise intolerance noted. Significant weight loss in past few months - was 6.5kg. Presented to a different clinic in January for vomiting and diarrhea, was 5.1kg at that time - was sent with Maropitant and Metronidazole. Seen elsewhere in March for facial swelling, diagnosed with tooth root abscess and sent with antibiotics. Presented here yesterday for exam as owner interested in pursuing COHAT dental, Hunter is now a BCS of 3/9

Abnormal PE/Chem/CBC/UA Results: CBC, Biochem and 4 DX all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. The Bladder wall largely appears of normal thickness with a smooth mucosal surface. There is a large amount of suspended hyperechoic echogenic debris with a hypoechoic structure visualized in the apex, possibly consistent with a blood clot, debris, etc., measuring 1.1 cm x 0.86 cm. A mass lesion is not strongly suspected but cannot be definitively ruled out. The region of the trigone and ureteral papillae appear free of any mass lesions. In the dependent portion of the urinary bladder some of the debris is hyperechoic and shadowing, most consistent with mineralized sandy debris.

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.

The left kidney has a normal shape and size (4.28 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.

The right kidney has a normal shape and size (4.01 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.

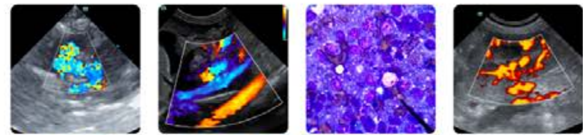
Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 cm at the cranial pole and 0.59 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 0.31 cm at the cranial pole and 0.48 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 (1.07 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.



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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.

Gastrointestinal

The stomach contains mild gas/fluid. It measures at a normal thickness of 0.41 cm 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 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 0.29 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 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.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended echogenic debris and dependent sandy debris visualized in the urinary bladder – Recommend urinalysis and culture. A hypoechoic structure possibly consistent with a blood clot or similar is visualized.

- Mild age related changes visualized associated with both kidneys.

- Subjectively mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of suspended and dependent echogenic debris as well as mineralized sandy debris and a hypoechoic structure possibly consistent with a blood clot or similar visualized in the urinary bladder. Correlate these findings with urinalysis and culture. Continued monitoring of the

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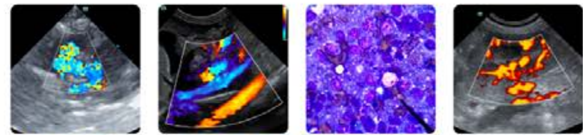

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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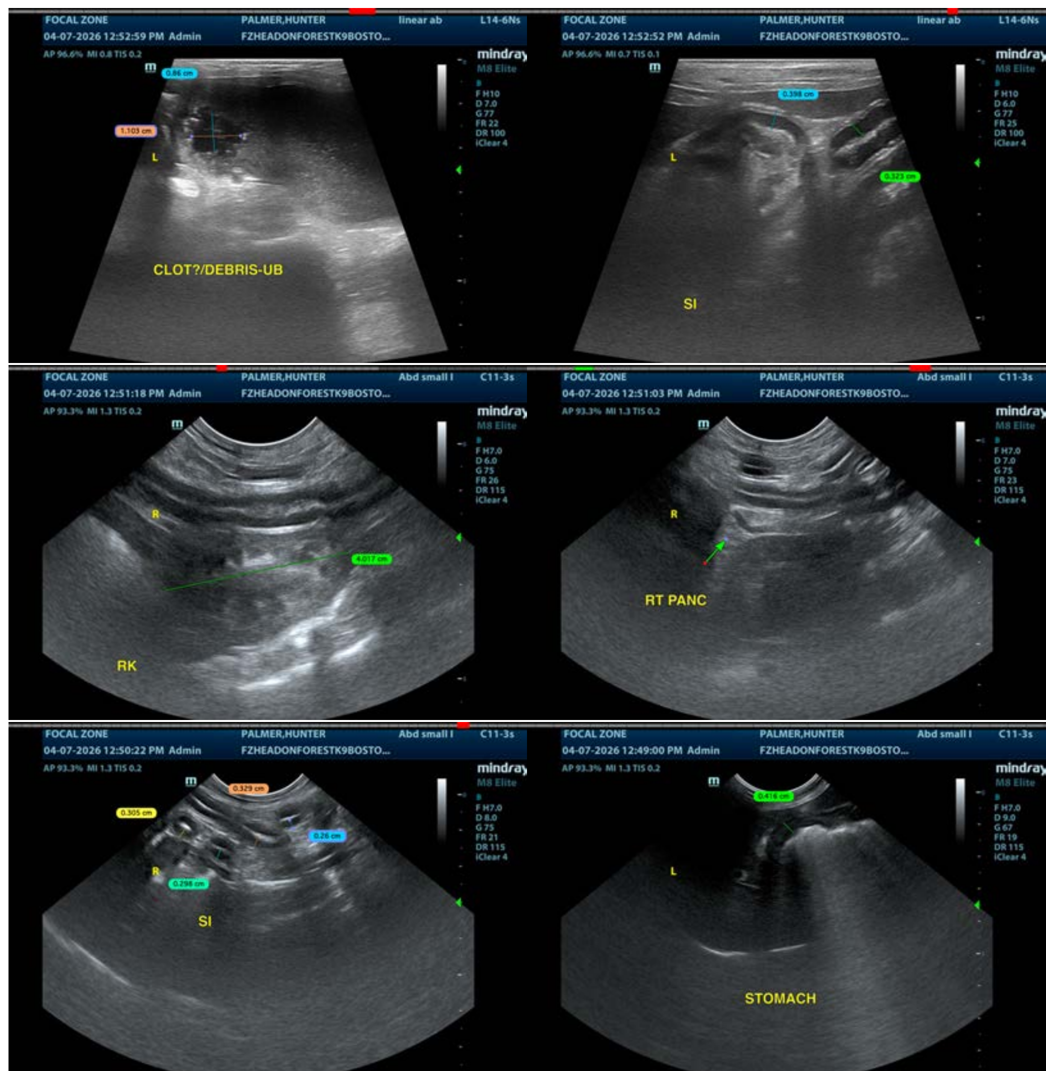
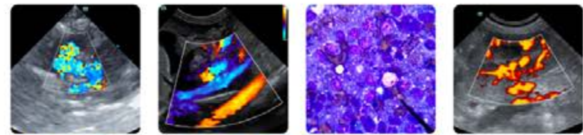
urinary bladder is recommended.

No definitive lesions are visualized to explain the weight loss reported. Subjectively, the small intestine appears mildly thickened. If underlying small intestinal disease is strongly suspected, you could consider a diet trial with a hydrolyzed protein prescription diet as well as a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If additional evidence for underlying small intestinal disease is identified, further evaluation such as GI biopsies may eventually be warranted.

If urinary changes/symptoms are persistent, you could consider repeat imaging in the future, looking for progression of today's changes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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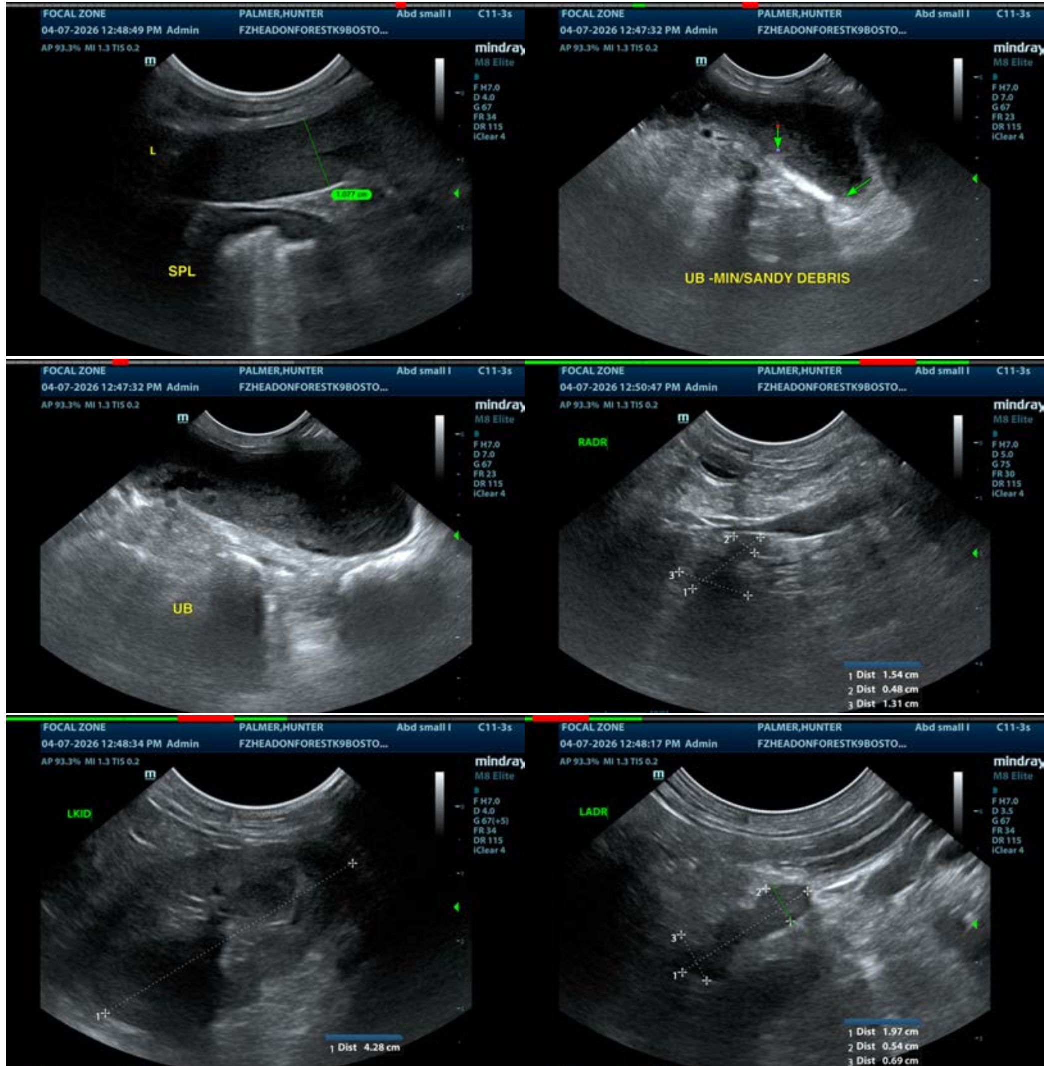

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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