



**PATIENT**

Bello Perioris

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Intact Male

**AGE**

11 Years

**WEIGHT**

13.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Parkside Animal  
 Hospital

**REFERRING VET**

Dr. Zak

**INVOICE**

74351

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

Presented for PU/PD, no meds. Plan to recheck protein/creatinine ratio 1 month after the first one.

Abnormal PE/Chem/CBC/UA Results: ALT high 243U/L(6-118) CBC and free T4 WNL Urine protein creatinine ratio 0.4 U/A - USG 1.030 no protein in urine

**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 2.16 cm x 3.03 cm.

The left kidney has a normal shape and size (5.05 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 (5.1 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 borderline "plump", measuring 0.65 cm at the cranial pole and 0.68 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 borderline "plump", measuring 1.92 cm at the cranial pole and 0.70 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 (1.63 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 mildly 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is slightly irregular and hyperechoic, measuring at 0.35 cm in width. 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. No masses or focal lesions were observed.

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French Bulldog

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 0.49 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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**

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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**

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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.

Both testicles are visualized. The right testicle appears normal measuring 1.51 cm in length. The left testicle is slightly larger, measuring 1.69 cm, with a hypoechoic nodule measuring 1.09 cm x 1.13 cm.

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**ULTRASONOGRAPHIC FINDINGS**

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- Borderline bilateral adrenomegaly – Findings could be consistent with anatomic variation, bilateral hyperplasia, etc.
- Large, mottled prostate – Findings are most consistent with benign prostatic hyperplasia +/- prostatitis. A neoplastic process is less likely.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Prominent/mildly thickened gallbladder wall – The significance of this is uncertain. Findings could be consistent with mild cholecystitis.

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- Hypoechoic nodule visualized in the left testicle – There is a nodule visualized in the left testicle. Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor,



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Sertoli cell tumor, seminoma, granuloma, etc. Recommend neuter with histopathology (as treatment of choice), or cytology.

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The prostate is large, hypoechoic and somewhat mottled, as may be expected in an older intact male canine. Possible differentials would include benign prostatic hypertrophy +/- prostatitis. A neoplastic process is less likely. Recommend a urinalysis and culture +/- fine needle aspirate of the prostate.

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Additionally, there is a hypoechoic nodule visualized in the left testicle. This could represent a benign nor neoplastic lesion. Consider neutering with submission of the testicles for histopathology and continued monitoring to determine if this has been playing a role in the symptoms described.

French Bulldog

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Additionally, the adrenal glands are somewhat plump, with a mildly heterogeneous liver. These findings could be consistent with early pituitary dependent hyperadrenocorticism. Consider addressing the urogenital issues first. If symptoms are persistent, then further evaluation for possible Cushing's could be considered.

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

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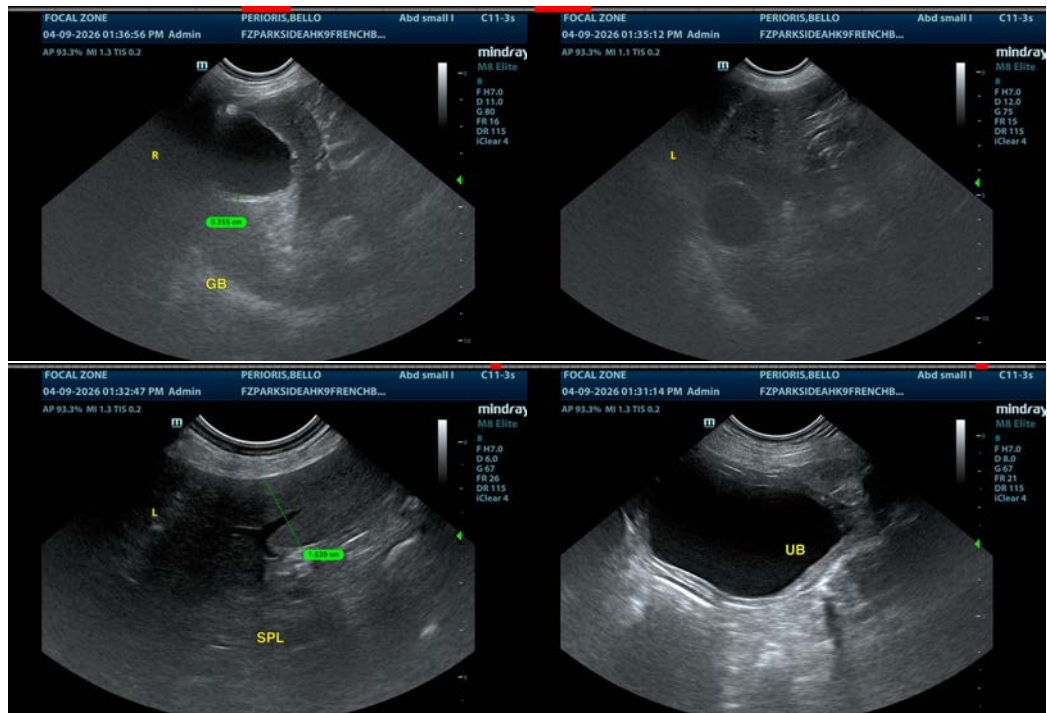
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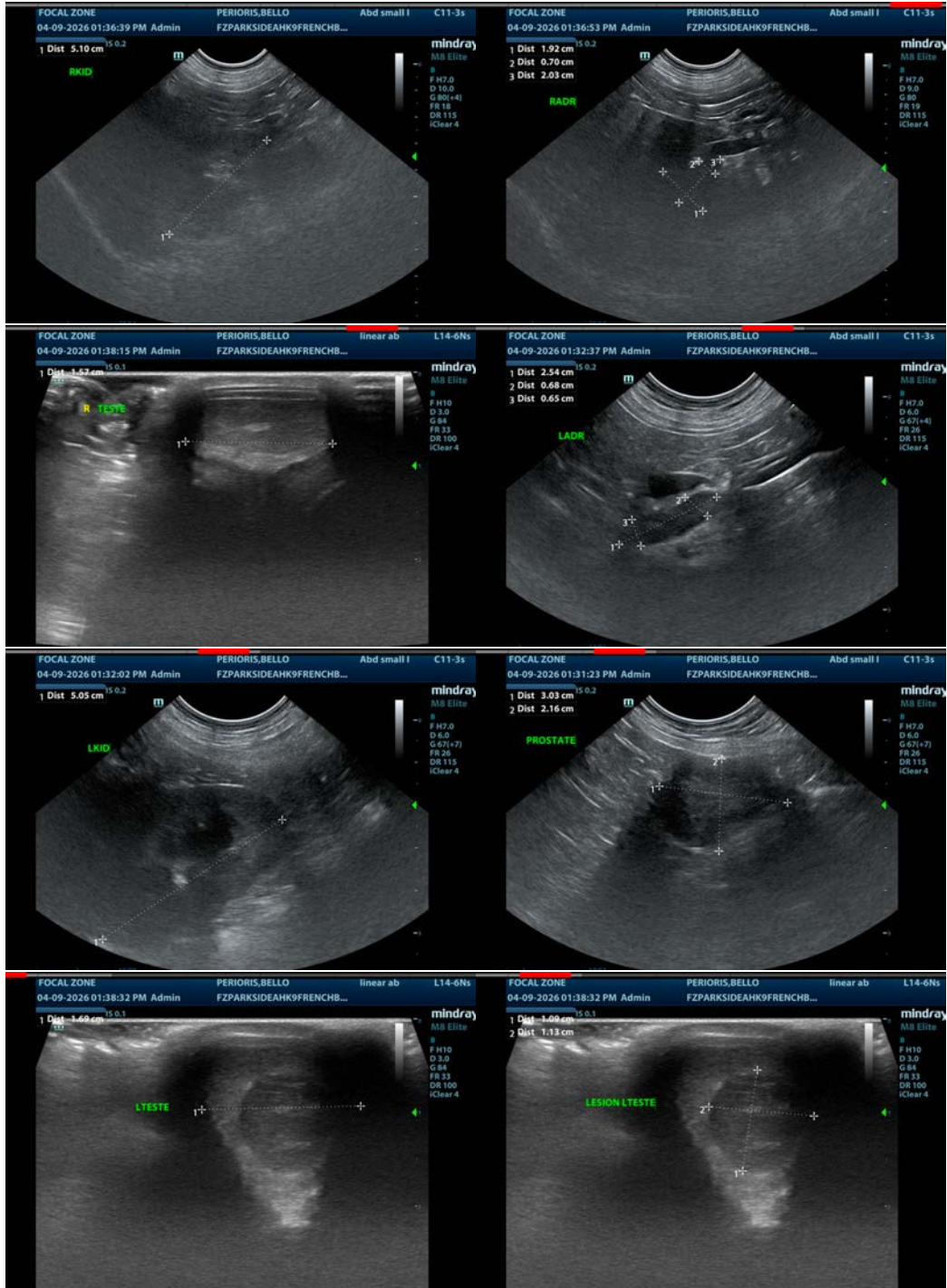
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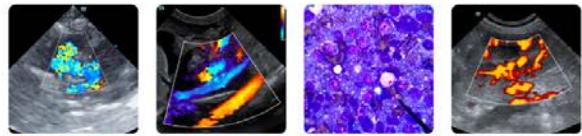
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)