



**PATIENT**

Lightsey Ty

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

75.5 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

Jessica Bailes

**INVOICE**

15152

**DATE**

5/12/22

**PRESENTING CLINICAL SIGNS**

History: Hx of stage B1 valvular disease (stable) systemic hypertension diagnosed 1/21 @ time of workup for heart murmur. Is currently on amlodipine 10mg PO q 24H, enalapril 20mg PO BID; BP was consistently >170 systolic despite these meds so hydralazine 15mg PO BID was started 3 weeks ago. Hx of Addison's disease as well - currently well controlled w/ zycortol q 28 days and pred 2.5mg PO q 24H.

Abnormal PE/Chem/CBC/UA Results: grade 2/6 systolic murmur, otherwise NSF on PE BP checked today - 155 systolic on average AUS performed for further evaluation of persistent SHT despite high doses of amlodipine and enalapril.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended with anechoic urine. The urinary bladder wall appears diffusely thickened and slightly irregular. There is a small line of hyperechoic shadowing debris in the dependent portion, most consistent with mineralized sandy debris/small stones. Correlate findings with radiographs. The area of the trigone, proximal urethra and proximal ureter appear within normal limits.

The prostate is normal in size 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 (7.28 cm). 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (7.64 cm). 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 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 right adrenal gland is normal in size measuring 0.43 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, 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



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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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

**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.

**BREED**

Lab X

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 jejunum measured as normal (0.31 cm). 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.

**AGE**

10 Years

**Pancreas**

The (pancreas/region 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.

**WEIGHT**

75.5 Pounds

**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.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Jessica Bailes

- Irregular thickened urinary bladder wall with dependent hyperechoic debris. The findings are most consistent with diffuse bacterial cystitis and dependent sandy debris/small calculi.
- The remainder of the abdomen appears relatively normal for a geriatric dog. No mass lesions were identified to explain the hypertension reported.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regarding the urinary bladder, I recommend urinalysis and culture and abdominal radiographs to correlate. If there is no evidence of a urinary tract infection, then I recommend reevaluation of the urinary bladder when it is more distended. If the lesion persists, then consider traumatic catheterization to sample the urinary bladder wall.

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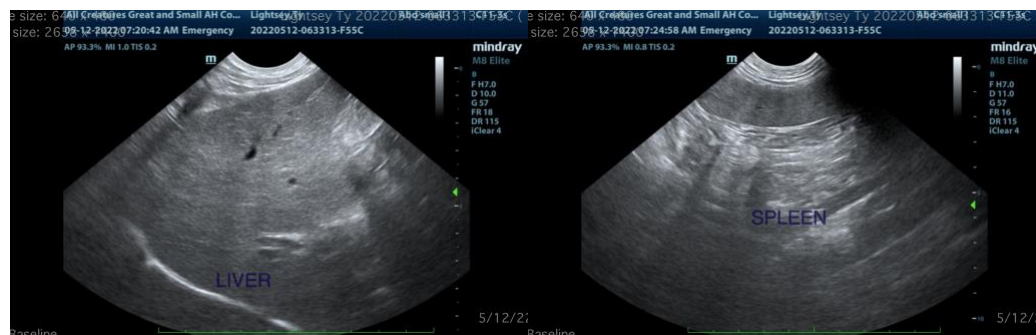
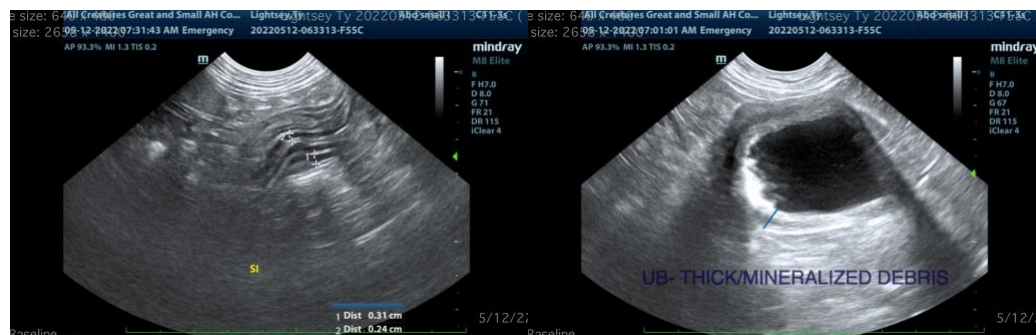
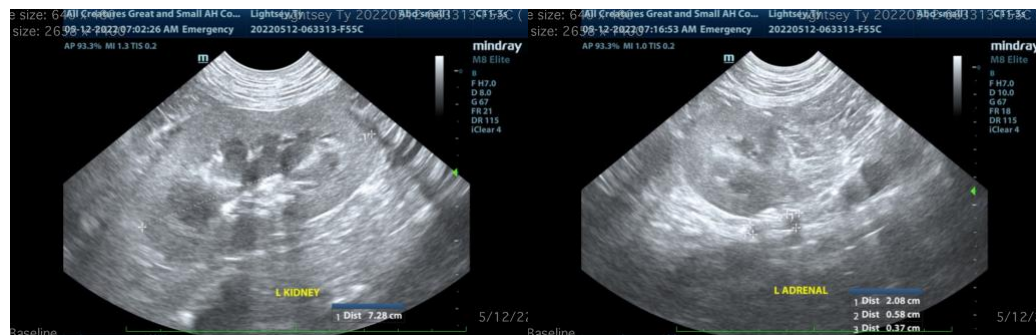
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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