



## PATIENT

Beau Salvatore

## SPECIES

Canine

## BREED

Beagle

## SEX

Male

## AGE

8

## WEIGHT

25.5

## INTERPRETED BY

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

37301

## DATE

6/3/26

## PRESENTING CLINICAL SIGNS

History: vomiting lethargy  
Abnormal PE/Chem/CBC/UA Results: Lipase 322

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large, hyperechoic and mottled, measuring 2.44 cm in height in the sagittal view.

The left kidney has a normal shape and size (5.08 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 (5.3 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 0.53 cm at the cranial pole and 0.57 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 1.48 cm at the cranial pole and 0.68 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 (1.53 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 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

### Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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.

**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 jejunum measured as normal (0.6 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Beagle

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.

**SEX**

Male

***Pancreas***

The 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.

**AGE**

8

***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.

**WEIGHT**

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(SAIM)

**ULTRASONOGRAPHIC FINDINGS**

- Suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Large hyperechoic mottled prostate- Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

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Jenn

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

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No significant lesions are visualized associated with the GI tract to explain the vomiting reported. The stomach appears empty and there is no evidence of a significant gas/fluid pattern visual associated with small intestine. Pancreas is not clearly visualized, but no evidence of cranial abdominal inflammation is noted. If pancreatitis is strongly suspected, correlate with a quantitative PLI level and consider empirical treatment for pancreatitis/gastroenteritis. If symptoms are persistent, consider repeat imaging, looking for the development of more definitive lesions. An unseen small focal GI lesion cannot be definitively ruled out.

**REFERRING VET**

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There is some echogenic debris visualized in the urinary bladder and the prostate is large and hyperechoic. Recommended a urinalysis and culture, looking for any evidence of urinary tract infection, prostatitis, etc.

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Correlate findings with abdominal radiographs, physical exam findings and current lab work



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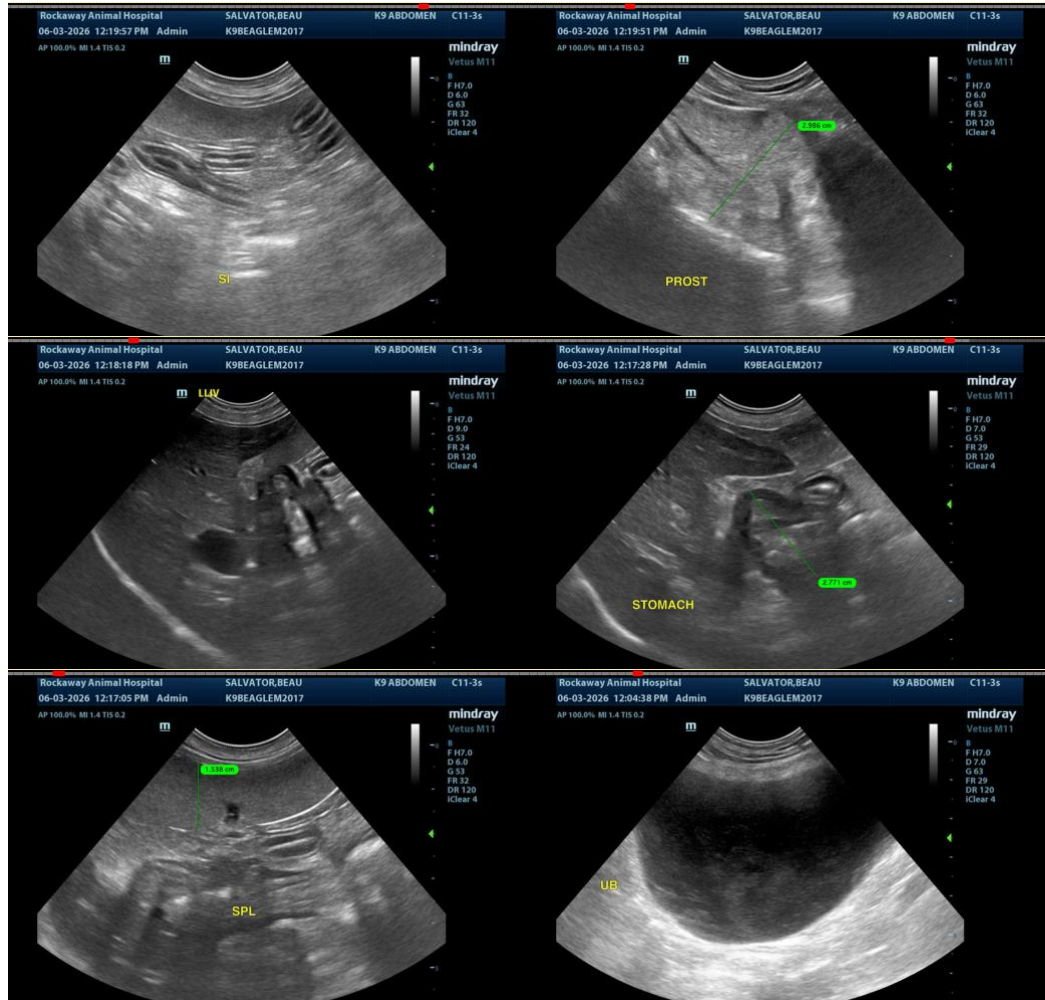
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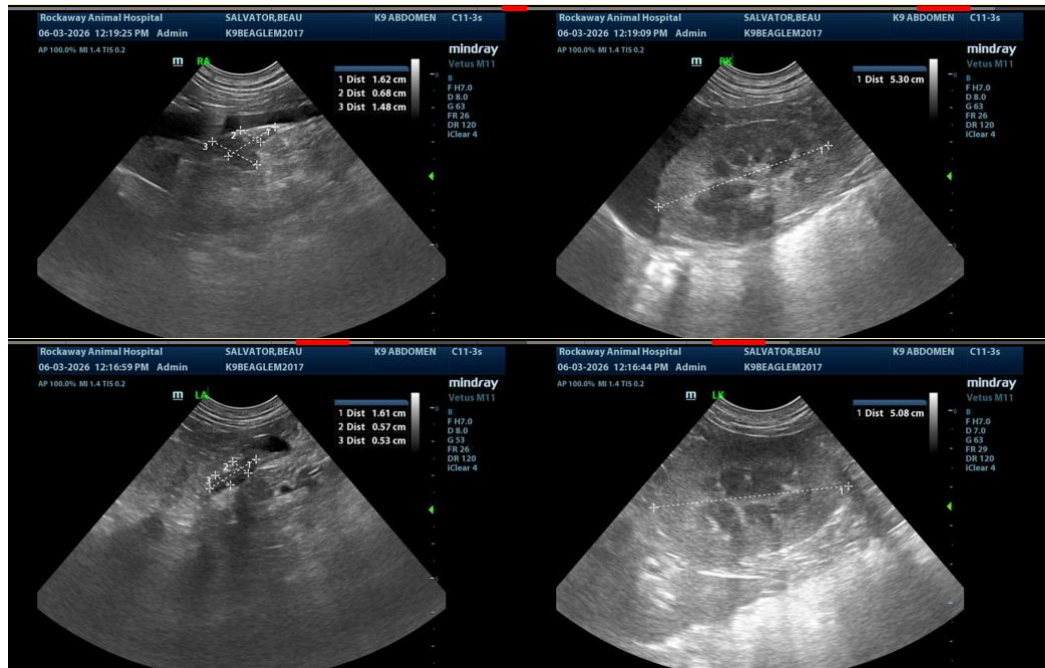
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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