



## PATIENT

Casino Ahnger

## SPECIES

Canine

## BREED

Longhaired  
Dachshund

## SEX

Intact Male

## AGE

7 Years 11 Months

## WEIGHT

34 Pounds

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

MountainView AH

## REFERRING VET

Dr. Sarah Kalivoda

## INVOICE

39945

## DATE

7/28/22

## PRESENTING CLINICAL SIGNS

Follow up AUS w/ possible aspirates- did not aspirate since LNs seem smaller and other nodule/mass seemed the same- doing well and hematuria resolved

## 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 (2.77 cm) and hyperechoic with a 1.05 cm focal heterogeneous cystic region and a 0.49 cm cyst. (Previous scan measured the prostate at 3.72 cm).

The left kidney has a normal shape and size (5.5 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 (5.1 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 0.45 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 0.63 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 appear normal. No focal nodules or cystic lesions are observed.

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.



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

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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.

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### **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.

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### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The left sublumbar lymph node is visualized at 0.47 cm, the right measures 0.42 cm. The omentum is slightly hyperechoic around the prostate (previous measurement 2/17/22 of left sublumbar lymph node was 1.2 cm in width).

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### **Other**

Both testicles are imaged and appear within normal limits.

The previously described hyperechoic irregular region in the right cranial abdomen appears stable, measuring 1.9 cm x 2.1 cm.

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LVT

## ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic prostate with focal mixed echogenic/cystic region – most consistent with benign prostatic hypertrophy +/- prostatitis and a small prostatic cyst. The changes in the prostate appear relatively similar to the previous scan.
- Irregular, hyperechoic tissue in the right cranial abdomen – could be consistent with focal inflammation and fat, bates body, etc. This lesion is stable from the previous scan.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On today's recheck exam (previous scan 2/17/22), the prostatic changes appear relatively stable, and the hyperechoic fat in the right cranial abdomen appears stable. The sublumbar lymph nodes appear somewhat smaller and improved on today's scan.

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The changes are most consistent with benign prostatic hypertrophy +/- prostatitis. Previously

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diagnostics and treatment were not noted in the history. Recommendations are similar to the previous scan including urinalysis, culture, and neutering for resolution of the prostatic lesions. Continued monitoring of the right cranial abdominal lesion is warranted.

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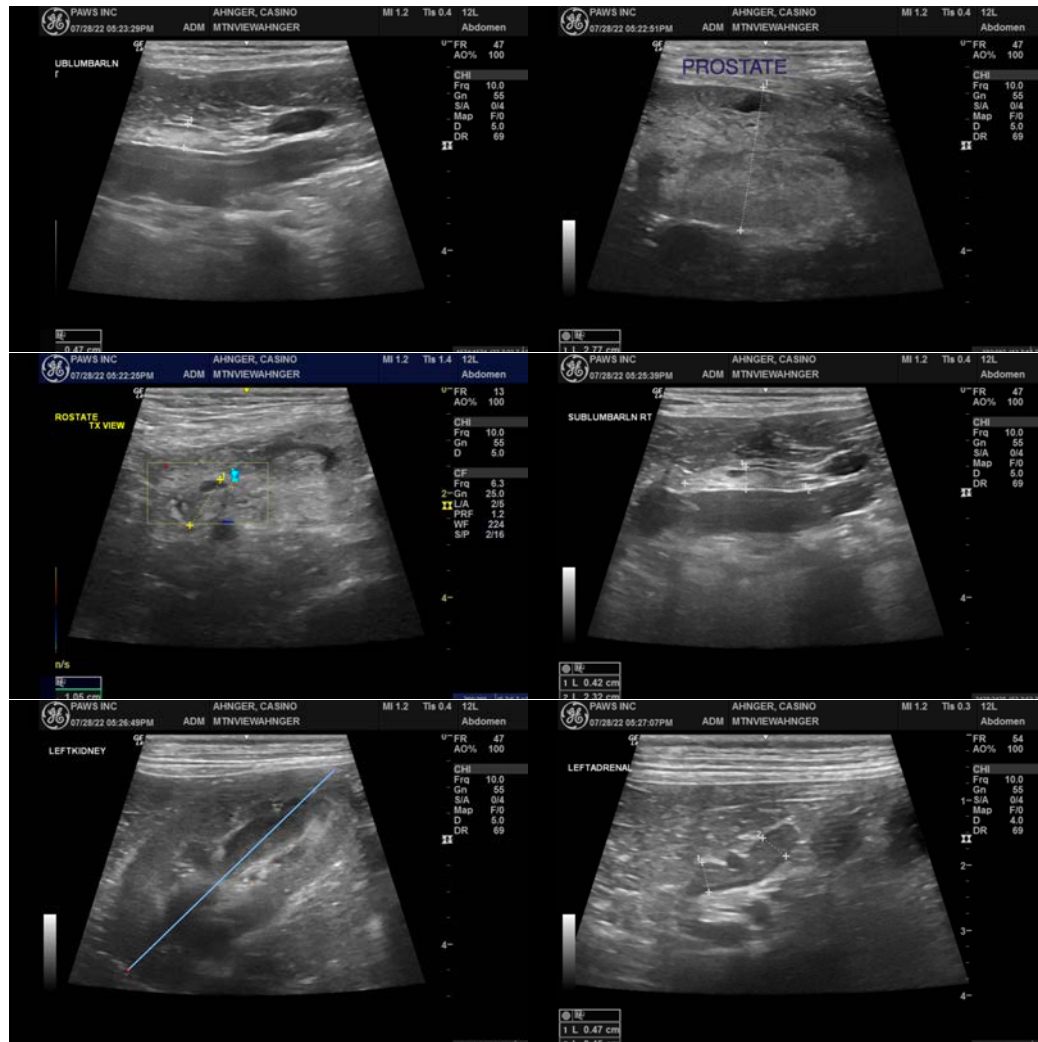
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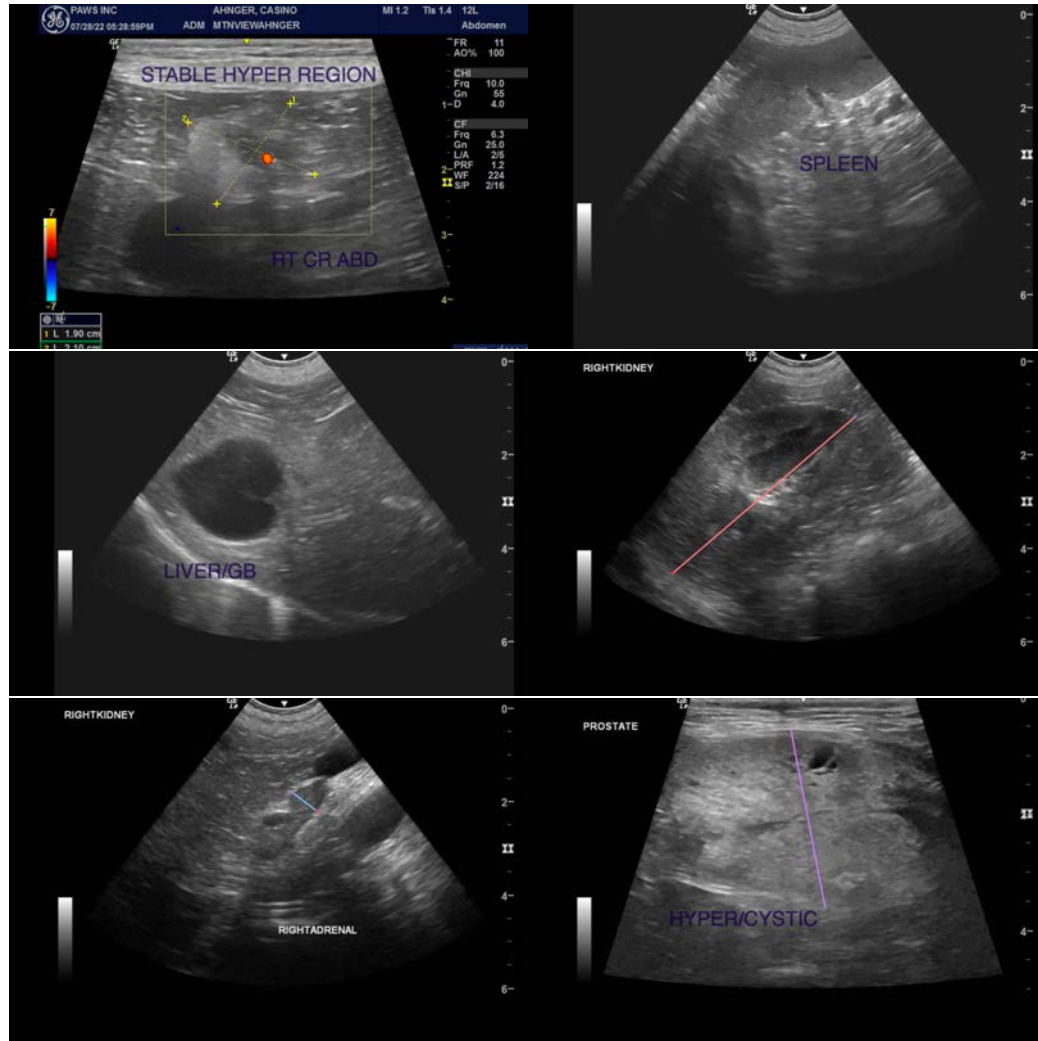
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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