



PATIENT PRESENTING CLINICAL SIGNS

Chase Saramiento Having trouble passing bowel movement. Otherwise exam NSF. Has been giving Metacam as seems uncomfortable.
Abnormal PE/Chem/CBC/UA Results: Bloodwork NSF

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

8 Years

WEIGHT

9.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Dogar

INVOICE

39932

DATE

7/28/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears thickened and irregular in the trigone and cystourethral region. This irregular, thickened mucosa and bladder wall extends into the proximal urethra, which measures 0.86 cm in thickness. The urethra itself measures at 1.6 cm in diameter. The left ureter is dilated and visualized at its connection with the urethra. There is suspected dilation of the right ureter, but this is somewhat obscured. Findings are most consistent with a prostatic mass and extension into the urethra and proximal bladder.

The prostate is large, measuring 2.2 cm in diameter. It is of mixed echogenicity and is mineralized. The enlarged prostate extends towards the prostatic urethra and proximal urethra, which is severely thickened and irregular. Findings are concerning for prostatic neoplasia extending into the urethra.

The left kidney has a normal shape and mildly reduced corticomedullary distinction. There is early hydronephrosis with the renal pelvis measuring 0.60 cm. The proximal ureter is severely dilated, measuring 0.60 cm. This can be followed down to the obstructive mass effect in the urethra, where the ureter is visualized measuring 0.48 cm.

The right kidney has a normal shape and size (4.56 cm) with pyelectasia at 0.40 cm. Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths or infarcts. The ureter is suspected to be dilated on the right side, but visualization of this structure is much more difficult and cannot be definitively visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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 0.51 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.



PATIENT

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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 is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Pug

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.

Pancreas

WEIGHT

9.5 kg

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.

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- Bilateral hydronephrosis and hydroureter with an obstructive mass visualized at the trigone/urethra – This mass lesion is very concerning for a possible transitional cell carcinoma.
- Large, irregular, mineralized prostate with extension of a mass effect into the proximal urethra and bladder – concerning for prostatic neoplasia. Recommend fine needle aspirate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Dogar

The prostate is very large and mineralized. There is a mass effect that extends into the prostatic urethra, and the proximal urethra into the urinary bladder. Additionally, there is left hydroureter and hydronephrosis, and suspected right hydroureter and hydronephrosis, likely due to obstruction from the mass effect. This could be a prostatic mass that has extended into the urethra and bladder, or it could be a urethral mass with extension to the prostate. Transitional cell carcinoma would be the most likely differential. Recommend a fine needle aspirate of the prostate, and 3-view thoracic radiographs.

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If a diagnosis can be confirmed, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Stent placement could be considered(?).

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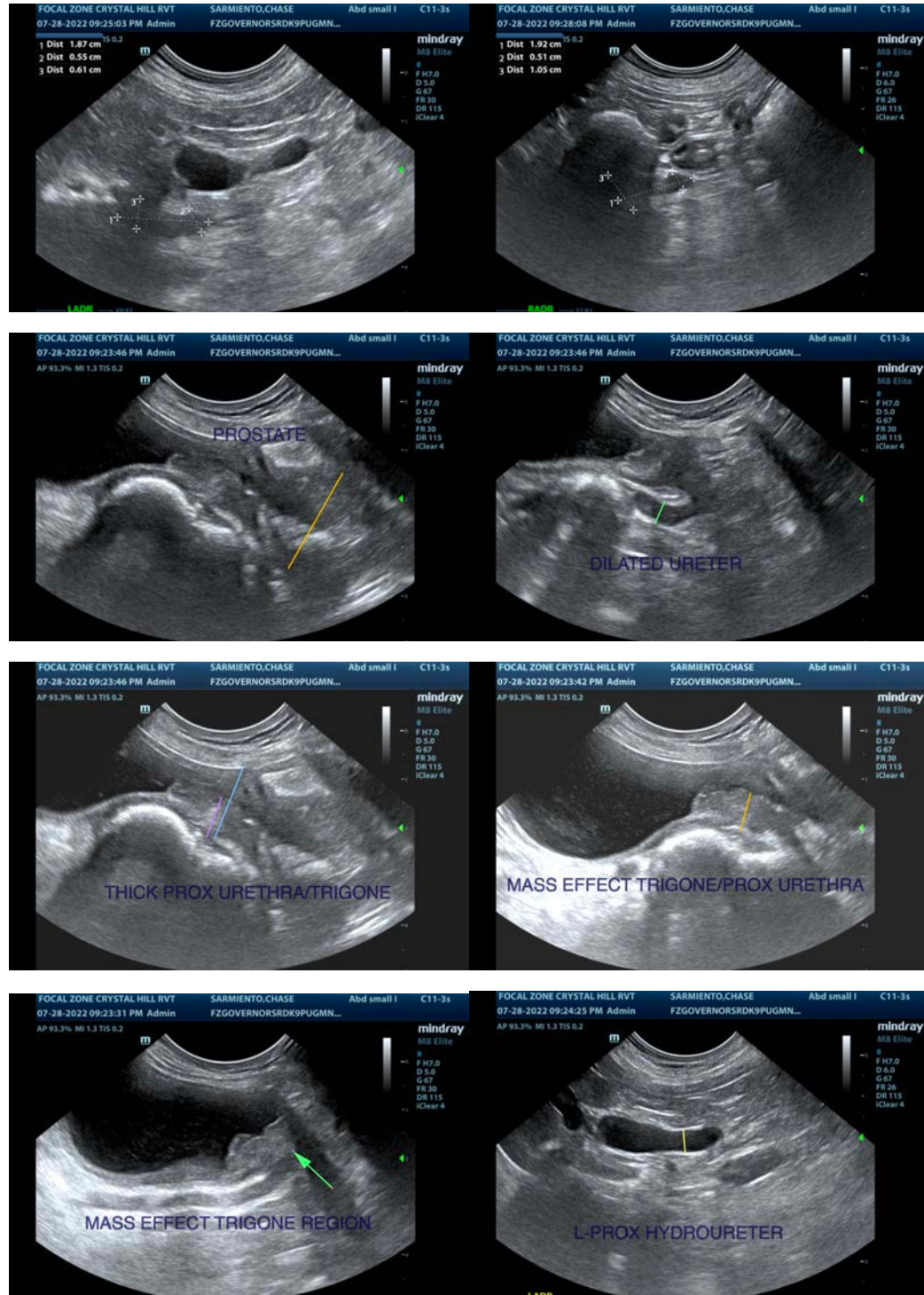
Dr. Dogar

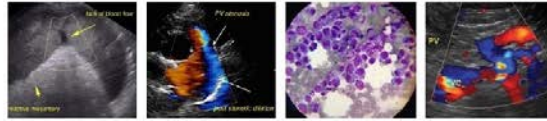
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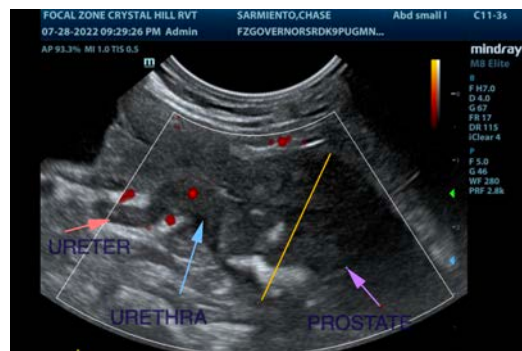
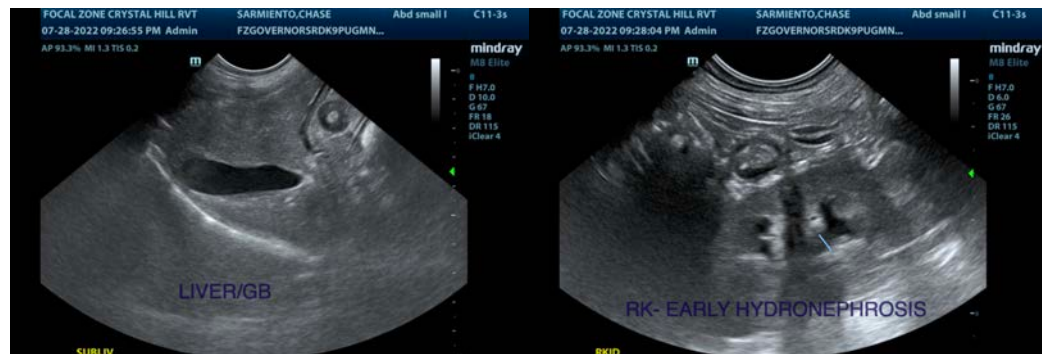
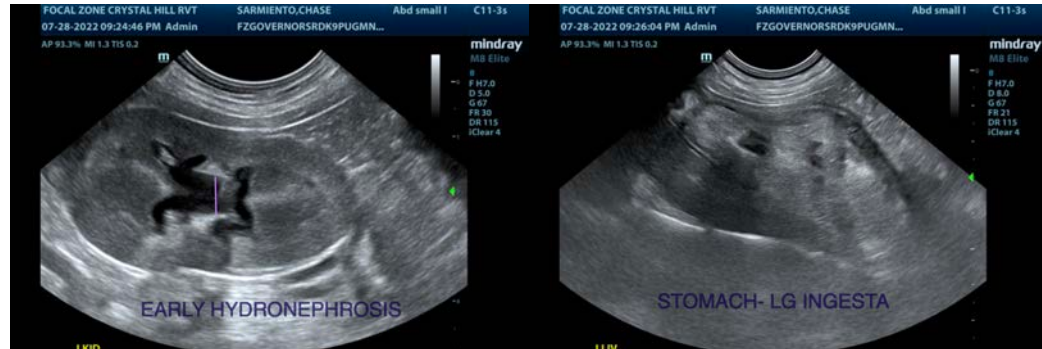
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com