



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Flash Ocasio  
Patient was presented for 2 day history of anorexia and lethargy. Does not have vomiting or diarrhea. Urine is orange. Pitting edema at thorax, prepuce and front limbs. Pain upon abdominal palpation

**SPECIES**

Canine

**BREED**

Basset Hound

Abnormal PE/Chem/CBC/UA Results: CBC WBC: 22.82 K/ $\mu$ L (5.05 - 16.76) NEU: 20.98 K/ $\mu$ L (2.95 - 11.64) LYM: 0.88 K/ $\mu$ L (1.05 - 5.10) EOS: 0.01 K/ $\mu$ L (0.06 - 1.23) MPV: 13.9 fL (8.7 - 13.2) CHEM PHOS: 7.2 mg/dL (2.5 - 6.8) LIPA: 2092 U/L (200 - 1800) Na: 134 mmol/L (144 - 160) Cl: 101 mmol/L (109 - 122) Radiographs: Spondylosis, DJD changes on dorsal aspect of spinous processes and elbows; mineralized opacities in feces. UA: Cocci +++, WBC 8; NTR RBC or cells 4DX: Negative to all Fecal: Hookworms

**SEX**

Intact Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

10 Years

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.

**WEIGHT**

45 Pounds

The prostate is large in size (2.28 cm in height in the sagittal view) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**INTERPRETED BY**

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

The left kidney has a normal shape and size (7.71 cm) with pyelectasia at 0.83 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Ferrer

The right kidney has a normal shape and size (7.01 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.

**HOSPITAL NAME**

Paseos Vet Center

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.69 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.

**REFERRING VET**

Dr. Maria Martes

The right adrenal gland is normal in size measuring 0.67 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.

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**Spleen**

**DATE**

7/6/23

The spleen is subjectively normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect visualized in the cranial aspect of the spleen measuring 1.11 cm x 1.6 cm.



**PATIENT** *Liver*

Flash Ocasio  
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.

**SPECIES**

Canine

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**BREED**

Basset Hound

**Gastrointestinal**

**SEX**

Intact Male

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.

**AGE**

10 Years

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.47 cm. There is subtle subjective mucosal fogging visualized. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**WEIGHT**

45 Pounds

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 area 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.

**IMAGING PERFORMED BY**

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The iliac lymph nodes are slightly prominent, the right measuring 0.93 cm. The omentum is of normal echogenicity.

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**Other**

The left and right testicles are visualized and appear within normal limits.

**REFERRING VET**

Dr. Maria Martes

**ULTRASONOGRAPHIC FINDINGS**

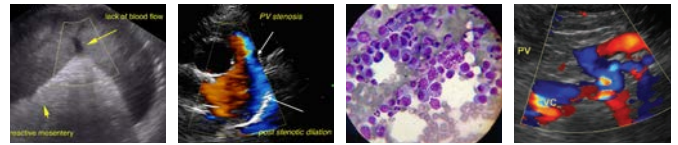
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- Large, heterogeneous, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Moderate left-sided pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic nodule/mass effect associated with the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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**PATIENT**

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- Questionable subjective mucosal fogging associated with the small intestine – The significance of this is uncertain. This could be consistent with a primary enteropathy if signs of GI disease are present.

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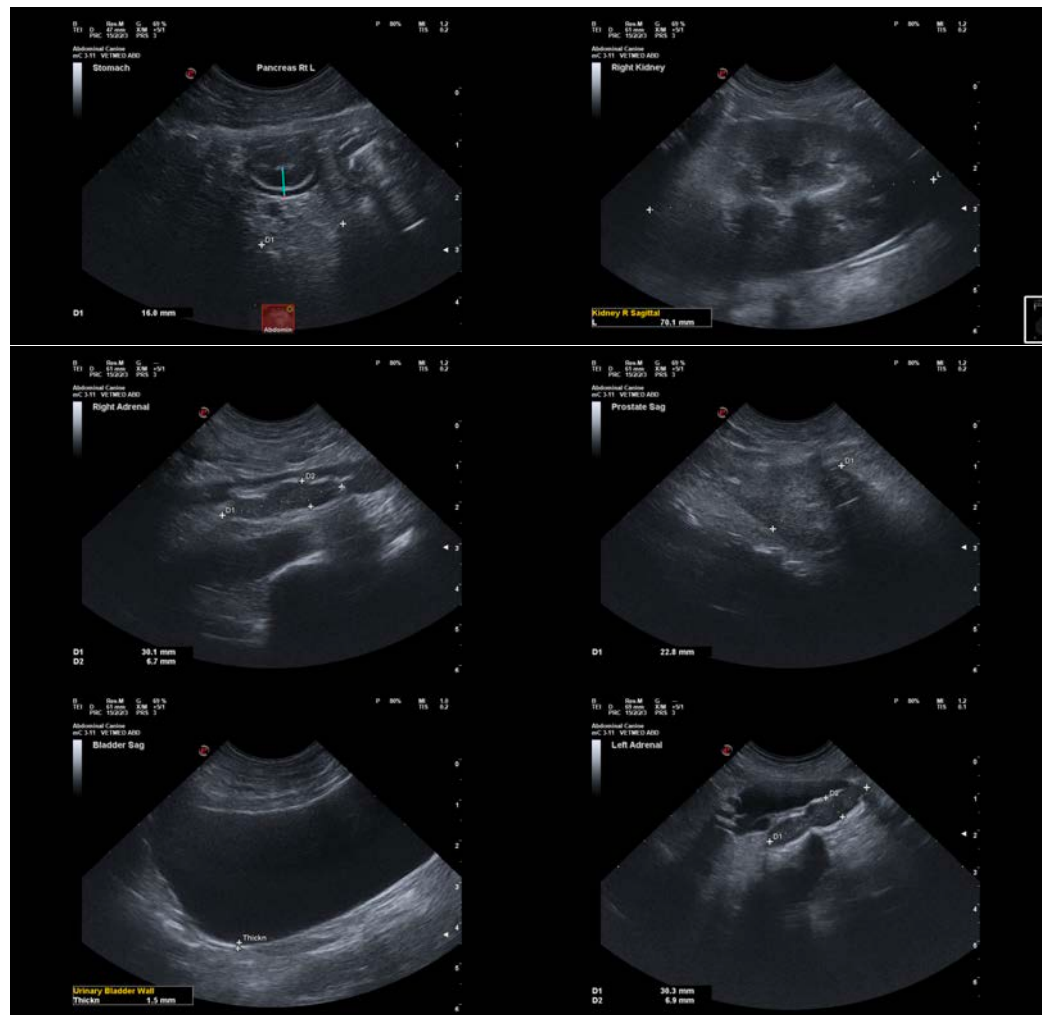
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Many of the changes described on today's scan are relatively normal for an intact older pet. Recommend a urinalysis and culture to screen for possible prostatitis and to look for any evidence of pyelonephritis. A cause for the unilateral pyelectasia is not readily evident but should be monitored.

There is a hypochoic nodule/mass effect on the spleen that significantly deviates the splenic capsule. Ideally, this would be removed for both diagnostic and therapeutic purposes, as it is very peripheral and there is concern for possible rupture. This could be considered once the cause for the other medical signs is identified.

An obvious cause for the pitting edema is not identified. Confirm normal albumin levels. Other differentials to consider would be vasculitis, lymphedema, neoplastic infiltration, etc. Recommend treatment for the hookworms. Additionally, you could consider infectious disease testing for causes of possible vasculitis +/- empirical Doxycycline therapy. If any lymph nodes are increased in size, aspirates should be performed. Additionally, recommend 3-view thoracic radiographs and consider a cardiac evaluation if clinically warranted.





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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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