

**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com

**PATIENT**

Boris McDonald

**PRESENTING CLINICAL SIGNS**

Urinary tract infection with hematuria, persistence with resistance  
Abnormal PE/Chem/CBC/UA Results: Prostatomegaly, multi-drug resistant urinary tract infection

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is very slightly irregular with no evidence of any focal mass lesions or calculi. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal and free of any mass lesions or calculi. Findings are most consistent with mild cystitis or lack of urine distention.

**BREED**

Bull Terrier

**SEX**

Neutered Male

The prostate is somewhat large and heterogeneous, measuring 1.95 cm in height in the sagittal view. There are some focal ill-defined, hypoechoic regions within the prostate. One of these towards the cranial aspect of the prostate measures 0.62 cm x 0.69 cm. The external margins appear relatively smooth. Correlate these findings with the age of neutering and the possibility of previous prostatic disease. If this patient was neutered prior to puberty, then consider the possibility of prostatic neoplasia.

**AGE**

14.5 Years

The left kidney has a normal shape and size (6.47 cm) with mild pyelectasia of 0.24 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

35 Pounds

The right kidney has a normal shape and size (5.49 cm) with mild pyelectasia at 0.25 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a slightly irregular margin at the caudal pole measuring 0.75 cm. This could represent overlap of a local vessel, but consider reevaluation of this area in the future.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

The right adrenal gland is normal in size measuring 0.55 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.

**HOSPITAL NAME**

SVS Imaging MI

**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.

**REFERRING VET**

Union Lake VH

**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.

**INVOICE**

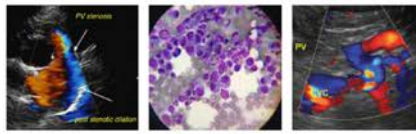
40539

**DATE**

8/17/22

**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Boris McDonald

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

**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**

Bull Terrier

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 measured 0.63 cm with mucosal speckling. Jejunum wall measures 0.38 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**

14.5 Years

**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.

**WEIGHT**

35 Pounds

**Free Abdomen**

There is scant free abdominal fluid. A sublumbar lymph node is somewhat prominent at 0.49 cm and the omentum is of normal echogenicity.

**INTERPRETED BY**

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

**PRIMARY FINDINGS**

- Mildly irregular urinary bladder mucosa – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large, heterogeneous prostate with focal hypoechoic regions – This could be consistent with involution and previous prostatic disease, or could be consistent with prostatic neoplasia.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Irregular caudal pole of left adrenal-The significance of this is unclear (possible imaging artifact?) recommend recheck in approximately 8 weeks to rule out progression of this lesion.
- Scant free abdominal fluid.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Union Lake VH

**ULTRASONOGRAPHIC FINDINGS****INVOICE**

40539

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

**DATE**

8/17/22

**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



**PATIENT**

Boris McDonald

- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder appears mildly irregular in some images. This could be due to cystitis or possible lack of urine distention. No focal lesions are observed.

**BREED**

Bull Terrier

Additionally, the prostate is large and heterogeneous with some focal hypoechoic regions. Correlate this with the age of neutering. This could be consistent with involution of a diseased prostate, but if this patient was neutered prior to puberty this would be atypical and could be consistent with prostatic neoplasia. If neoplasia is a concern, consider a fine needle aspirate of the prostate. It is possible that if recurrence of urinary tract infections (demonstrable by positive urine cultures) are occurring, that there is a nidus of infection in the prostate, particularly if previous prostatic disease was present. A fine needle aspirate of the hypoechoic region in the cranial aspect of the prostate for cytologic analysis +/- culture would also be an option.

**SEX**

Neutered Male

**AGE**

14.5 Years

There is a slightly irregular area on the cranial pole of the left adrenal gland. I suspect this is not significant, but recommend reevaluation of this area with ultrasound in approximately 8 weeks to determine if the lesion is persistent or progressing.

**WEIGHT**

35 Pounds

There is decreased corticomedullary distinction and bilateral pyelectasia present. With the history of recurrent urinary tract infections, this is concerning for possible pyelonephritis. Recommend blood pressure evaluation in addition to the urinalysis and culture.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

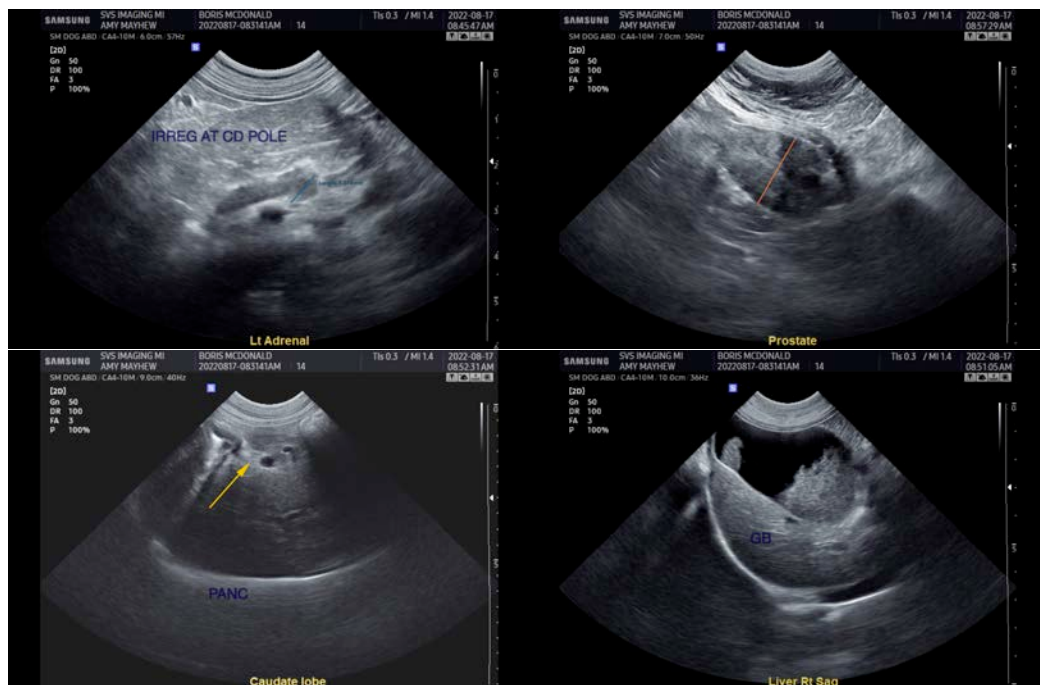
Union Lake VH

**INVOICE**

40539

**DATE**

8/17/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



**PATIENT**

Boris McDonald

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Neutered Male

**AGE**

14.5 Years

**WEIGHT**

35 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

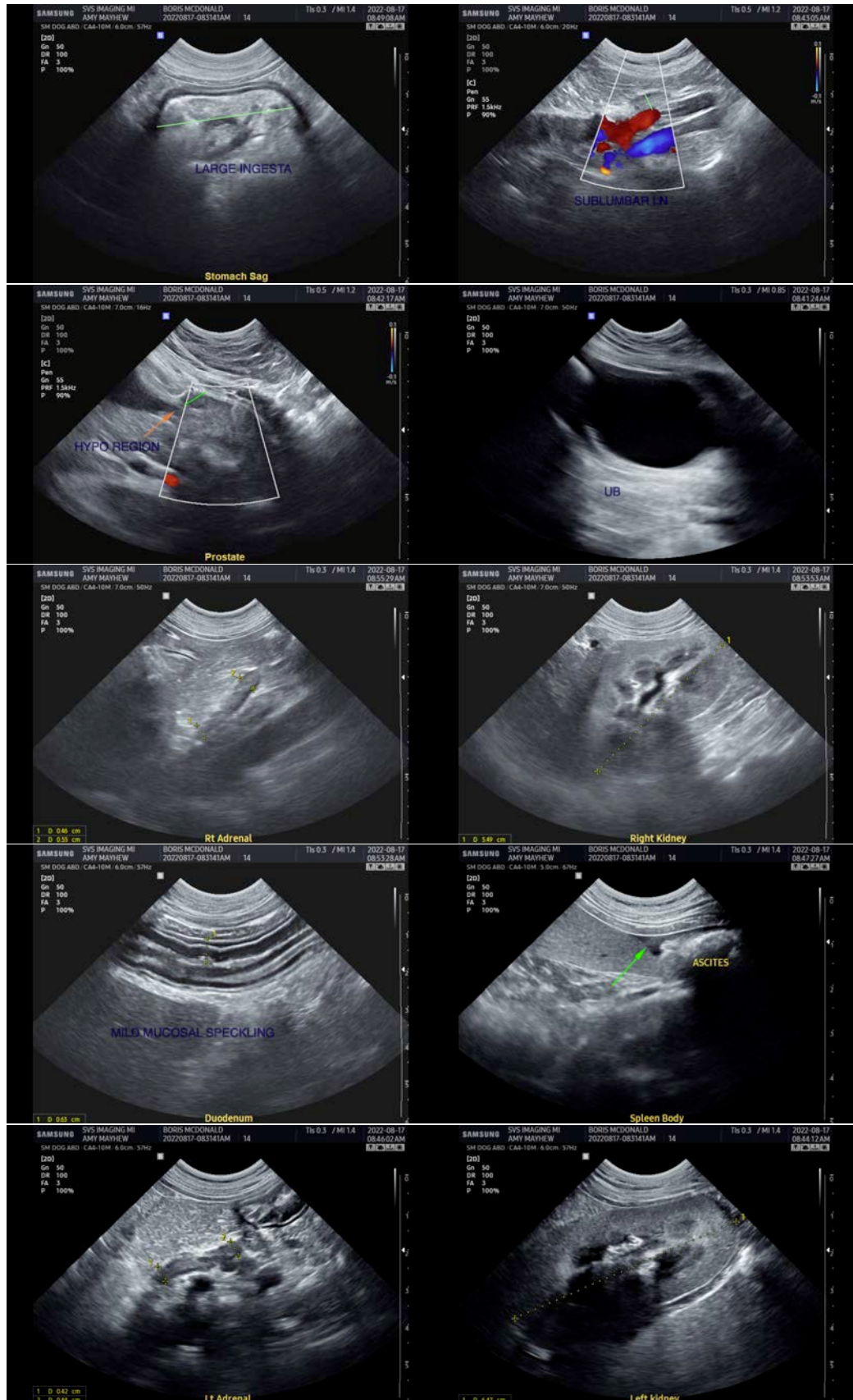
Union Lake VH

**INVOICE**

40539

**DATE**

8/17/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Boris McDonald

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Neutered Male

**AGE**

14.5 Years

**WEIGHT**

35 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Union Lake VH

**INVOICE**

40539

**DATE**

8/17/22

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