

PATIENT

Romeo Centanni

PRESENTING CLINICAL SIGNS

SPECIES

Canine

~Renal insufficiency/difficulty urinating/prostate issues. Cannot r/o pancreas or GI issues with elevated Lipase.~ ~Having straining and green pustular d/c from penis, renal changes. HX: of Parvo/giardia when a pup, from HI and also had MERSP of skin years ago.~
Abnormal PE/Chem/CBC/UA Results: LABS~SDMA=16, Lipase=558, UA= 1.030 w/ WBC 2-5 pH=8.0~ MEDS ~Enrofloxacin 136mg SID, Prazocin SID-BID PRN for straining only.~

BREED

Americna Pit Bull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

13 Years 9 Months

The prostate is normal in size (1.36 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

61 Pounds

The left kidney has a normal shape and size (6.83 cm) with pinpoint non-obstructive nephroliths. 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 pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.47 cm) with pinpoint non-obstructive nephroliths. 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

IMAGING BY

Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size measuring 0.72 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 1.04 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

MountainView AH

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. There is an ill-defined hyperechoic nodule visualized within the parenchyma measuring 0.9 cm x 1.0 cm.

REFERRING VET

Dr. Sarah Kalivoda

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.

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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 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.

BREED

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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. Duodenum wall measured 0.41 cm. Jejunum wall measured 0.36 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

13 Years 9 Months

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

61 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

There are occasional prominent lymph nodes visualized. The right sublumbar lymph node measures 1.15 cm in diameter and is cystic. The left sublumbar lymph node measures 1.01 cm x 0.87 cm. These are prominent, but normal in echogenicity and shape. The left inguinal lymph node is prominent (0.45 cm), and the gastric lymph node is prominent and 0.62 cm.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The omentum is generally of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

HOSPITAL NAME

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A subcutaneous mass is imaged measuring 0.9 cm x 0.23 cm.

PRIMARY FINDINGS

REFERRING VET

Dr. Sarah Kalivoda

- Hyperechoic nodule within the splenic parenchyma – There is a non-cavitated, hyperechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

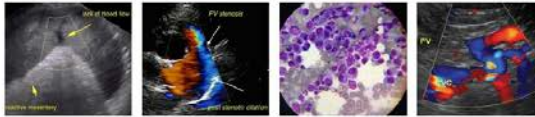
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- Mildly mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory

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episode, early fibrosis or chronic pancreatitis.

SPECIES

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- 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.

BREED

Americna Pit Bull

- Prominent, isoechoic and slightly mottled (one is cystic) sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Subcutaneous mass imaged – Recommend fine needle aspirate.

SEX

Neutered Male

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

AGE

13 Years 9 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the lower urinary tract signs is not visualized. The prostate is normal in appearance. Correlate these findings with digital rectal exam and additionally recommend palpation of the anal glands. If it is firmer than usual, or painful, this could be an indicator of disease, despite a relatively normal appearance, and a fine needle aspirate could be considered. Recommend urinalysis and culture.

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The sublumbar lymph nodes are somewhat prominent in the caudal abdomen, and the left lymph node is cystic. These are non-specific findings, but continued monitoring is warranted. You could consider a fine needle aspirate of an inguinal lymph node if desired.

There is a small hyperechoic nodule visualized within the spleen. Options moving forward include continued monitoring with ultrasound or a fine needle aspirate.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The urinary bladder is large, which could be coincidence or could be due to difficulty urinating. No obvious anatomic abnormalities visualized. You could consider a contrast study to look for evidence of a urethral stricture, small stone, etc. Recommend passing a urinary catheter if this has not already been done.

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As discussed above, a fine needle aspirate of the prostate could be considered if prostatic disease is strongly suspected (correlate prostate size with age of neutering). Additionally, consider reflex dyssynergia as a differential. If symptoms continue, recommend rescanning the lower urinary tract for progressive change, progressive lymphadenopathy, etc.

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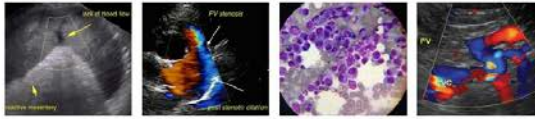
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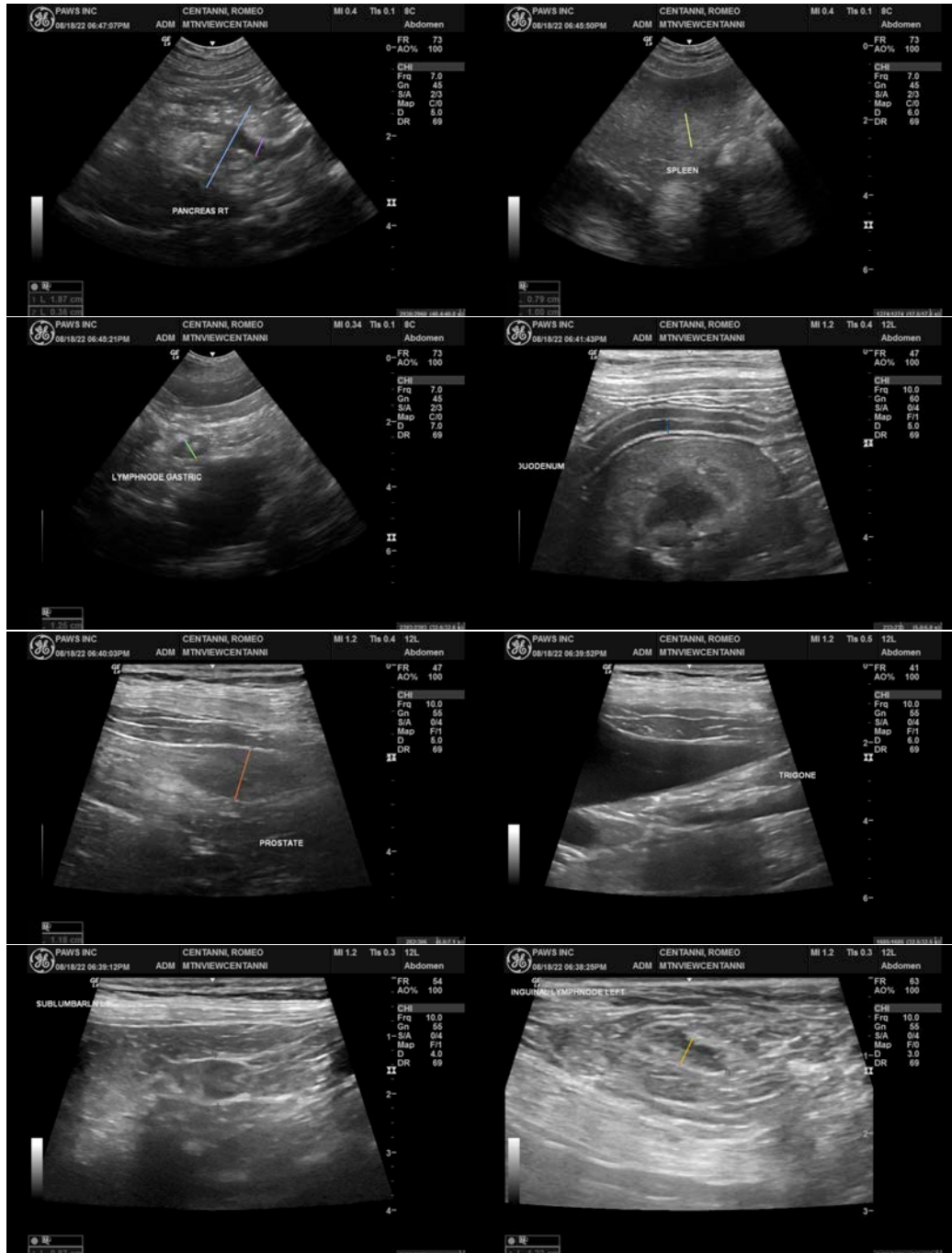
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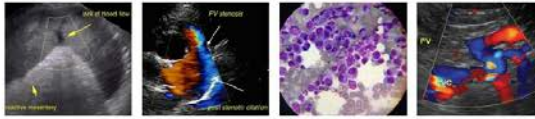
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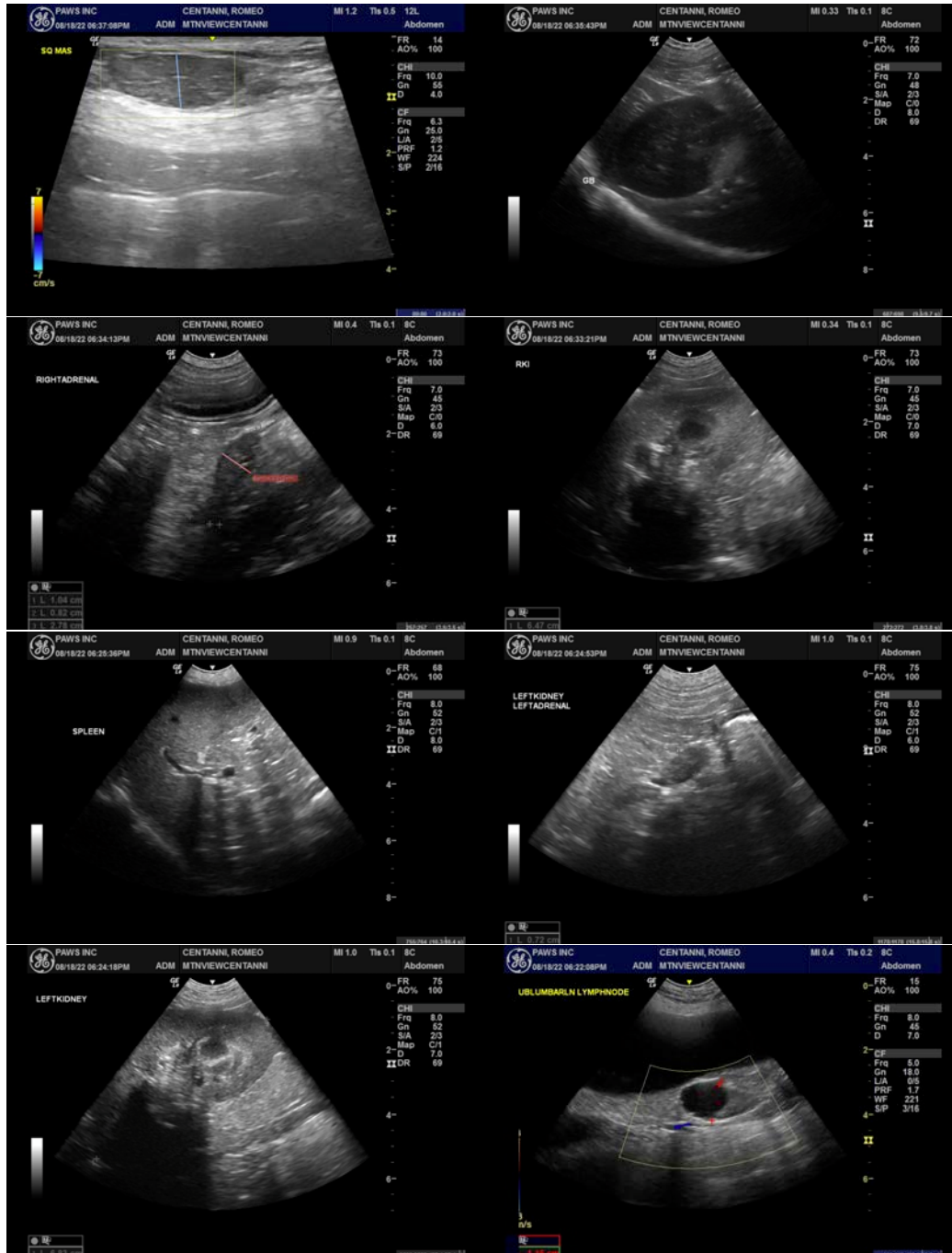
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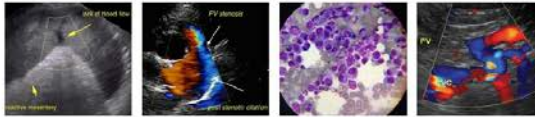
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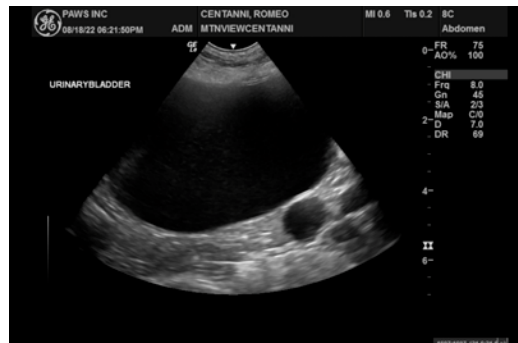
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

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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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