

PATIENT

Mango Dei

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

GSH

ADR, lethargic, weight loss- PT is leaking urine. This dog is a nonneutered cryptorchid and has severe prostatic hypertrophy, an issue that was previously brought up to the owner over a year ago, but he declined to consider castration. At the time he was put on Finasteride, but the owner stopped giving it when dog started urinating well. Blood work was relatively normal with borderline neutrophilia. U/S to evaluate possible pathology in abdomen. Owner was seen in Los Angeles Vet Clinic and told dog had a splenic mass. Hx of draining UB from being over distended- Took dog out at beginning of scan and dog voided easily for about 10 seconds and then stopped- Attempted to pass a urinary catheter- Cysto 250ml normal looking urine- No straining noted by owner-

SEX

Intact Male
(Cryptorchid)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is very large and 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

11 Years

The prostate is large for an intact male dog. It is hyperechoic and heterogeneous with numerous intraparenchymal cysts, the largest of which measures 2.2 cm x 0.65 cm. The size of the prostate is 6.59 cm x 9.3 cm.

WEIGHT

88 Pounds

The left kidney has a normal shape and size (6.3 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 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 (6.77 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 hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

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The right adrenal gland is normal in size measuring 0.56 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.

REFERRING VET

Dr. Denny Nolet

Spleen

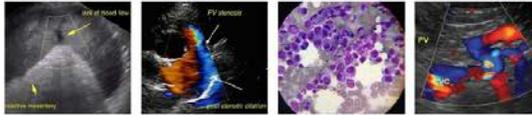
The spleen is large in size and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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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.

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.

SEX

Intact Male
(Cryptorchid)

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.

AGE

11 Years

WEIGHT

88 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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Both sublumbar lymph nodes appear normal. The right measures 0.59 cm. The left measures 0.61 cm. There is a prominent inguinal lymph node visualized at 0.92 cm.

IMAGING BY

Loetitia Saint-Jacques,
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Other

The right testicle is visualized within the scrotum and appears within normal limits.

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

There are two subcutaneous masses imaged. One appears fluid dilated. The other is hypoechoic and measures 2.0 cm. Recommend fine needle aspirate of both lesions.

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ULTRASONOGRAPHIC FINDINGS

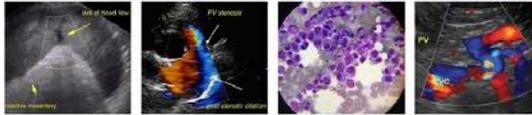
- Distended urinary bladder despite recent voiding

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- Large, heterogeneous, cystic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis and cystic prostatic disease.

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- Large, irregular, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

BREED

GSH

- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

SEX

Intact Male
(Cryptorchid)

- Cryptorchid intact male with normal distended right testicle.
- Two subcutaneous masses – recommend fine needle aspirate.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is very large despite recent voiding. This suggests some difficulty with emptying the urinary bladder, such as increased pressure, reflex dyssynergia, etc. No mass or stone lesions are observed, but the prostate is very large and heterogeneous, which could be contributing to the difficulty voiding.

WEIGHT

88 Pounds

- Recommend urinalysis and culture.
- Recommend neutering (both the abdominal and descended testicle would need to be removed). The undescended testicle was not visualized on today's exam, in part due to the extremely large urinary bladder. If the risk for neoplasia is known, and neutering is declined, you could consider therapy for Finasteride. This would need to be lifelong. In patients with prolonged overdistention of the urinary bladder, they can have voiding issues. If the prostate is smaller and there is no obvious obstruction, you could consider medications to help with voiding.

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IMAGING BY

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The spleen appears mottled and large. A fine needle aspirate could be considered. Additionally, there are subcutaneous mass lesions visualized, which should ideally be aspirated.

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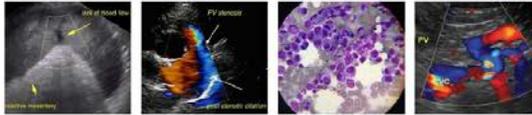
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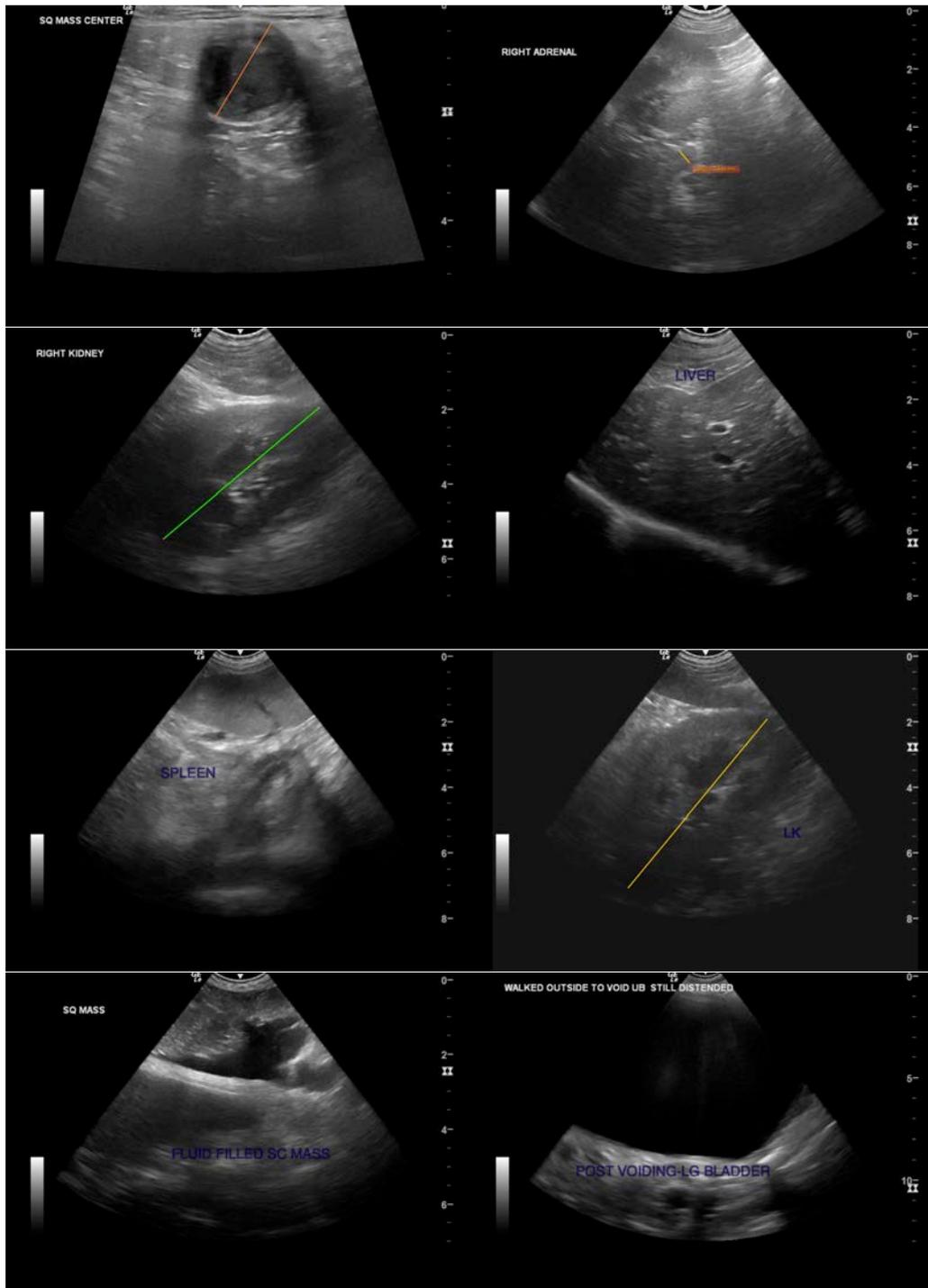
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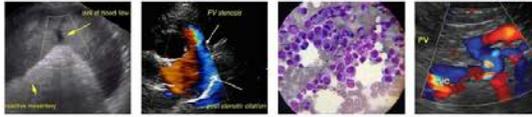
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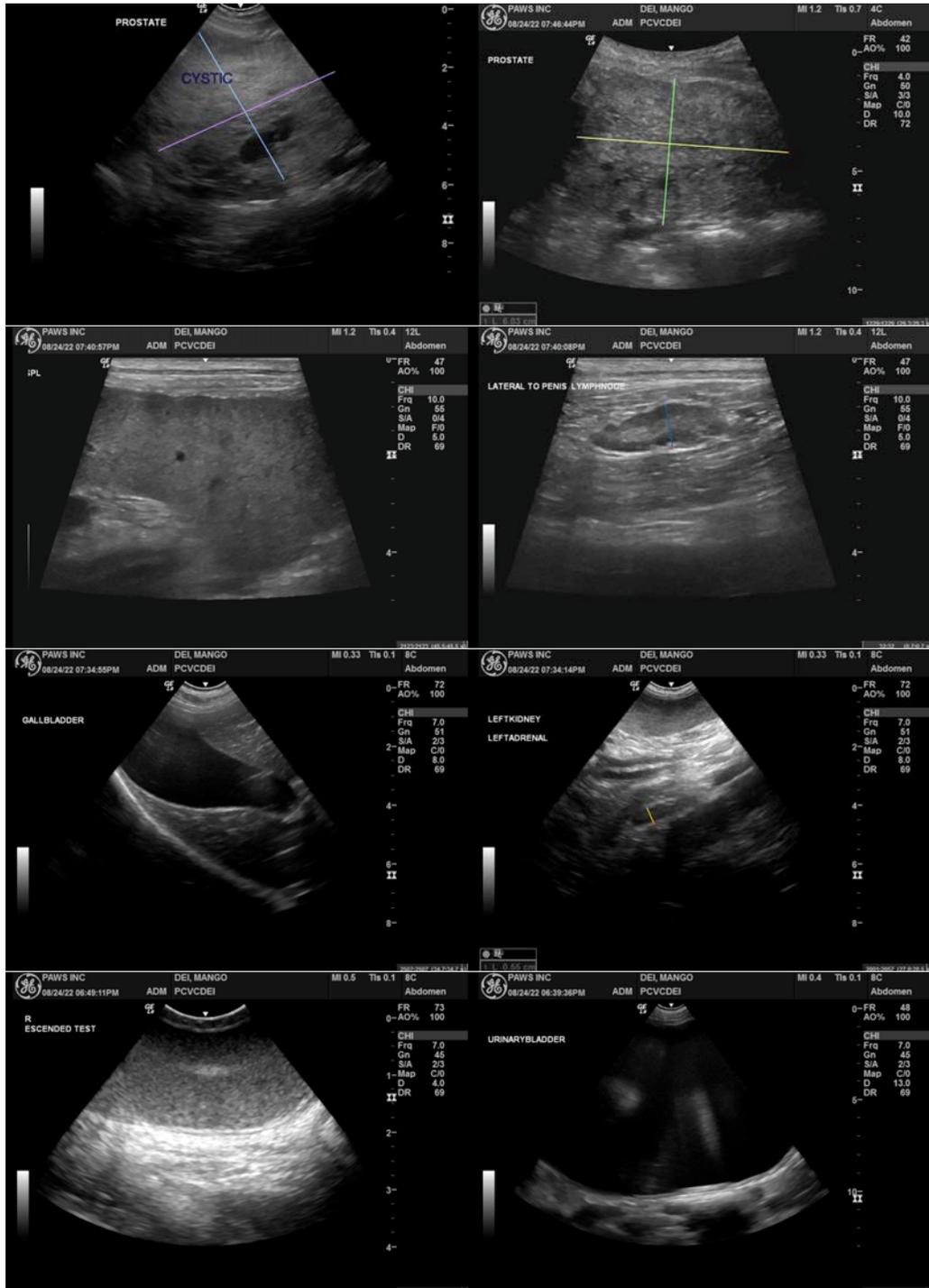
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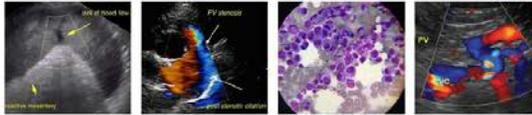
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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