



**PATIENT PRESENTING CLINICAL SIGNS**

Akamaru Talavera

Patient presented as a referral from the Emergency Clinic for an abdominal ultrasound. Patient has presented with urinary problems that had been progressive during the last 2 years. Is currently urinating about 20-30 times during the day, while some days he doesn't urinate at all. He is active with no vomits or diarrheas present, drinking water well, but is eating less than before and his ataxia has been worsening. Additionally, he has no pain when walking but is now losing more balance than before. Vaccines and preventions up to date Currently on the following medications: Denamarin SID Dasuquin SID Gabapentin q8h Hepatic Diet

**SPECIES**

Canine

**BREED**

Schnauzer

Abnormal PE/Chem/CBC/UA Results: CHEM: BUN 34 mg/dL ALT 181 U/L ALKP 384 U/L GGT 27 U/L CHOL 321 mg/dL Urinalysis USG 1.012 T4 0.7 LOW

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

14 Years

**Urinary System**

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**

13.3 Pounds

The prostate is borderline large in size, measuring 1.37 cm in height in the sagittal view. It is slightly irregular in contour with normal echogenicity. 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 is normal in size (4.39 cm) but slightly irregular in shape with mild pyelectasia at 0.27 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.97 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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 0.44 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. Walker

The right adrenal gland is normal in size measuring 0.50 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**

8/8/23

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 a subtle hyperechoic nodule visualized in the head of the spleen measuring 0.44 cm in diameter.



**PATIENT** *Liver*

Akamaru Talavera

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**

Schnauzer

**Gastrointestinal**

**SEX**

Neutered Male

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.25 cm 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**

14 Years

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 measures 0.37 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**WEIGHT**

13.3 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. Colon wall measures 0.19 cm.

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

**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.

**IMAGING PERFORMED BY**

Dr. Ferrer

**Free Abdomen**

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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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Walker

- Mildly reduced corticomedullary distinction in both kidneys with mild left-sided pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small hyperechoic nodule visualized in the head of the spleen – The significance of this lesion is uncertain, but the hyperechoic appearance trends towards a benign lesion. Recommend continued monitoring.
- Slightly irregular, borderline large prostate – Correlate these findings with the age of neutering. If the patient was neutered prior to puberty, consider a fine needle aspirate.

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**PATIENT**

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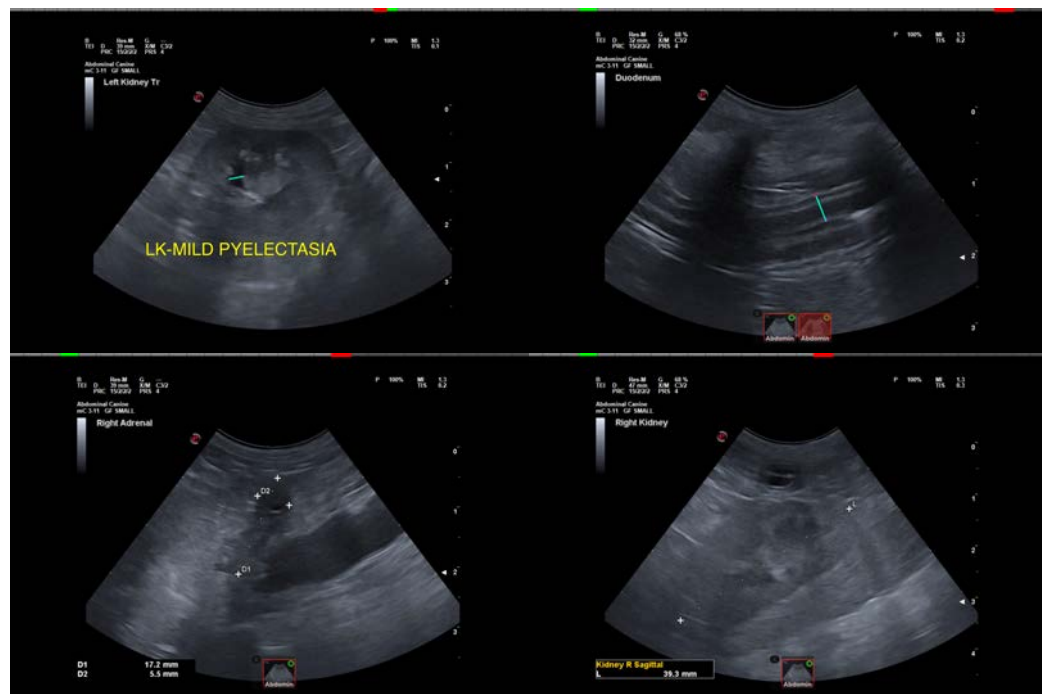
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are mild changes visualized associated with both kidneys, consistent with chronic age related renal change. Additionally, there is mild left-sided pyelectasia with no obvious evidence of an obstructive process. The significance of this is uncertain, but given the urinary symptoms described, recommend a urinalysis and culture, looking for possible underlying pyelonephritis.

Additionally, the prostate appears somewhat prominent and slightly irregular in shape. This could be normal if this patient was neutered after puberty and had some pre-existing hypertrophy, inflammation, etc. If this patient was neutered prior to puberty, this could be abnormal. Correlate with a digital rectal exam. A fine needle aspirate of the prostate could be considered, particularly if this patient has pollakiuria.

Try to differentiate pollakiuria from PU/PD based on observing the patient urinate (large volume versus small volume, is there straining, etc.).

There is a small hyperechoic nodule visualized in the head of the spleen. The significance of this lesion is uncertain, but the appearance trends towards a more benign lesion, as it is hyperechoic and small. Recommend continued monitoring with ultrasound.





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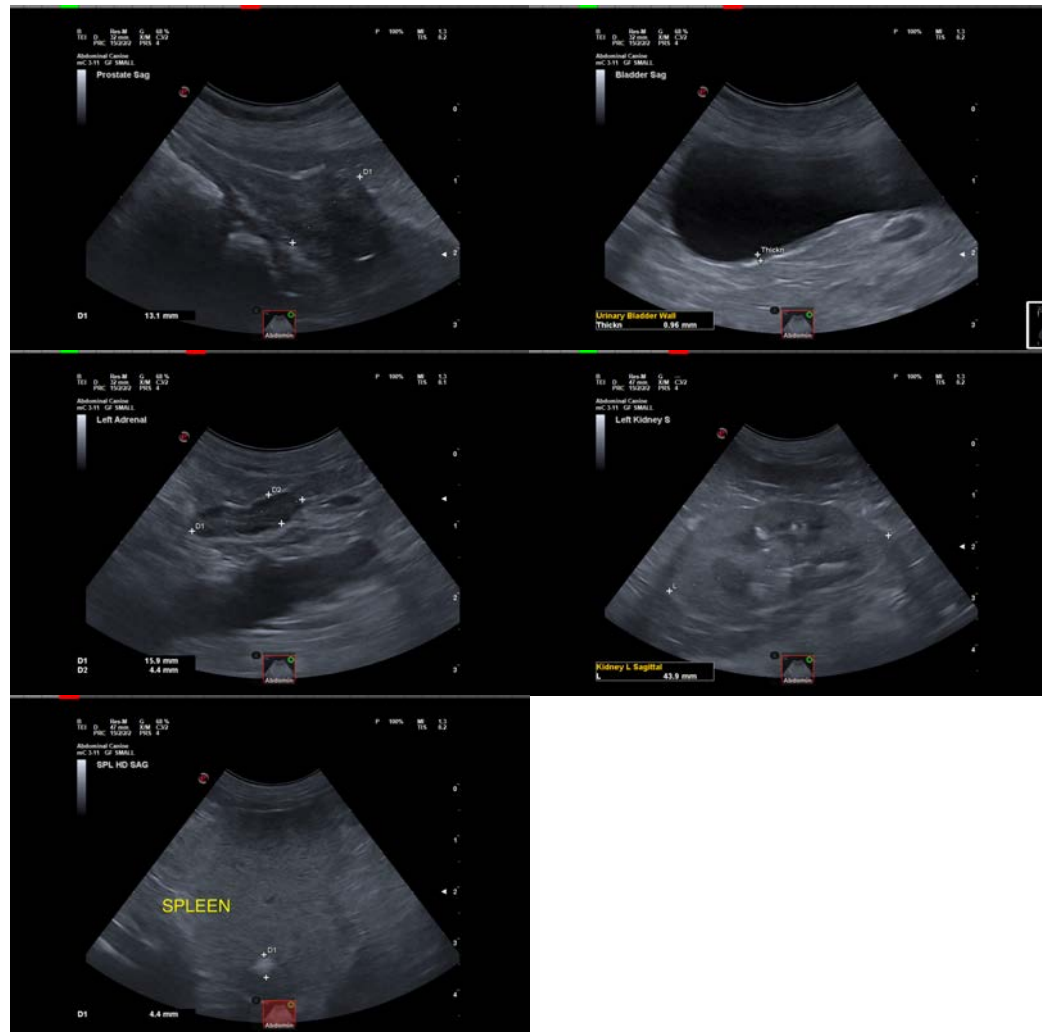
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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