

**PATIENT**

Sampson Hardmon

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

17 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**

Briarwood VH

**INVOICE**

40281

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

Distended abdomen. History of Congested Heart Failure, fluid build up in the abdomen  
 Abnormal PE/Chem/CBC/UA Results: Please see attached labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

The prostate is large, measuring 2.05 cm in width in the sagittal view. It is hyperechoic with numerous small cortical cysts and a larger cyst measuring 0.53 cm. Otherwise, the prostate is mildly heterogeneous and external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect or calculi.

The left kidney has a normal shape and size (4.9 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

The right kidney has a normal shape and size (5.2 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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**

The left adrenal gland is normal in size measuring 0.54 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 0.48 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.

**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.

**Liver**

The liver is large in size and irregular. 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.

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.

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***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.

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 0.49 cm. Jejunum wall measured 0.37 cm. Mild mucosal speckling is noted in the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

***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, 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.

**PRIMARY FINDINGS**

- Large, hyperechoic cystic prostate – This is very atypical for a neutered male dog. Correlate with age of neutering. If the patient was neutered prior to puberty, consider a fine needle aspirate of the prostate to look for evidence of neoplasia.
- Large, heterogeneous, irregular 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.
- Large shadowing ingesta within the gastric lumen - Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized). The gastric shadowing impairs visualization of other cranial abdominal structures and obscures much of the stomach.
- Mildly thickened small intestine with mild mucosal speckling – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

**SECONDARY FINDINGS**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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



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The liver is large and heterogeneous. This is a non-specific finding, and in the absence of liver enzyme elevations, the significance of this is unclear. This could be secondary to congestion (heart disease, pericardial disease, etc.), or could be due to a primary hepatopathy if congestion is ruled out (consider chest radiograph +/- echo), in which case you could consider a liver function test and a fine needle aspirate.

**SPECIES**

Canine

There is a large amount of shadowing ingesta visualized within the gastric lumen, which is likely contributing to abdominal distention. Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, consider delayed gastric emptying or pyloric outflow tract obstruction (none observed).

**BREED**

Chihuahua X

The prostate is significantly enlarged and has numerous small cysts and a slightly larger cyst. These changes would be relatively benign in an intact dog, but in a neutered dog this is concerning, and prostatic neoplasia would need to be considered. Correlate with the age of neutering. If this pet was neutered late in life, this could be residual from previous prostatic disease. Correlate with digital rectal exam. If current prostatic disease is thought likely, consider a fine needle aspirate.

**SEX**

Neutered Male

The bowel appears subjectively thickened with some mild mucosal speckling. If signs of GI upset are present, you could consider a novel protein/hydrolyzed protein prescription diet and workup for underlying gastrointestinal disease.

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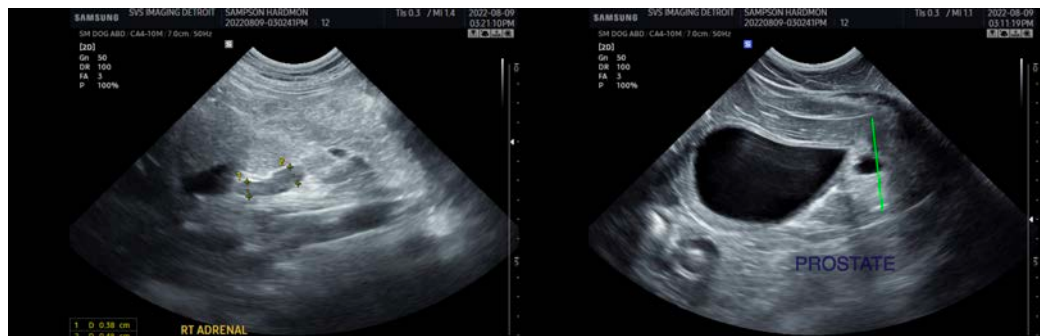


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**IMAGING PERFORMED BY**

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



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

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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.

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

kathleen.sennello@sonopath.com