



PATIENT

Macho Martinez

PRESENTING CLINICAL SIGNS

Enlarged prostate.
Abnormal PE/Chem/CBC/UA Results: Chem: ALP 334.

SPECIES

Canine

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.

BREED

Miniature Schnauzer

The prostate is large in size at 1.78 cm x 2.24 cm. It is somewhat irregular in shape for this neutered male dog. The parenchyma is heterogeneous with some ill-defined focal nodules. Prostatic urethra appears mildly thickened in the caudal aspect, but there is no obvious evidence of invasion, mass effect or calculi.

SEX

Neutered Male

AGE

14 Years

The left kidney has a normal shape and size (5.23 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

N/A

The right kidney has a normal shape and size. 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 hydronephrosis. Renal vasculature is normal. The right kidney measures 5.27 cm.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.6 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large, severely mottled and hypoechoic. The splenic capsule is irregular and somewhat scalloped. The blood flow through the hilus and splenic parenchyma appears normal.

HOSPITAL NAME

Animal Paradise

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. There are numerous hypoechoic nodules visualized measuring 1.06 cm, 1.86 cm, and 1.96 cm.

REFERRING VET

Dr. Elshafie

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

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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.

SPECIES

Canine

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. Jejunum wall measures 0.38 cm.

BREED

Miniature Schnauzer

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 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

N/A

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent lymph node in the mid abdomen measuring 1.4 cm x 4.4 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular prostate – If this dog was neutered prior to reaching puberty (approximately 6 months of age) then this prostate is abnormal. If neutered later in life, this could represent normal involution. Recommend cytologic sampling.
- Severely mottled, hypoechoic 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.
- Heterogeneous liver with hypoechoic nodules – 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 mesenteric lymph node – The moderate lymphadenopathy is concerning for (but not diagnostic for) a possible neoplastic process. Alternately, you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick borne disease such bartonella, fungal infections, etc.). A fine needle aspirate with cytology is recommended for further evaluation.

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REFERRING VET

Dr. Elshafie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

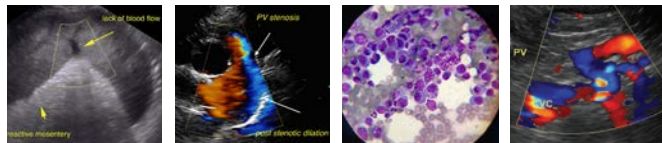
Correlate the large, irregular prostate with the history of age at neutering. If neutered late in life and there is benign prostatic hypertrophy present, it can sometimes involute and look somewhat irregular. If neutered early in life, this is much more concerning. Recommend fine needle aspirate of the prostate for cytology.

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The spleen is very abnormal. It is hypoechoic and mottled. Recommend a fine needle aspirate, and if possible, a fine needle aspirate of the liver and nodule at the same time. These nodules could represent a benign or cancerous process.

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Additionally, there is a large mesenteric lymph node. This could be reactive or represent metastasis. Consider fine needle aspirate as well. Recommend 3-view thoracic radiographs.

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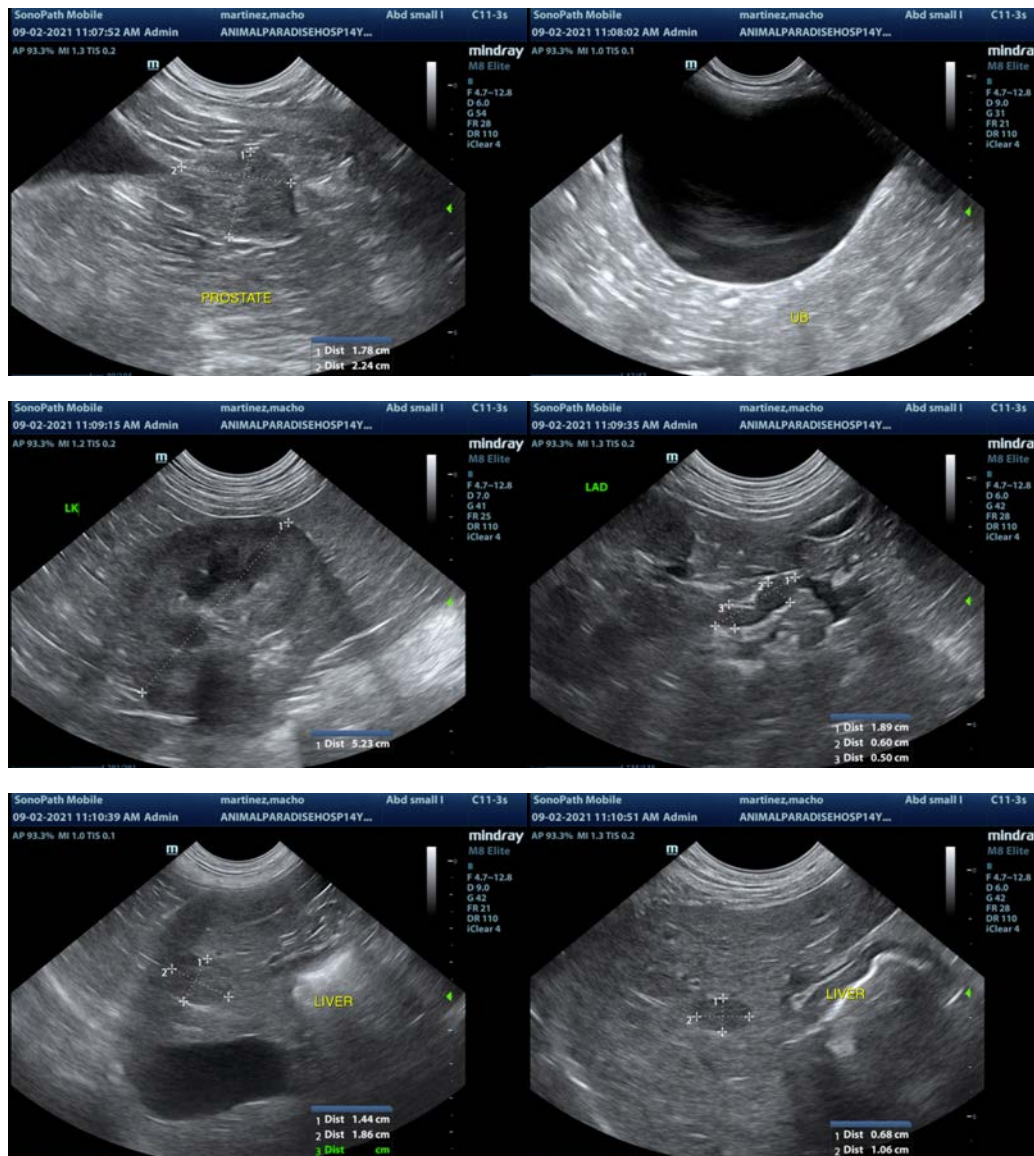
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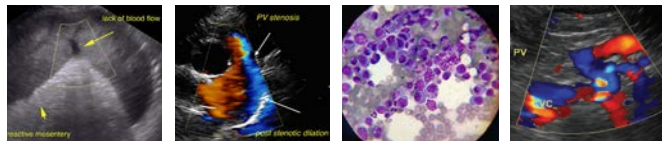
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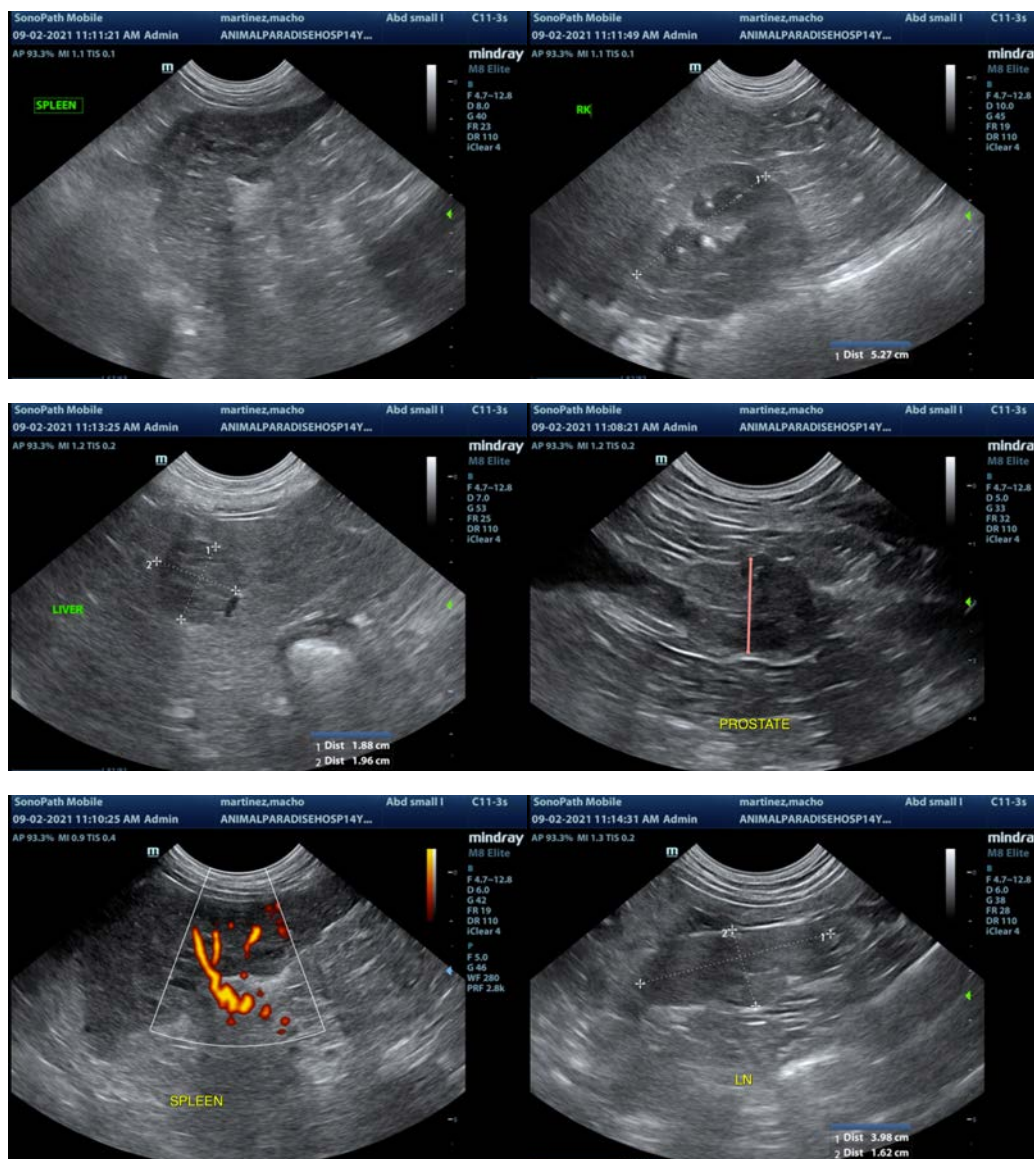
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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