



PATIENT

Archie Lopez

PRESENTING CLINICAL SIGNS

Painful in the hind, lethargic, enlarged prostate on rectal exam
Abnormal PE/Chem/CBC/UA Results: BW was attached.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is largely normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. In the area of the trigone, in one view (not seen in the other images), there is some irregular tissue in the area of the ureteral papilla with a wall thickness of 0.47 cm. This could be an image taken after sampling with reduced distention. The significance of this is currently unclear.

BREED

Cavalier King
Charles Spaniel

SEX

Intact Male

The prostate is large in size, measuring 1.72 cm x 3.08 cm. It has a regular shape with smooth external margins. The parenchyma is somewhat hyperechoic, but no discreet focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

10 Months

The left kidney has a normal shape and size (4.33 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.

WEIGHT

5.71 kg

The right kidney has a normal shape and size (3.91 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,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 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.

IMAGING PERFORMED BY

Dr. Ave S Zadeh

The right adrenal gland is normal in size measuring 0.42 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

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. Pinpoint hypoechoic foci are noted. These lesions may be normal with high resolution imaging.

REFERRING VET

Dr. Abe S Zadeh

Liver

The liver and gallbladder were not imaged.

INVOICE

25856

Gastrointestinal

The stomach is moderately dilated with 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.

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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 0.38 cm. Jejunum wall measured 0.35, 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Canine

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.

BREED

Cavalier King
Charles Spaniel

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.

SEX

Intact Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is present. A prominent mesenteric lymph node is visualized measuring 0.31 cm. The omentum is of normal uniform echogenicity.

AGE

10 Months

PRIMARY FINDINGS

- Large, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

WEIGHT

5.71 kg

SECONDARY FINDINGS

- Irregular bladder mucosa in the area of the ureteral papilla – This could be artifact due to decreased urine distention. Recommend urinalysis and culture and repeat imaging of this area with a more full urinary bladder.
- Mildly mottled spleen with pinpoint hypoechoic foci – 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. This is a subtle lesion and I suspect it is normal for this individual and more apparent with high resolution imaging.
- Moderate gastric distention – Correlate with feeding history. If patient is adequately fasted, consider such differentials as delayed gastric emptying or partial gastric obstruction (none visualized).
- Prominent mesenteric lymph nodes – likely normal for this individual.

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

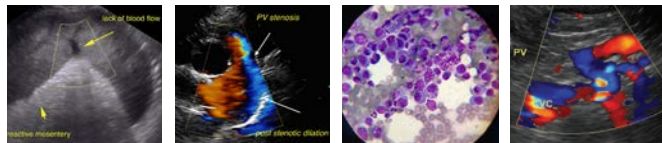
25856

It is possible that the lumbar pain reported is due to prostatitis. Recommend urinalysis and culture. This patient is particularly young for severe prostatitis, so I would keep in mind other differentials and recommend caudal abdominal radiographs to look at the sublumbar spine, look for discospondylitis, etc. Recommend neutering.

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The changes observed in the urinary bladder were only evident on one view, and I suspect are artifact, but recommend reevaluation to ensure that this is not a real lesion. Additionally, the mild splenic



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mottling and prominent lymph nodes are likely normal for this individual. However, if he is not feeling well, then you could consider rechecking this finding.

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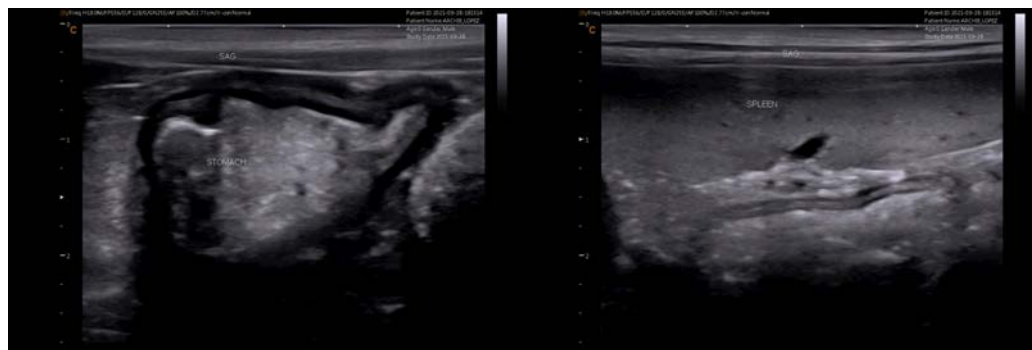
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Charles Spaniel

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