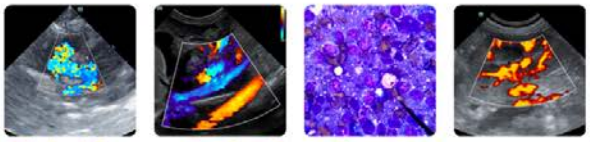


PATIENT

Bobo Bruni-Jared

SPECIES

Canine

BREED

Pug x

SEX

Female

AGE

10 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bodreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Kathryn Kortegast, DVM

INVOICE

72919

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Recurrent Mastitis (9/1 and 12/13)- possible milk production and owner has found blood on blankets/sheets in the home. Current Rx: Baytril, Vetprofen and Trifexis.

Abnormal PE/Chem/CBC/UA Results: 12/16 Diagnostics: - Previous abdominal ultrasound performed: mineralized semi-hyperechoic oval structures identified bilaterally caudolateral to normal kidneys, resulting in shadowing of all distal structures (suspicious of abnormal ovaries), cystic to homogenous appearing structure with undulating smooth edges and distinct margins (encapsulated appearance) identified in right abdomen just caudal to liver. Normal gastric motility with normal peristalsis noted through intestinal tract. Mild sludge present in bladder, bladder is full and urine appears WNL. Dorsal to bladder there is a fluid-filled tubular structure that is not noted to be motile - ddx uterus vs fluid-filled intestines. Kidneys, liver, stomach, intestines, and adrenals N. Unsure if OHE previously due to adoption status.

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 left kidney has a normal shape and size (3.28 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (3.94 cm). Overall echogenicity is normal with adequate 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.

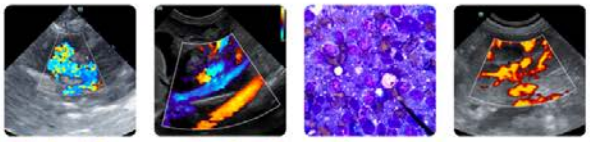
Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the cranial pole and 0.45 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 0.35 cm at the cranial pole and 0.51 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 (0.94 cm), 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.



PATIENT

Bobo Bruni-Jared

SPECIES

Canine

BREED

Pug x

SEX

Female

AGE

10 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bodreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Kathryn Kortegast, DVM

INVOICE

72919

DATE

1/2/26

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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.

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 0.43 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. No significant lymphadenopathy noted. The omentum is normal in echogenicity.

Other

The left ovary is visualized caudal to the left kidney measuring 1.08 cm. A structure most consistent with right ovary is visualized caudal to the right kidney measuring 0.94 cm. A prominent tubular, slightly fluid-distended structure is visualized between the urinary bladder and the colon, most consistent with the uterine body.

ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly heterogeneous liver – Correlate with current liver values. No focal lesions are observed.
- Moderate/large gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

PATIENT

Bobo Bruni-Jared

SPECIES

Canine

BREED

Pug x

SEX

Female

AGE

10 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bodreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Kathryn Kortegast, DVM

INVOICE

72919

DATE

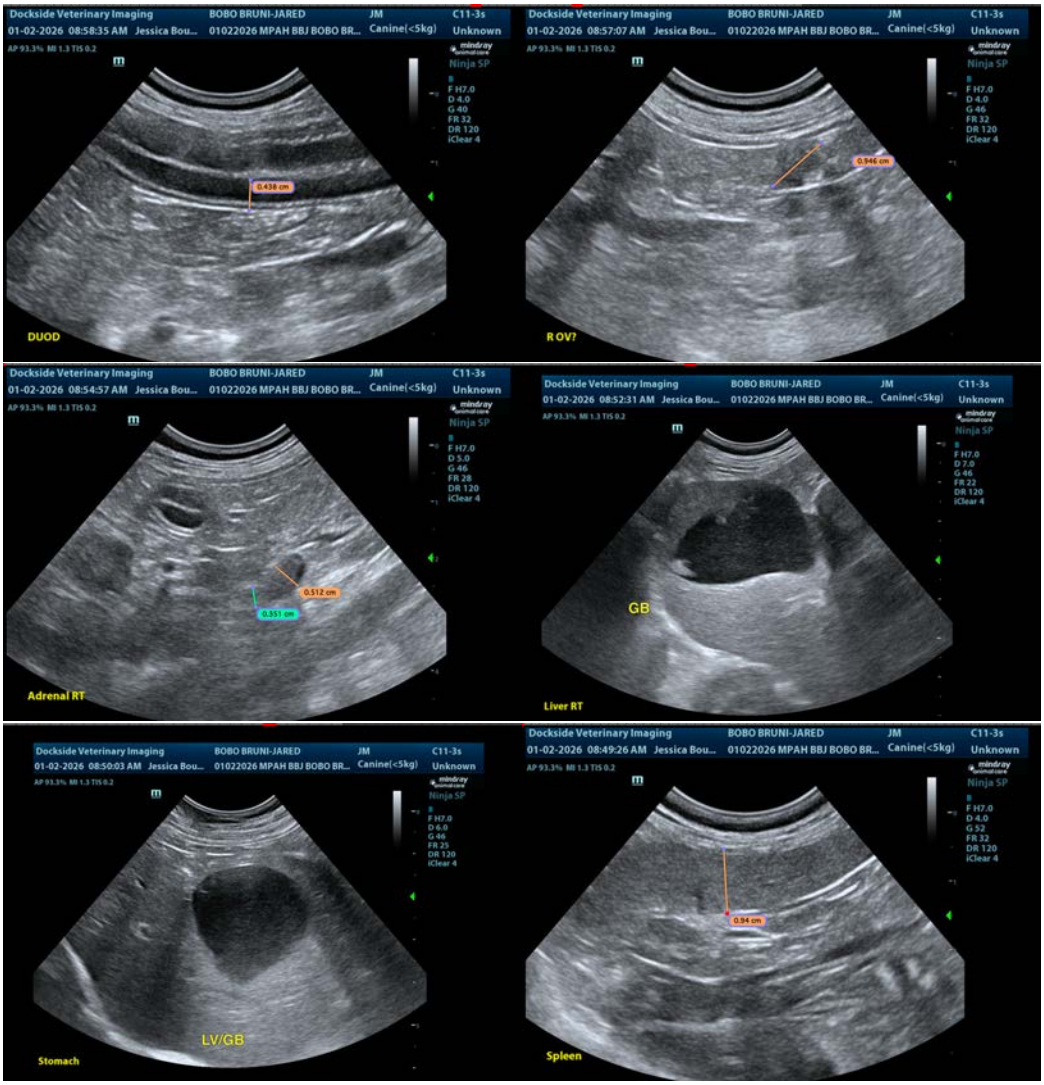
1/2/26

- Intact female with ovaries and a prominent uterus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of debris visualized associated with the gallbladder, but no evidence of wall thickening or surrounding inflammation. If liver enzyme elevations are present, you could consider initiating chronic Ursodiol therapy and continued monitoring of the gallbladder.

The uterus and ovaries are visualized. The uterus has a questionable small amount of free fluid. If clinically appropriate for this patient, consider an ovariohysterectomy.



PATIENT

Bobo Bruni-Jared

SPECIES

Canine

BREED

Pug x

SEX

Female

AGE

10 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bodreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

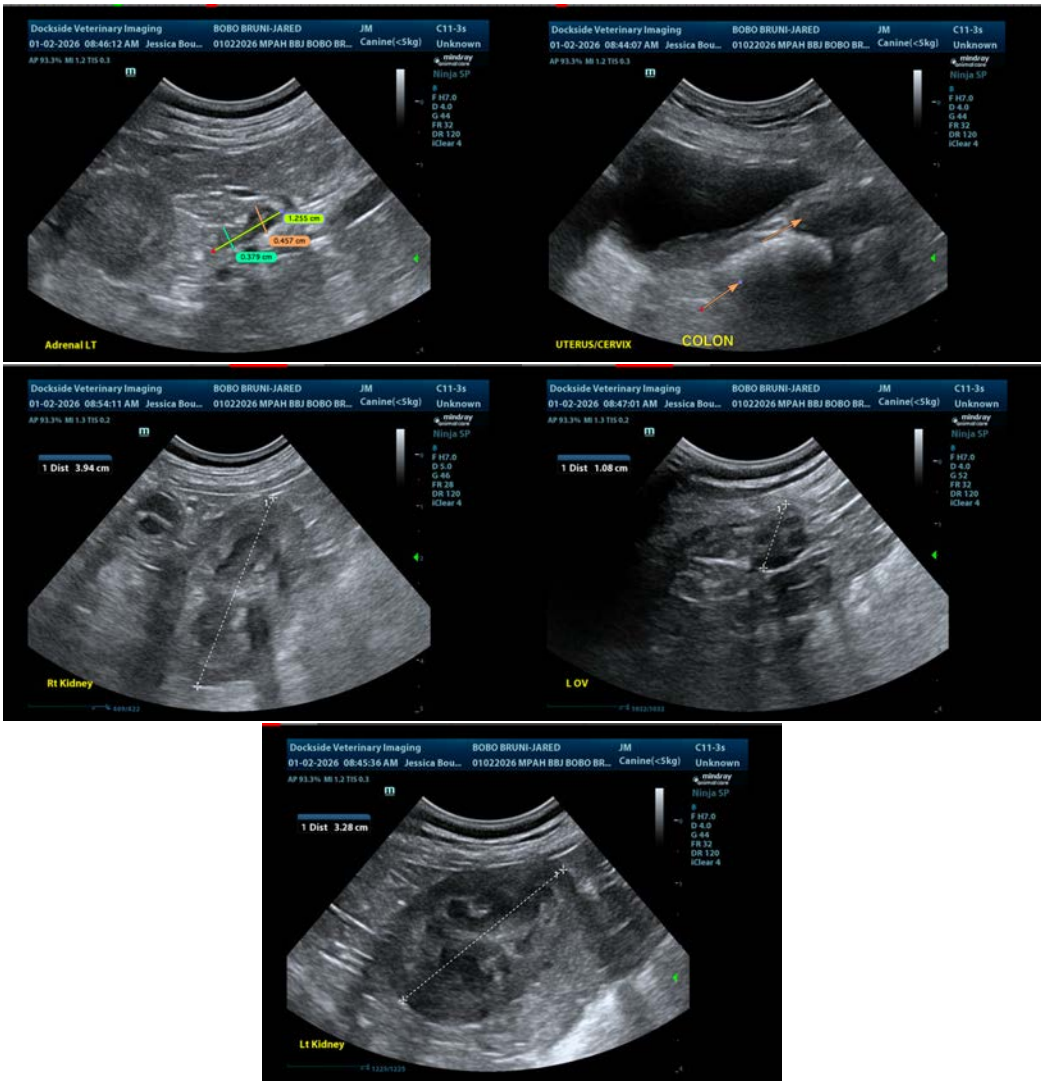
Kathryn Kortegast, DVM

INVOICE

72919

DATE

1/2/26



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)

info@sonopath.com