PATIENT

Ophelia Walker

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

13 years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley Veterinary Hospital

REFERRING VET

Dr. Kristi Cortright

INVOICE

11194

DATE

1/28/2026

PRESENTING CLINICAL SIGNS

- Presented for blood in urine. A few weeks ago, a few drops of blood were in urine, then it went away. (seen here 10/12). This morning her urine was pure blood. Urinating a lot more frequently, licking vulva a lot.
- Working diagnosis: hematuria r/o UTI plus/minus other (nothing seen on u/s)
- MEDS: Augmentin 875mg, two weeks' worth.

Abnormal PE/Chem/CBC/UA Results: pH 8.0 HIGH.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ventral Bladder wall appears thickened and irregular measuring at 0.66 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass, lesions, or calculi.

The left kidney has a normal shape and size (6.61 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 (8.07 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 0.42 cm at the cranial pole and 0.58 m 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 0.66 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 large in size (1.6 cm) and irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There's a hypoechoic mixed echogenicity mass effect arising from the cranial aspect of the spleen, measuring 5.56 cm x 8.22 cm.

Liver

The liver is normal in size, and normal in 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.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The debris appears to form a hyperechoic “sludge ball” in the lumen. The cystic and common bile ducts are normal/not visible.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 area of 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. There is no significant lymphadenopathy. An iliac lymph node is visualized measuring 1.11 cm in width. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular ventral bladder wall. Findings are most consistent with cystitis. A neoplastic process is thought less likely.
- Mixed echogenicity, hypoechoic splenic mass. A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Mildly heterogenous liver. Correlate with current liver values. This could represent mild fibrosis, a vacuolar hepatopathy, or other more significant hepatopathy.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting

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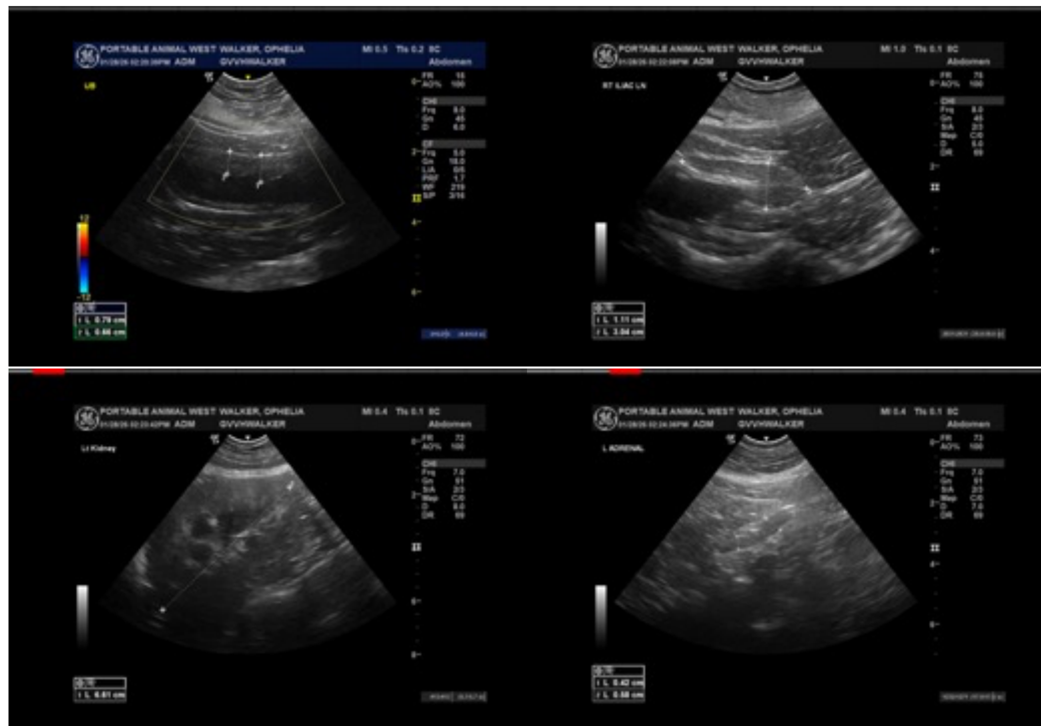
but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ventral bladder wall appears thickened and irregular. No focal mass lesions are observed. These changes are most consistent with diffuse cystitis. Recommend a urinalysis and culture. If not evidence of infection is present and patient has not been on antibiotics for the previous 3-5 days, then consider sampling of the bladder wall looking for an underlying neoplastic process or similar (traumatic catheterization, cystoscopy, etc.) Additionally, consider the possibility that bleeding is coming from the distal urogenital tract. A sterile vaginal exam looking for any mass lesions, foreign bodies, etc. could be considered.

There's a large mass effect visualized associated with the spleen. This could represent a benign or neoplastic lesion. Given the size of the lesion, splenectomy may be warranted for both diagnostic and both therapeutic purposes. A biopsy of the bladder wall could be considered at the time of surgery if there's persistent concern for a more complicated bladder issue.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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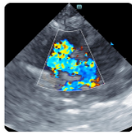
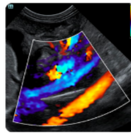
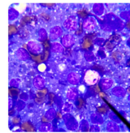
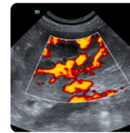
pawsonography@gmail.com
530-786-8340





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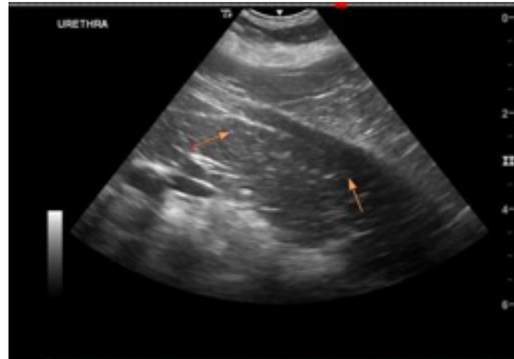

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com