



**PATIENT**

Piper Willow Dobruk

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

16.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. P. Stevenson

**INVOICE**

72578

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

Blood drips in urine.

Current Medications: Gabapentin(100mg), Jan 23/26 - Clavaseptin(50mg), Jan 8/26 - Zeniquin(25mg), Dec 29/25 - Clavaseptin(50mg),

Abnormal PE/Chem/CBC/UA Results: Rads attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mildly echogenic urine. In the dependent portion of the urinary bladder there are focal hyperechoic shadowing foci most consistent with small stones, an example of which measures 0.24 cm. Portions of the bladder wall appear normal with a smooth mucosal surface. In the trigone region there is irregular thickened tissue. On the ventral wall there is an irregular region visualized measuring 1.16 cm x 1.44 cm. The apical region of urinary bladder is thickened, measuring at 0.66 cm with a focal polypoid like lesion visualized measuring 0.66 cm.

The left kidney has a normal shape and size (4.57 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 (4.66 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 0.47 cm at the cranial pole and 0.48 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 1.78 cm at the cranial pole and 0.65 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 (1.05 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.

**Liver**

The liver is large in size, and normal in echogenicity with rounded margins. 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.



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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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Canine

***Gastrointestinal***

The stomach contains moderate fluid. 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.

**BREED**

Yorkie

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 measures 0.52 cm. Jejunum wall measures 0.43 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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***

**WEIGHT**

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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***

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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.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Kelly Reschny

- Abnormal tissue in the trigone region of the urinary bladder as well as a thickened apical wall with a polypoid like lesion – The trigonal lesion is concerning for early transitional cell carcinoma, although the remainder of the bladder changes are most consistent with diffuse cystitis.
- Large, heterogeneous 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.
- Mildly thickened small intestine – 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).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are numerous small mineralizations/stones visualized in the urinary bladder. The apical wall of the urinary bladder appears thickened with a polypoid like lesion. These changes could be consistent with chronic cystitis. Recommend a urine culture to further evaluate (most be off antibiotics for at least 5 days).

In the trigone region the tissue is more concerning for a possible transitional cell carcinoma, as it is



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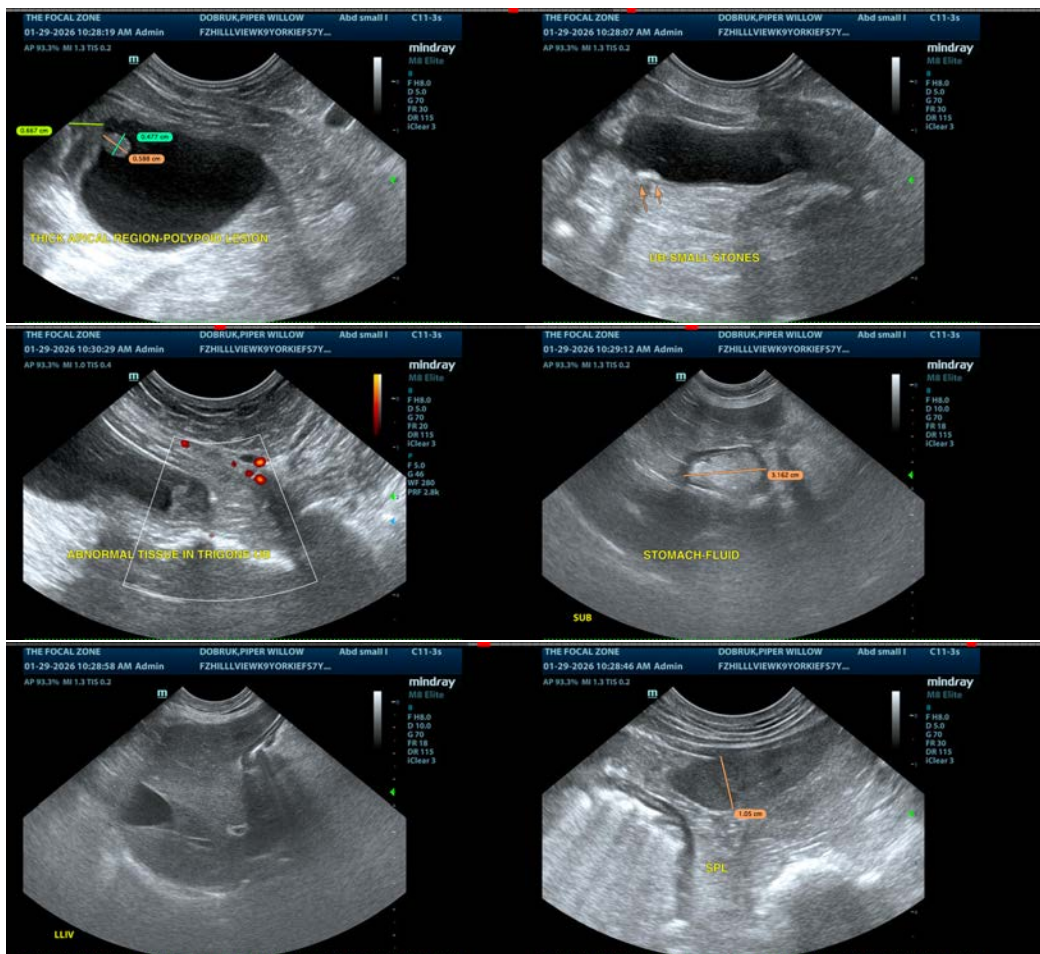
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irregular and in an area commonly affected by neoplastic processes. If a urine culture is negative, consider a traumatic catheterization at the level of the trigone with samples submitted for cytologic evaluation. If an infection is present, recommend treatment for culture and sensitivity results and reassessment with a urine culture approximately 2-3 weeks into treatment to see if the bladder wall changes have significantly improved.

The liver is large and heterogeneous. This is a non-specific finding possibly consistent with a vacuolar hepatopathy. Correlate with liver values.

Subjectively, the small intestine appears somewhat thickened. In the absence of underlying gastrointestinal symptoms, the significance of this is uncertain.





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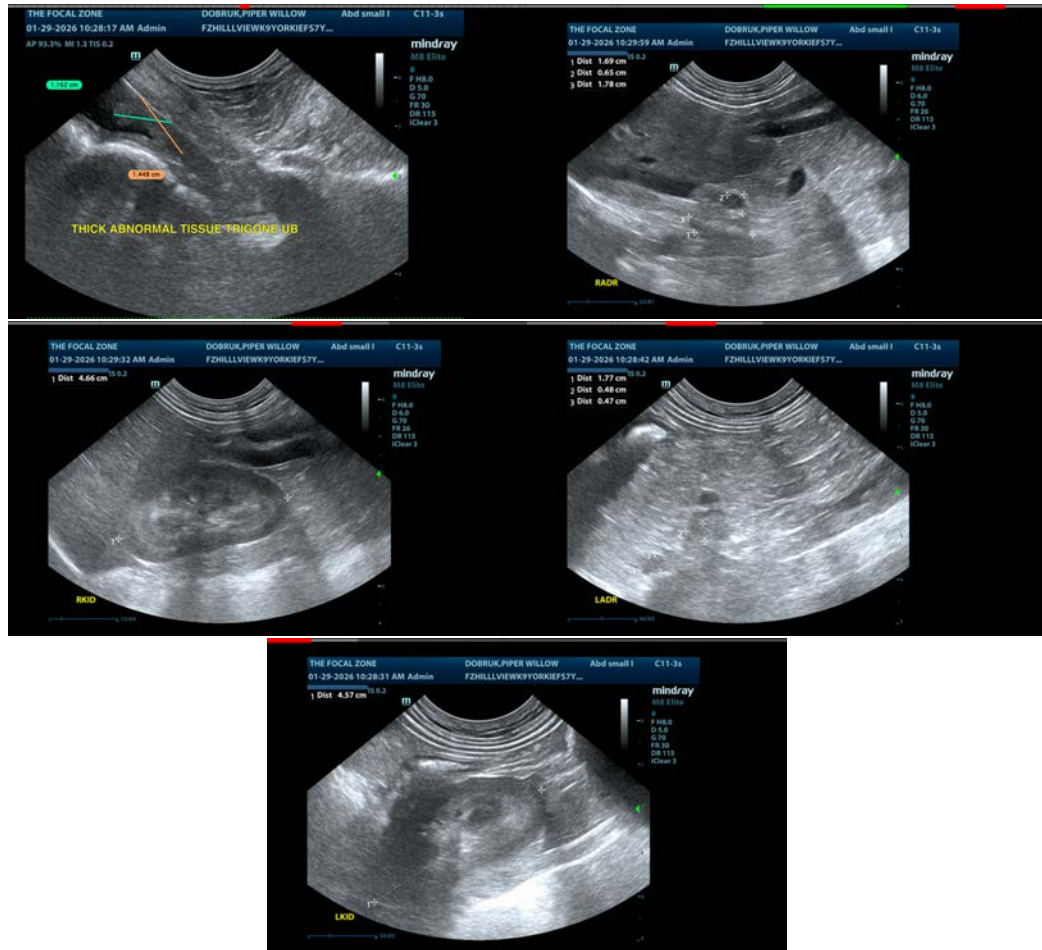
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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