

PATIENT

Molly Snoddon

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Armstrong

INVOICE

72013

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Recurrent UTIs/hematuria/inappropriate urination, weight loss, mild liver enzyme elevation on BW. Current Medications Zeniquin 25mg (1.5tab) SID, Prednisone 5mg SID

Abnormal PE/Chem/CBC/UA Results: Mild liver enzyme elevation (ALKP 356) Primary Question to Be Answered in This Exam cause of recurrent UTI's/weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears irregular and moderately thickened, measuring at 0.54 cm. In the region of the trigone there is some prominent tissue, possibly consistent with a polypoid-like lesion visualized, measuring 0.80 cm x 0.79 cm. This is not visible in all views.

The left kidney has a normal shape and size (5.2 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.86 cm). Overall echogenicity is slightly hyperechoic with poor 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/borderline "plump", measuring 0.53 cm at the cranial pole and 0.66 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/borderline "plump", measuring 1.16 cm at the cranial pole and 0.67 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 (1.87 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 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. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The gallbladder wall is normal in thickness with some mild irregularity/polypoid-like lesion. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains moderate fluid and focal shadowing ingesta. 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. The focal shadowing ingesta could represent residual ingesta or ingested foreign material. No evidence of an obstruction is noted.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.38 cm. Jejunum wall measures 0.33 cm. 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.

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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.

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Free Abdomen

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

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- Thickened, irregular urinary bladder wall with a questionable polypoid-like lesion – Findings are most suggestive of chronic inflammatory cystitis. An underlying neoplastic process cannot be ruled out.
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous liver – The appearance is most consistent with a vacuolar hepatopathy, although other hepatopathies are possible.
- The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.
- Focal shadowing ingesta visualized within the stomach – Correlate with feeding history. This could represent persistent ingesta, ingested foreign material, etc.
- Borderline “plump” adrenal glands – Possible differentials include anatomic variation or mild early hyperplasia.

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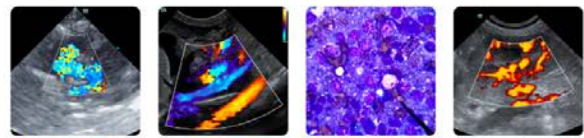
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears thickened and irregular. There is questionable irregular tissue visualized in the trigone. This is not visualized on all views but has somewhat of a polypoid-like appearance.

Generally, the changes appear most consistent with chronic cystitis +/- polypoid change, although an early neoplastic process cannot be ruled out. Recommend a urine culture (when off antibiotics) and treatment according to culture and sensitivity results while monitoring bladder wall thickness, as antibiotics should be continued until the bladder wall normalizes. If no infection is present and these wall changes are persistent, there would be more concern for a neoplastic process, and biopsies of the bladder could be considered.

The liver appears large and heterogeneous. Given the elevation in ALP reported and the borderline "plump" adrenals, early Cushing's could be an issue. Correlate with clinical signs. If this is strongly suspected, consider adrenal function testing.

Additionally, there is some mild polypoid-like change visualized associated with the gallbladder. Consider initiating chronic Ursodiol therapy and continued monitoring.

If symptoms are persistent and a definitive cause is not identified, repeat imaging in the future could be considered. Chronic/recurrent urinary tract infections can be challenging. Evaluation of the external urogenital tract, evaluation for complicating factors such as chronic renal disease, etc. should be considered. Additionally, management issues like frequent walks, urinary tract supplements, treatment only per culture and sensitivity, etc. could be considered.

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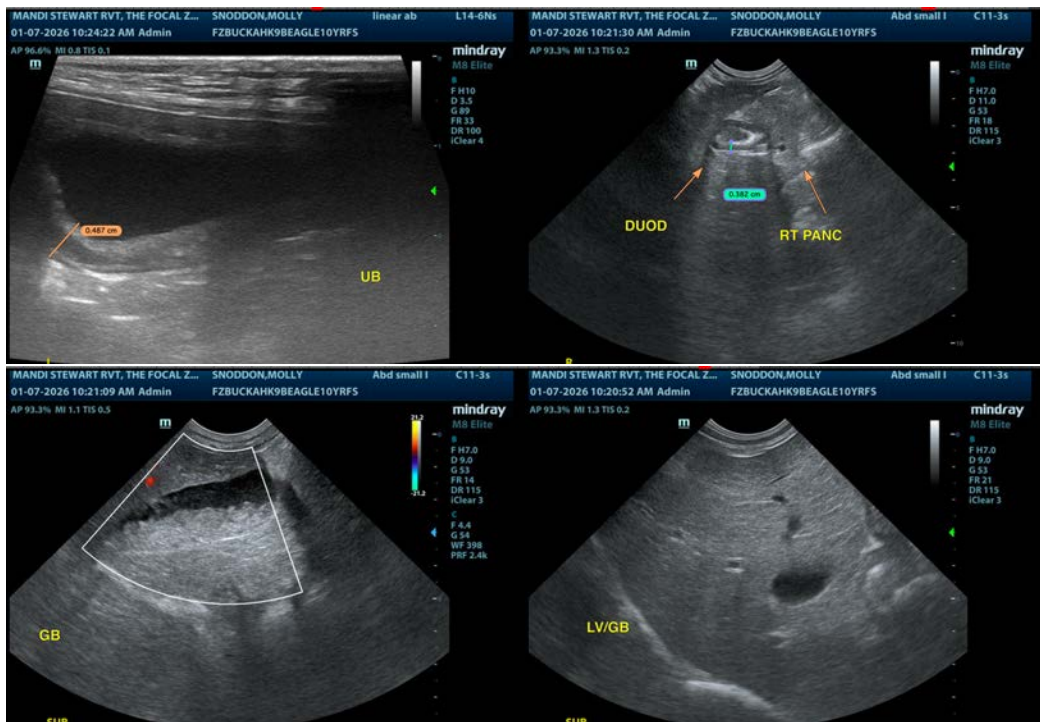
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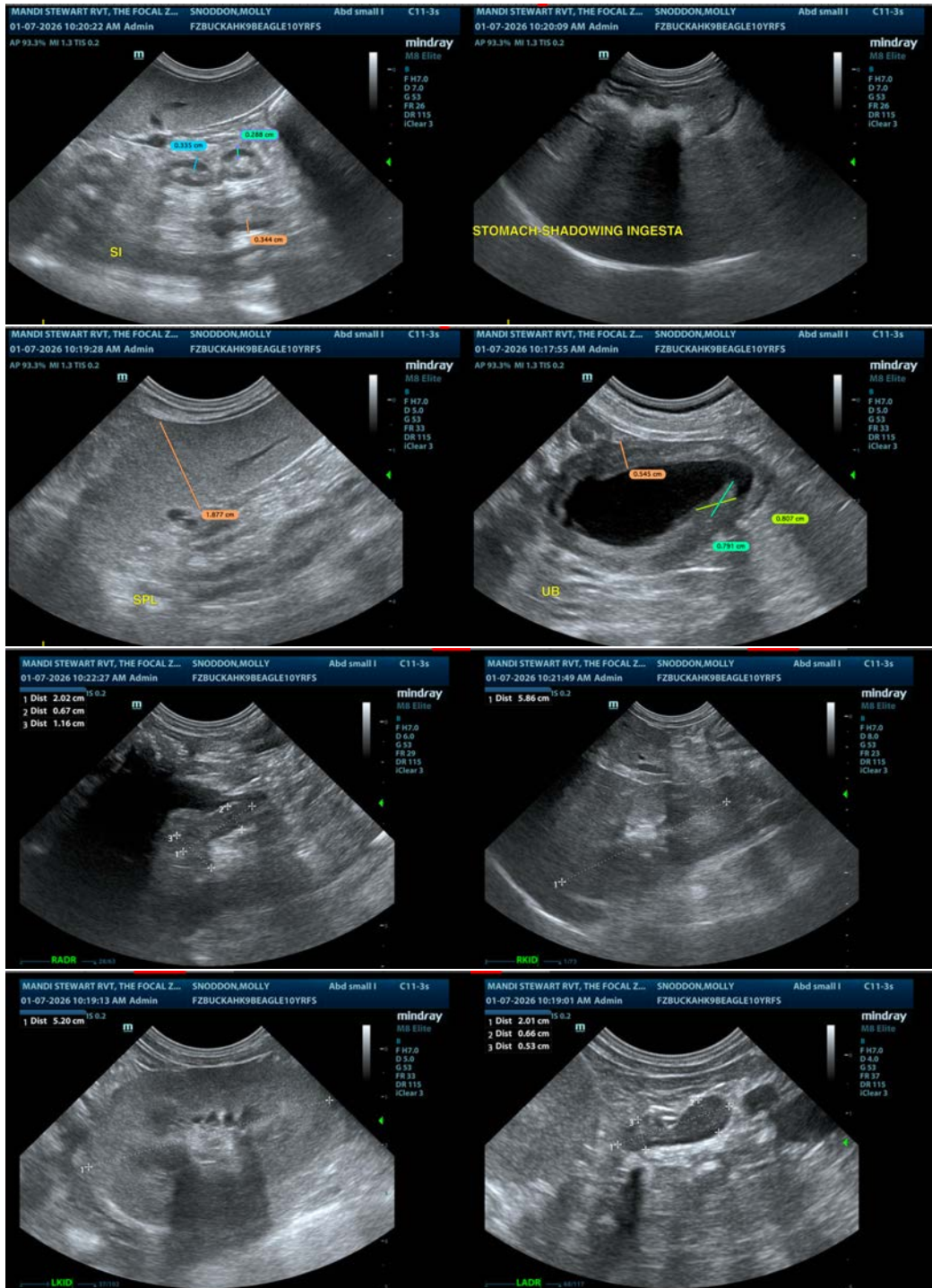
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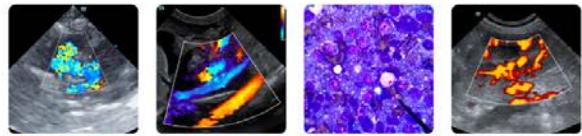
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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