



## PATIENT

Katie Bennett

## SPECIES

Canine

## BREED

American Bulldog Mix

## SEX

FS

## AGE

12.5 years

## WEIGHT

52 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Boudreaux-  
Milligan, DVM

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Regina Proutsos

## INVOICE

11085

## DATE

1/8/2026

## PRESENTING CLINICAL SIGNS

Recent onset PU/PD and dysuria. Recently treated for suspected UTI.

Abnormal PE/Chem/CBC/UA Results: See attached notes for recent medical hx.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. There is a small amount of suspended echogenic debris and dependent echogenic debris noted. The dorsal bladder wall appears mildly thickened measuring at 0.45 cm, and there are at least three dependent shadowing calculi with some mineralized debris. Examples measure 0.29, 0.39 cm, and 0.24 cm.

The left kidney has a normal shape and size (6.64 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. Numerous non-obstructive mineralizations noted. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (7.25 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 hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is large, and irregular in appearance. Visualized cranial to the left renal artery. It is abnormal in appearance in that it's large and hypoechoic measuring 1.65 cm at the cranial pole and 1.67 cm at the caudal pole. There's concern for possible early vascular invasion.

The right adrenal gland is abnormal in appearance and large in size measuring 1.65 cm at the cranial pole and 1.79 cm at the caudal pole. It is visualized in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that it's large and the cranial pole is hyperechoic. No evidence of vascular invasion is visualized.

### Spleen

The spleen is mottled and measures 1.7 cm in width at the level of the hilus. There is a poorly defined irregular, hypoechoic nodule visualized mid body of the spleen, measuring 1.07 cm x 2.3 cm, and a questionable hypoechoic nodule in the head of the spleen measuring 2.31 cm x 2.37 cm (not visualized on additional views.)

### Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogeneous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, poorly defined, hypoechoic nodules throughout the parenchyma. Examples measure 1.17 cm, and 1.27 cm.



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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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### 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.

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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. The duodenum measured as normal (0.32 cm in wall thickness) and the jejunum measured as normal (0.42 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.

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## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall with dependent calculi and mineralized debris. Correlate with a urinalysis, culture, and radiographs.
- Bilateral adrenomegaly with concern for possible vascular invasion. Findings are concerning for bilateral adrenal mass lesions (adenoma, carcinoma, pheochromocytoma, other) although bilateral hyperplasia is possible.
- Mottled spleen with occasional hypoechoic focal nodules. 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.
- Heterogenous liver with hypoechoic nodules. 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are extremely large. The left adrenal appears somewhat irregular with some concern for possible vascular invasion. The right has a hyperechoic cranial pole. The size of these lesions is concerning for bilateral mass lesions (adenoma, carcinoma, pheochromocytoma, other) although severe bilateral hyperplasia is also possible. Recommend adrenal function testing and potentially measuring catecholamine levels looking for a pheochromocytoma (particularly if hypertension is present.) Ideally, recommend a contrast CT scan to better evaluate the adrenals and to look for any evidence of vascular invasion, metastatic lesions, etc.

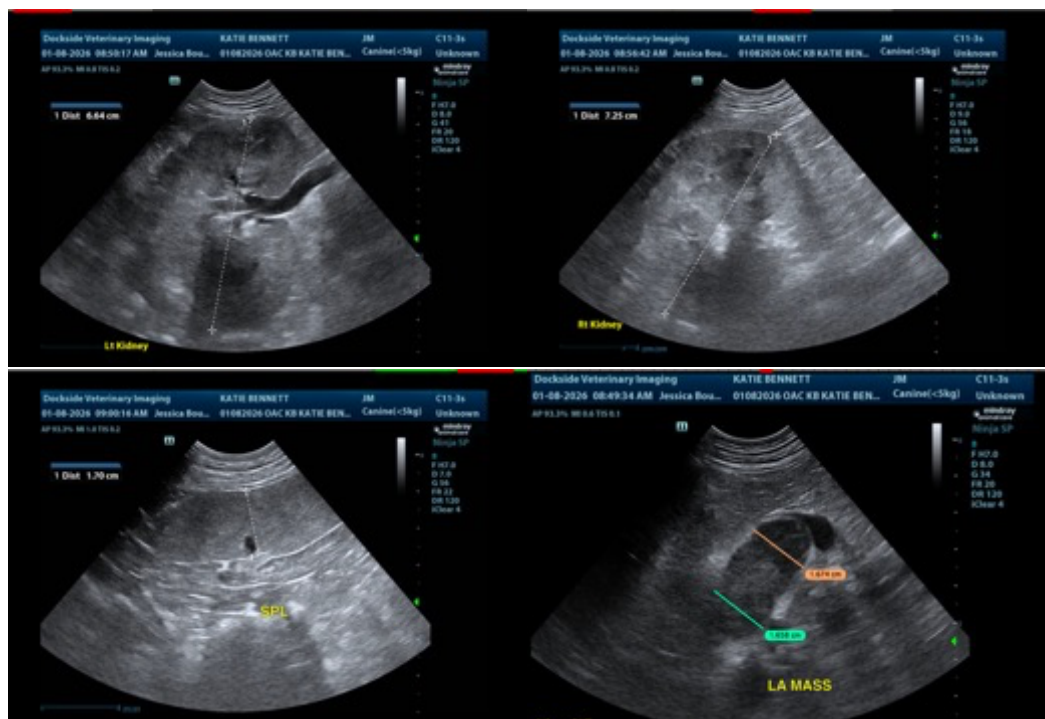
Additionally, there are small stones visualized in the urinary bladder and the wall appears somewhat irregular and thickened. These changes are most consistent with cystitis although early neoplastic change cannot be ruled out. Correlate with urinalysis and culture results (I believe the culture is pending.) It's very possible that these stones are small enough to pass and could be related to the dysuria reported.

The spleen appears mottled and there are occasional ill-defined hypoechoic nodules. These could represent benign or neoplastic changes. Consider a fine needle aspirate.

The liver is heterogenous with numerous ill-defined hypoechoic nodules. These changes could represent a vacuolar hepatopathy with regenerative nodules but given the other findings, metastatic lesions cannot be ruled out. Consider a fine needle aspirate.

If a contrast CT scan is not helpful and/or this is not an option, but surgical evaluation would still be pursued, fine needle aspirates of the adrenals could be considered provided hypertension is not present in catecholamine levels are normal.

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





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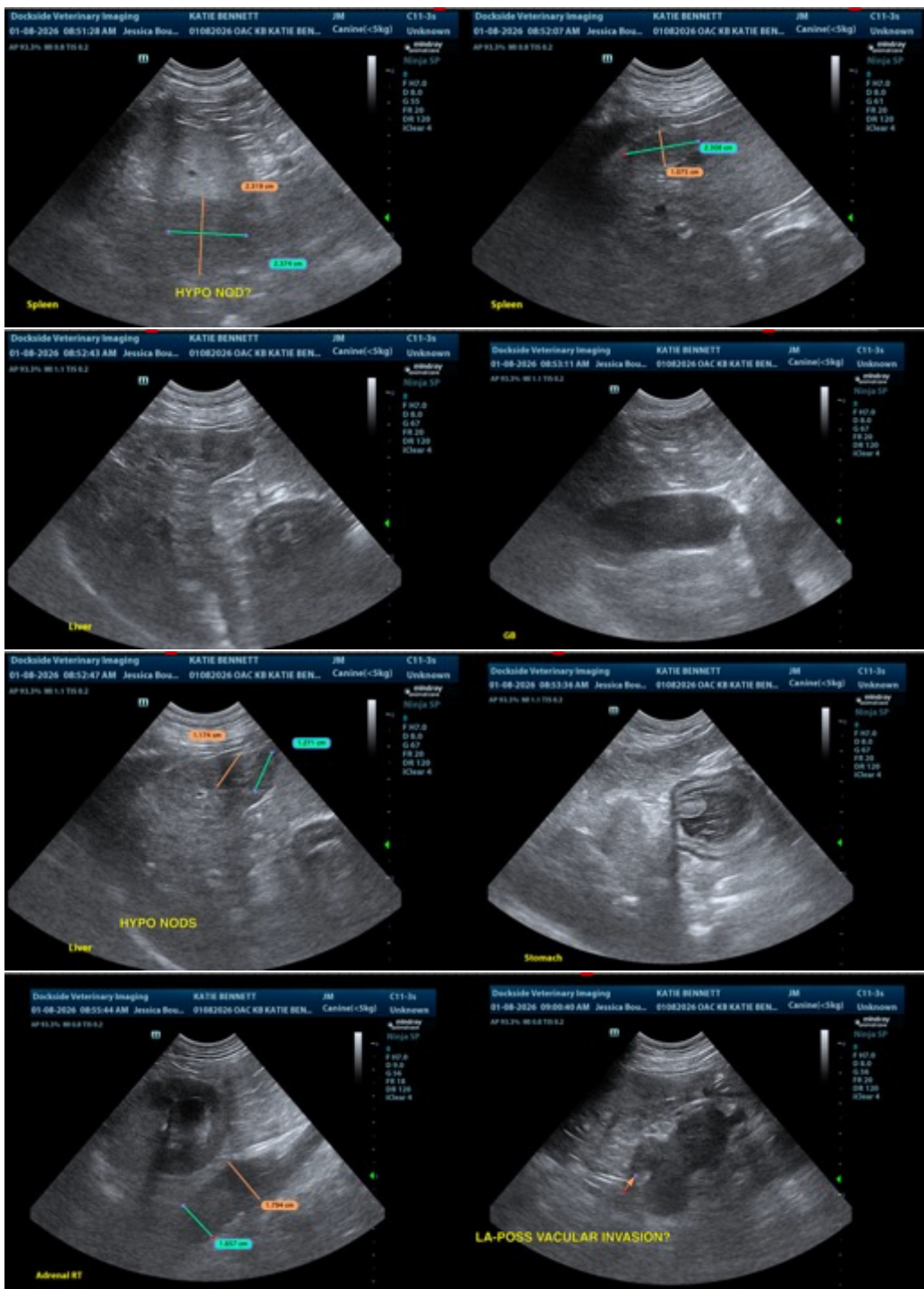
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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