

**PATIENT**

Zoey Gabrielian

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

13.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView

**REFERRING VET**

Dr. Rachel Hill

**INVOICE**

11073

**DATE**

1/8/2026

**PRESENTING CLINICAL SIGNS**

Pu/pd and urine leakage, mild reduced USG stage 2 CKD reduced t4 (0.7) - suspect euthyroid sick syndrome Relevant Medical History and Physical Exam Findings: history mild mitral and tricuspid regurgitation (no current medications.)

Abnormal PE/Chem/CBC/UA Results: Azotemia (stage 2 CKD) SDMA 15 creat 1.6 BUN 27 (WNL) USG reduced (1.012) T4 0.7 (low.)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears to have normal thickness with a smooth mucosal surface. In the region of the cystourethral junction there's some mild irregularity measuring 0.25 cm x 0.48 cm. The proximal urethra appears free of any visible mass, lesions, or calculi.

The left kidney has a normal shape and size (3.81 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.

The right kidney has a normal shape and size (4.11 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 in size measuring 0.47 cm at the cranial pole and 0.59 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.

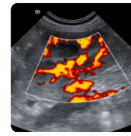
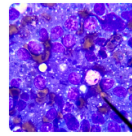
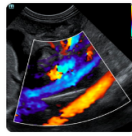
The right adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size (1.87 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**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. There are occasional, subtle hypoechoic nodules. One visualized in the left liver measures 1.42 cm x 1.55 cm. A smaller lesion on the right measures 0.64 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. 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 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.

**BREED**

Mini Poodle

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 (0.35 cm in wall thickness) and the jejunum measured as normal (0.24 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.

**WEIGHT**

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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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**ULTRASONOGRAPHIC FINDINGS**

- Mild irregularity visualized at the cystourethral junction. Findings could be consistent with benign proliferative tissue, polypoid like tissue or an early transitional cell carcinoma.
- Age related changes visualized associated with both kidneys.
- Mildly heterogenous liver with occasional ill-defined hypoechoic nodules. The appearance of the nodules trends towards a benign process (regenerative nodules, etc.) An early neoplastic process cannot be ruled out.
- 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 but seems unlikely to be causing a current issue. Recommend continued monitoring.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Theres a mild irregularity visualized at the cystourethral junction. The nature of this lesion is uncertain. This could represent an early neoplastic lesion (transitional cell carcinoma) or proliferative/inflammatory type tissue. Recommend a urinalysis and culture. If the urine sample is significantly cellular, consider cytologic evaluation. Additionally, you could consider a urine BRAF test.



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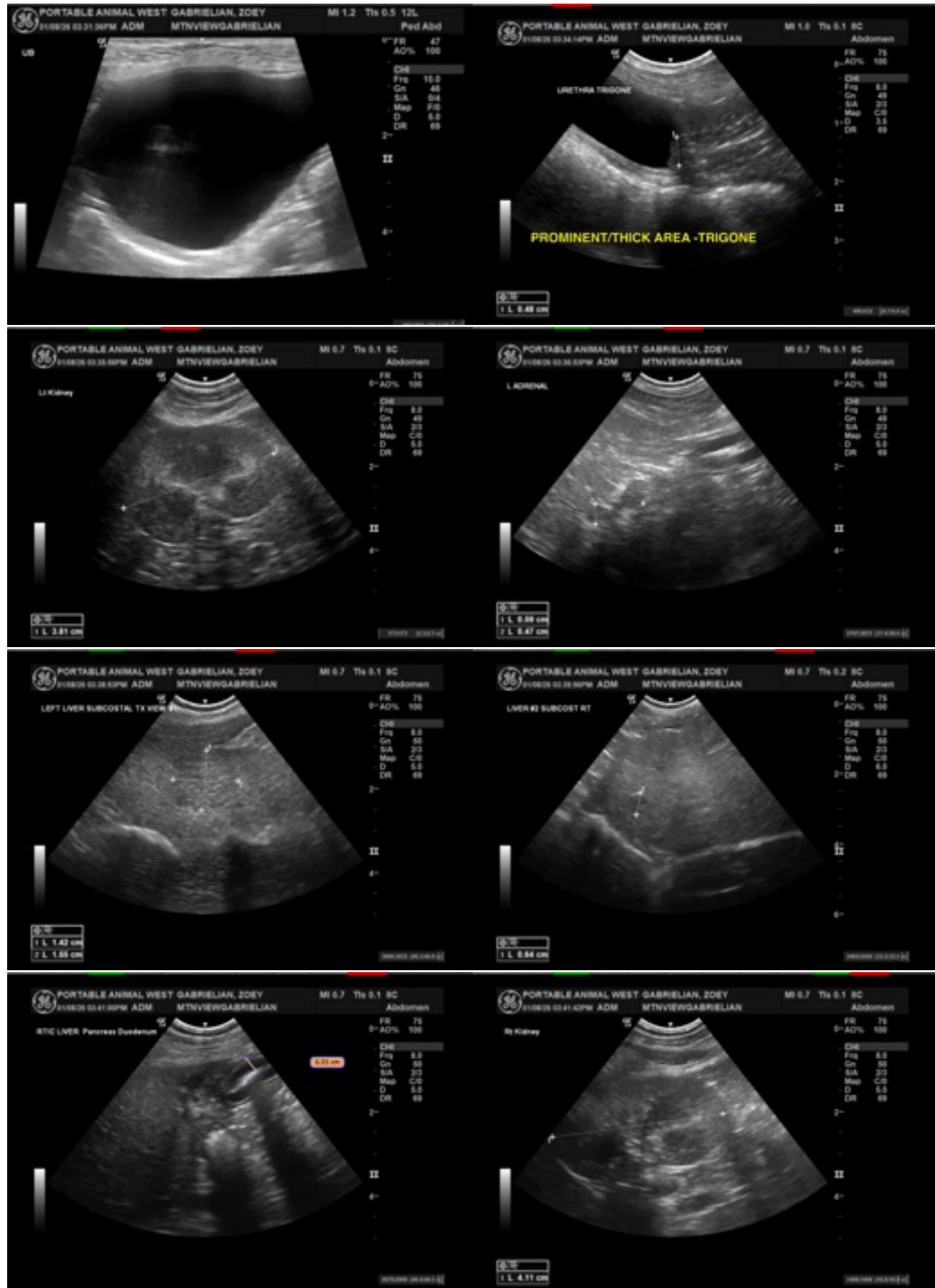
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If this test is positive, this would increase the likelihood that the lesion is a transitional cell carcinoma. A traumatic catheterization in the region or cystoscopy could be considered as well as repeat imaging in 6-8 weeks.





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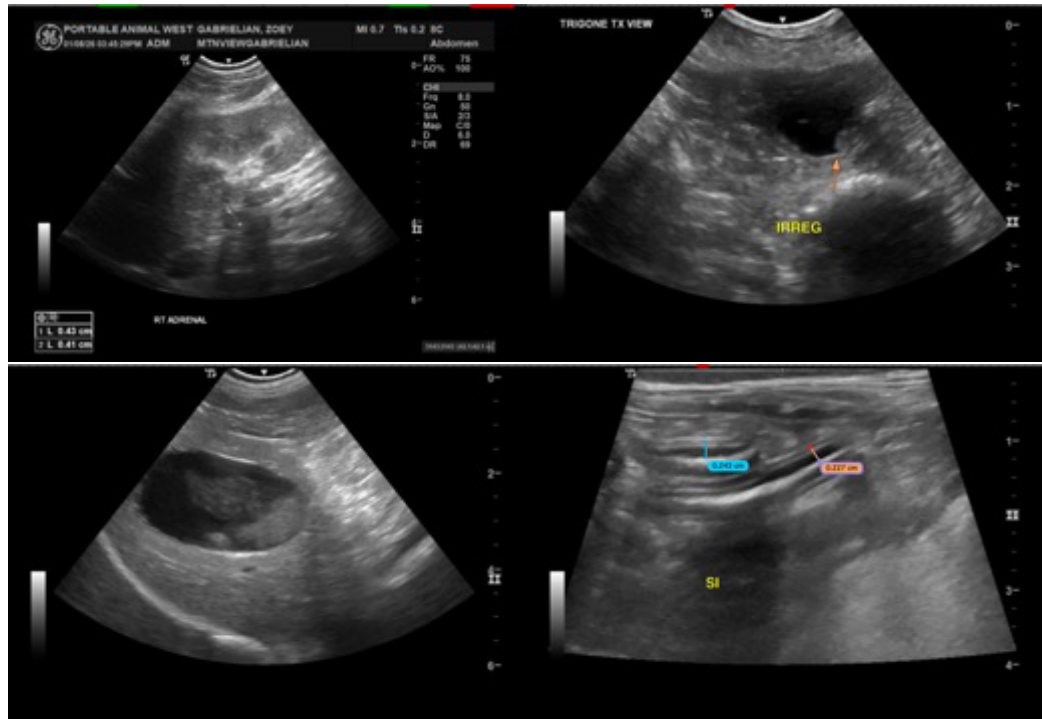
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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