



PATIENT

Frieda Huey

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

37.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Cox

INVOICE

71733

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: urinating on the couch (large quantity) while she's asleep, even after going outside and urinating rudimentary tail

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values UA from 05/27/2025: spgr 1.013, ph = 8, 0-2 wbc, 0-2 rbc, 1+ struvite crystals rare bacteria (was caught by owner in a ladle) Current Medications Incurin 1mg 1 tab SID Radiographic Findings None available

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened and irregular, measuring 0.36 cm in the apical region. 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 (5.84 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 (5.76 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 0.32 cm at the cranial pole and 0.35 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 0.62 cm at the cranial pole and 0.44 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 (1.29 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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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Gastrointestinal

The stomach contains large 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/ingesta 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 0.34 cm. Jejunum wall measures 0.26 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 hypoechoic and mottled in the left limb. 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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Other

There are some iso- to slightly hypoechoic structures visualized caudal to the spleen, most likely consistent with a small cluster of lymph nodes. An example measures 0.46 cm x 1.46 cm.

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ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, shadowing ingesta visualized within the gastric lumen, and some fluid distention of the small bowel – Findings are most consistent with a non-fasted patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears somewhat thickened and irregular, and only mildly to moderately distended. Recommend urine culture and observe micturition to see if the bladder completely empties, consistently leaks, etc.



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Given the anatomic abnormalities described (abnormal tail), consider a contrast CT scan to further evaluate for a possible ectopic ureter and to assess caudal spinal cord for any irregularities that could affect urination/urine retention etc...

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The significance of the pancreatic changes in the absence of gastrointestinal symptoms is uncertain. Recommend continued monitoring and follow up if this is a concern.

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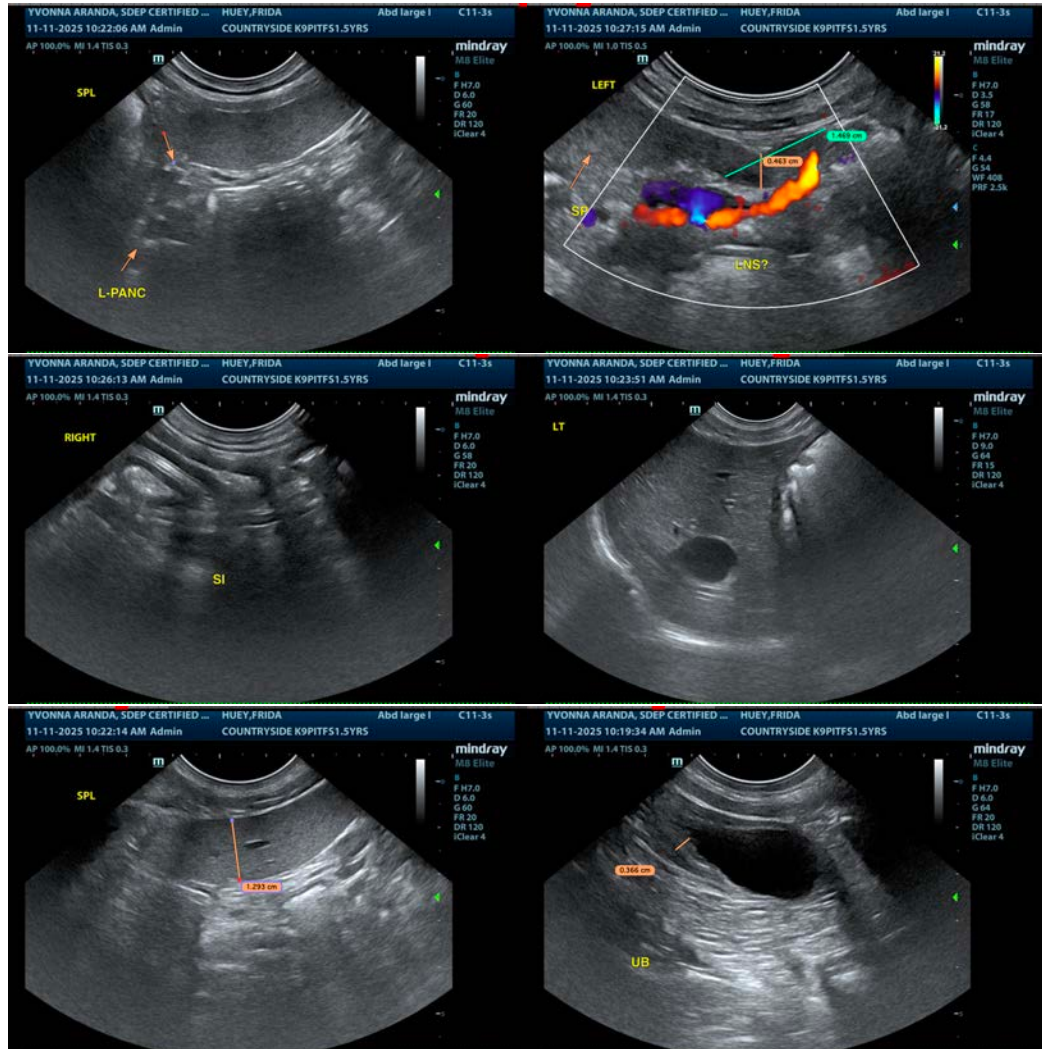
Dr. Cox

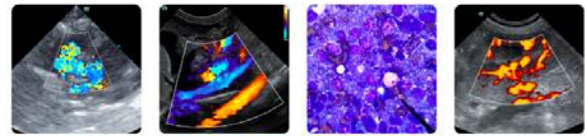
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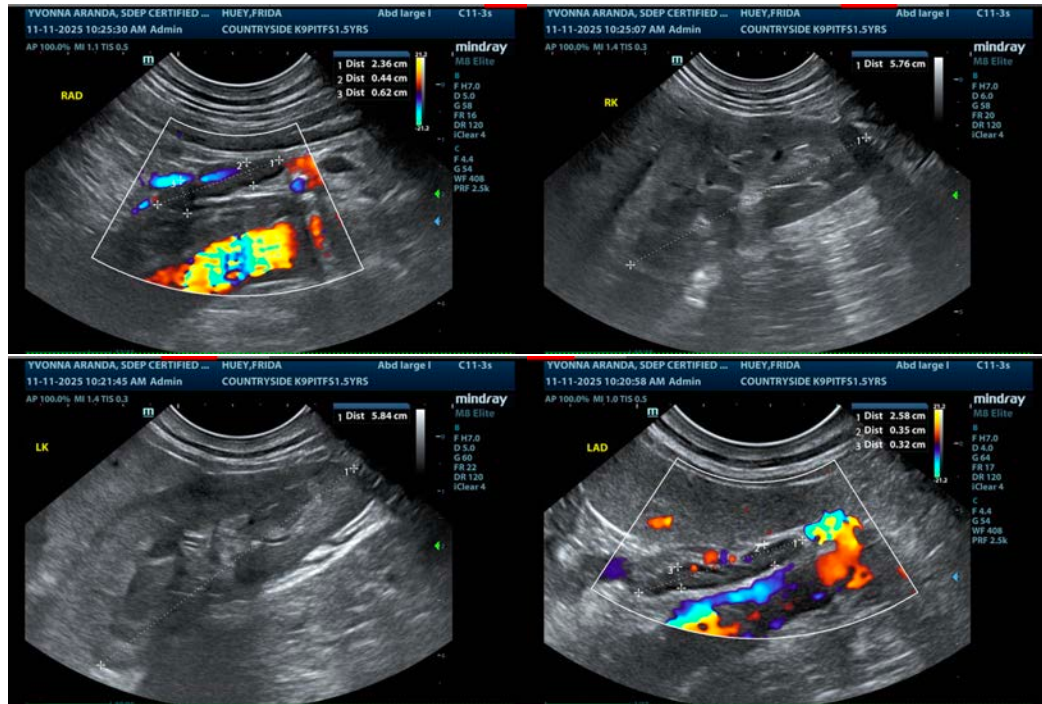
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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