



## PATIENT

Nasty Nicolas

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

91.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gavin Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Gavin Casper

## INVOICE

71745

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

Hx of chronic anal gland fistulas maintained on lowest effective dose of 100mg cyclosporine. Presented 4/24/25 for wellness and UA revealed marked hematuria on free catch sample. Rechecked on 5/01/25 cbc wnl and still present on cysto sample. Urine culture of sample was neg. 5/14/25 AUS - NSF. O elected to monitor Presented 10/16/25 and Cysto UA cont marked hematuria. Recheck 11/12/25 - clotting factors pending, Renal panel WNL, UA cysto and free catch show SG 1032-1035, ph 9, marked hematuria (250 Ery/uL OR >50/HPF) O reports mild inc in thirst and urination. Otherwise doing well. PE- overweight, nsf

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

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, region of the trigone, and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.42 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 (7.55 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### Spleen

The spleen is subjectively normal in size (2.2 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

## SPECIES

Canine

### ***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

German Shepherd

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. Jejunum wall measures 0.32 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.

### ***Pancreas***

## WEIGHT

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The area of 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***

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

- No significant ultrasonographic lesions visualized.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears normal on today's exam. No focal lesions, stones, etc. are observed. The proximal urethra is not clearly visualized, as I suspect this is a somewhat pelvic bladder. Further evaluation would likely involve evaluation of the urethra for any lesions and possibly looking for evidence of benign essential hematuria. This would likely be done with cystoscopy to evaluate the external urogenital tract for any lesions, and to look for any evidence of hemorrhage coming from the ureteral papillae. This may be challenging, as it does not sound as if the urine is currently grossly hemorrhagic. Additionally, you could consider a urine BRAF test. This is not definitively diagnostic, and a negative urine BRAF test is non-diagnostic, but if it is positive, it could increase the concern for an occult neoplastic process.

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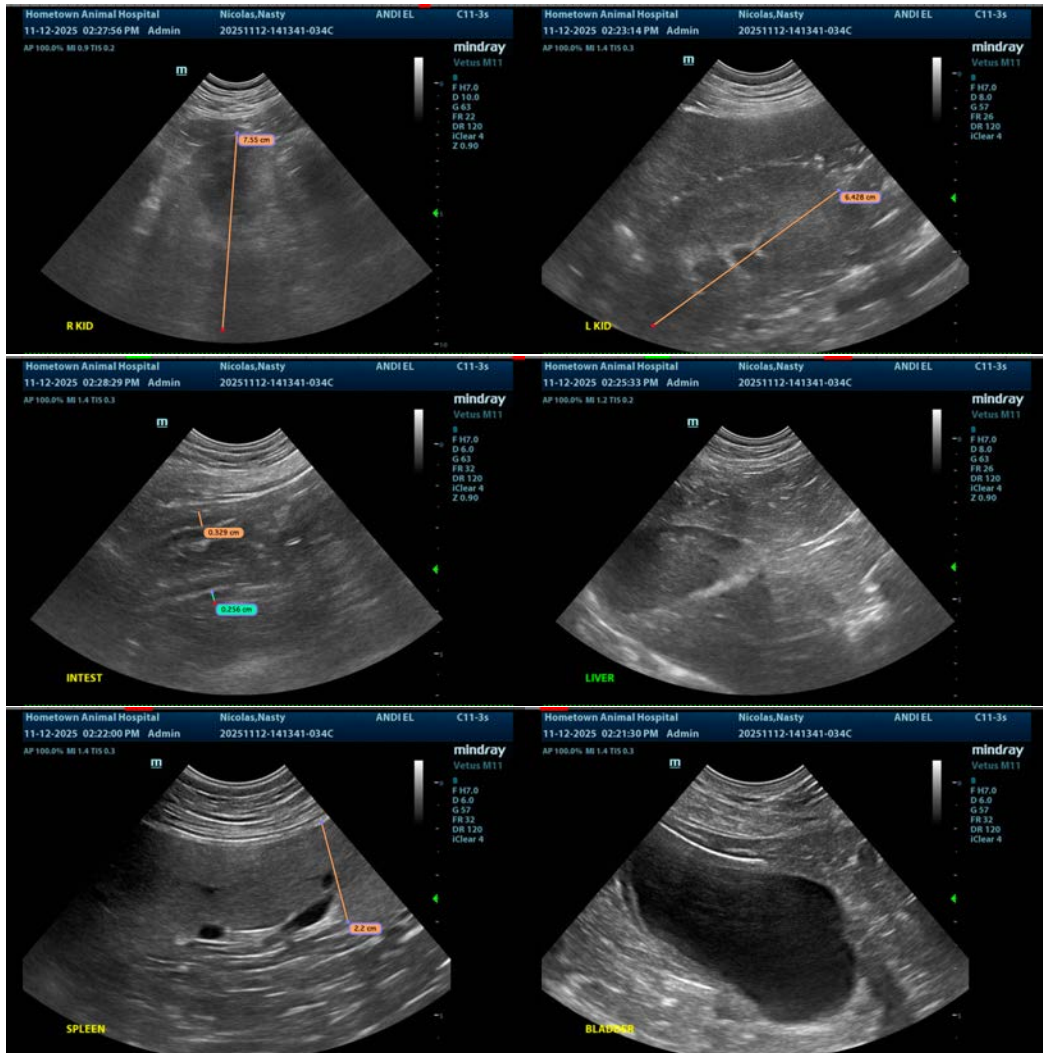
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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