



PATIENT

Cody Riley

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

62.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Animal Hospital of
Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

71775

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Evaluate urinary tract, chronic UTI, no stones on x-ray. Current meds: Abx pending C/S results
Abnormal PE/Chem/CBC/UA Results: UTI/ lots of blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mildly echogenic urine. There is significant generalized bladder wall thickening, particularly in the apical wall, where it measures up to 1.33 cm in thickness. There appears to be a small amount of sandy mineralized debris as well. Findings are most consistent with severe cystitis, although an underlying neoplastic process cannot be ruled out.

The left kidney has a normal shape and size (5.88 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 (6.02 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 large, measuring 0.73 cm at the cranial pole and 1.05 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 1.04 cm at the cranial pole and 0.71 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 (1.6 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized in the head of the spleen measuring 0.99 cm x 0.99 cm. A 2nd nodule appears to be in the caudal aspect of the spleen measuring 1.18 cm x 1.08 cm.

Liver

The liver is subjectively normal in size, and 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 is a subtle hypoechoic nodule in the parenchyma measuring 1.01 cm, and a hyperechoic nodule measuring 0.62 cm in diameter.

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 mild fluid/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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/gas. 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 0.58 cm. Jejunum wall measures 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

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.

Other

There is a hyperechoic, mixed echogenicity rounded structure that appears to be in the cranial abdomen amongst fat (possible falciform fat?), measuring 1.75 cm x 3.05 cm.

ULTRASONOGRAPHIC FINDINGS

- Diffusely severely thickened and irregular urinary bladder wall with echogenic urine and some mineralized debris – Findings are most consistent with severe cystitis. A neoplastic process cannot be ruled out.
- Large left adrenal gland – A focal mass effect is not clearly visualized. Recommend continued monitoring.
- Two small, hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver with an ill-defined hypo- and hyperechoic nodule – The general appearance is most consistent with a mild vacuolar hepatopathy and benign nodules. Recommend continued monitoring and correlate with current lab work.
- Hyperechoic mixed echogenicity mass effect visualized in the cranial abdomen amongst fat – I suspect this represents a lipoma, possibly necrotic lipoma. A neoplastic lesion cannot be ruled out.



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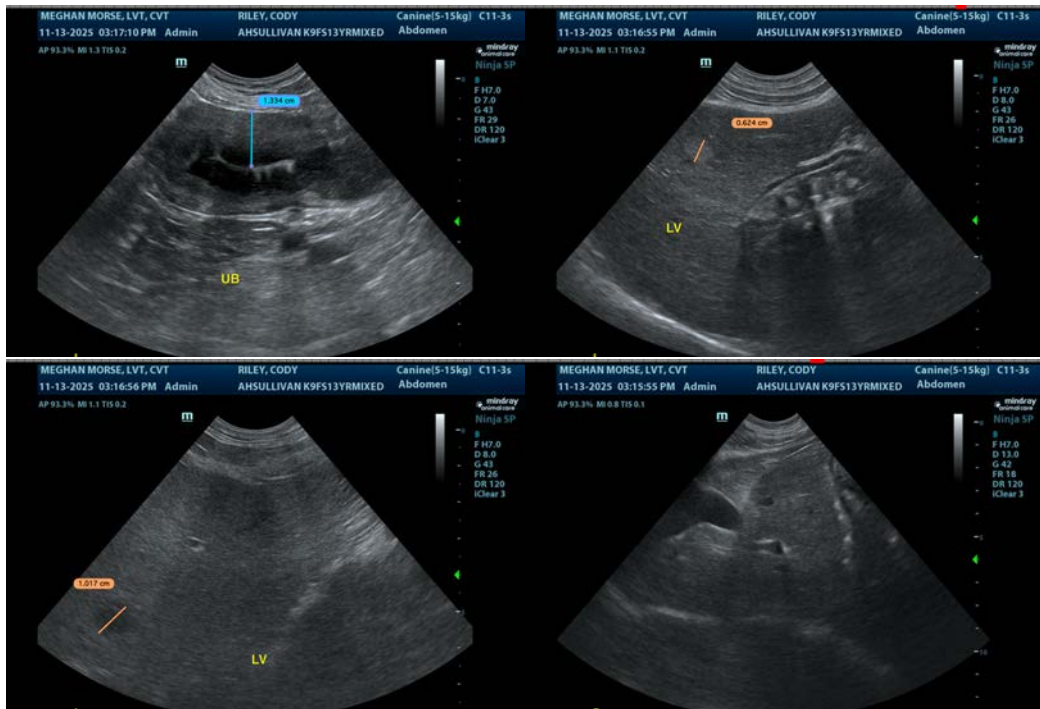
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is severely thickened with echogenic urine and debris. Recommend a urinalysis and culture and appropriate treatment. Consider repeat evaluation with ultrasound two weeks into treatment to look for improvement in the bladder wall thickening. If these changes are persistent, further evaluation may be warranted, looking for an underlying neoplastic process.

There are two small, hypoechoic nodules in the spleen. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound (recheck in 2-3 months).

The left adrenal gland is somewhat large without a focal mass effect. If signs consistent with Cushing's are present, you could consider adrenal function testing. Consider repeat evaluation of the adrenal in 2-4 months, looking for progressive enlargement.

There is a mixed echogenicity hyperechoic structure that appears to be surrounded by fat. This is suspected to be in the cranial abdomen, possibly falciform fat? This has the appearance most consistent with an atypical lipoma or similar, although a true mass lesion cannot be ruled out. Consider fine needle aspirate of this lesion to further investigate.





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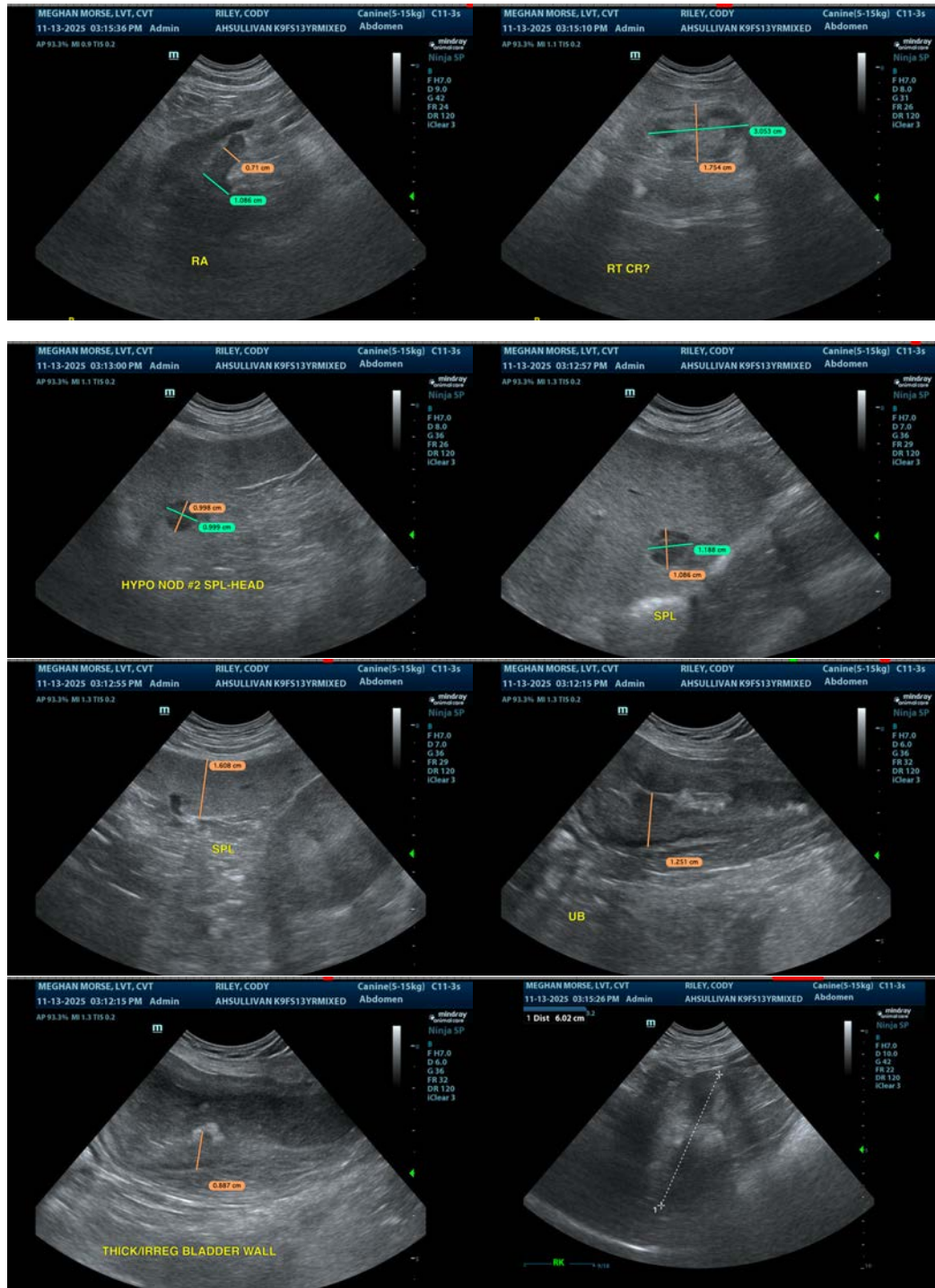
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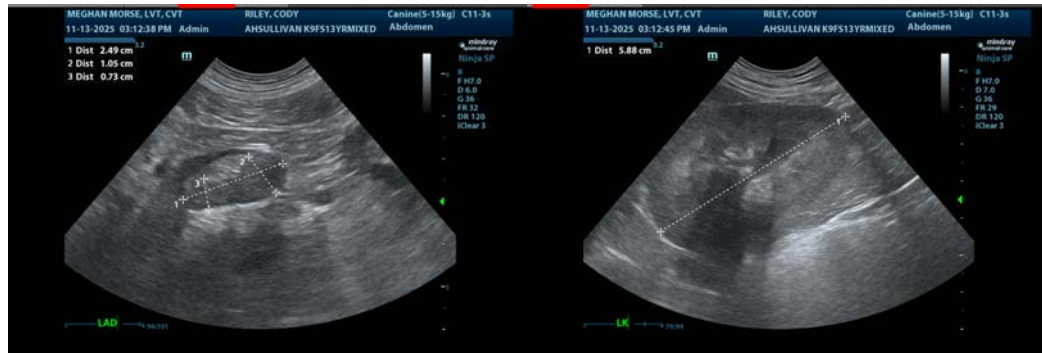
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com