PATIENT

MaiseyMae Nelson

SPECIES

Canine

BREED

English Pointer

SEX

FS

AGE

5 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10829

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

11/18/2025- O reports that 2 weeks ago P was taken to previous vet for increased urination, blood in urine, and licking at genitalia. P was diagnosed with UTI, and given antibiotic medication. O reports that they have finished the medication from previous vet but P is still licking excessively and having increased urination. O wants a second opinion on the situation. Hx: Owner reports no vomiting diarrhea coughing sneezing. Eating and drinking normal, although patient has always been a finicky eater. Mobility normal. Seems less active than normal. See veterinary medical history. Patient had dysuria but resolved on Clavamox and pollakiuria with stranguria began soon after stopping antibiotic. No hematuria this time. Patient is licking a lot around the vulva. Otherwise no history of dysuria. Had emergency pyometra at about 3 years of age.

Abnormal PE/Chem/CBC/UA Results: MS: 11/20/2025 at 8:06a: Chemistry screen: No significant finding CBC: Slight increase hematocrit and hemoglobin. Heartworm test antigen: No Antigen Detected Fecal: All undetected Urine culture: No growth. Urine obtained via cystocentesis. Urinalysis: PH upper end of normal. Urine specific gravity lower end of normal A: Mild dehydration and possible falsely increased specific gravity. It is unlikely there is a urinary tract infection from the kidneys to the urinary bladder. Concern for other possibilities such as vaginitis, genital tract infection, postsurgical complication from reported OVE, congenital, neoplasia, other. Plan: Recommend extending antibiotics to 14 days for a possible genital tract infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.23 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 (6.25 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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 0.7 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

PATIENT

MaiseyMae Nelson

SPECIES

Canine

BREED

English Pointer

SEX

FS

AGE

5 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10829

DATE

11/25/2025

The spleen is subjectively normal in size (2.5 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 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.

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.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 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 (0.48cm in wall thickness) and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

The pancreas is visible/mildly mottled in the right limb. 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.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions or calculi were visualized on today's exam. This does not fully evaluate the full extent of the urethra or the external urogenital tract. An ectopic ureter would be unlikely but cannot be definitively ruled out. If not already done, recommend vaginal exam looking for any lesions, foreign material, etc. If symptoms persist consider vaginoscopy/cystoscopy to evaluate the external urogenital tract, the urethra, ureters, and bladder.

PATIENT

MaiseyMae Nelson

SPECIES

Canine

BREED

English Pointer

SEX

FS

AGE

5 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10829

DATE

11/25/2025

PATIENT

MaiseyMae Nelson

SPECIES

Canine

BREED

English Pointer

SEX

FS

AGE

5 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

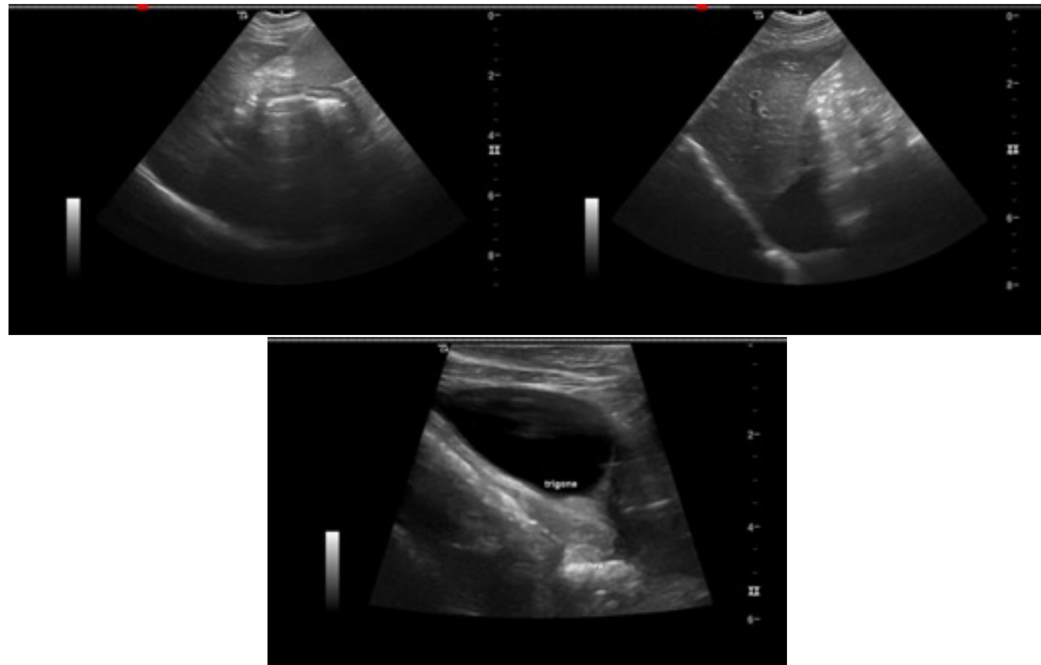
Dr. Schmitt

INVOICE

10829

DATE

11/25/2025



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