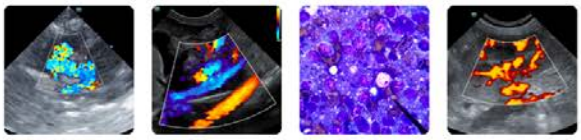


DATE

11/7/25

PATIENT

Jessa Noye

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

12/2/09

WEIGHT

64 lbs

INTERPRETED BY

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

HOSPITAL NAME

Bel Air Veterinary Hospital

REFERRING VET

Dr. Stevenson

INVOICE

71666

PRESENTING CLINICAL SIGNS

Patient History: Incurin not helping anymore. Pt still leakingurine & dripping some blood - Does not seem to be able to control bladder>once pt starts urinating she can not stop. Doesnt even squat to urinate. Pt would not eat food when owner away for 10 days (Hills Biome or EN)

Current Medications: Librela: 10/30/25, 10/6/25, 9/15/25. Incurin 1mg: 2 po SID, Dermalone: Apply to infected area(growth on neck) BID PRN, Amoxi 500mg: 1 po BID X 10days (9/16/25), Panacur: 15ML po SID X 5days (9/16/25), Hill's GI Biome diet
Labwork Results: labwork attached, reported as: UA(natural void) 9/29/25: USG 1.015, WBC 0-1, RBC 0-1 9/23/25: USG 1.012. Bw 9/15/25: Decreased ALB 2.7, Increased GLOB 3.9, Slight increase ALK 138, Decrease PHOS 2.3. UA 9/15/25: PH 9.0, Protein 3+, Bact RODS>100, USG 1.023, Struvite Crystals 4-10, RBC 0-1
Date of Previous IntraPet Ultrasound: 2022 & 2023. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears thickened and slightly irregular in the apical ventral region, measuring at 0.66 cm. In the trigone region the ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (6.5 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (6.6 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.70 cm at the cranial pole and 0.99 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 large, measuring 0.70 cm at the cranial pole and 0.96 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 large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenicity, mildly cavitated mass effect arising from the spleen measuring >14.7 cm x 7.91 cm.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris appears mildly mineralized, most consistent with sandy debris/small choleliths. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains moderate 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. 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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.36 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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
The uterine stump is visualized measuring 1.0 cm in diameter (this appears stable to the previous ultrasound exam).

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular apical wall of the urinary bladder – Findings are most consistent with chronic cystitis. A neoplastic lesion is thought less likely.

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Age related changes visualized associated with both kidneys.

- Large, mixed echogenicity partially cavitated splenic mass – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

- Pancreatic changes most consistent with pancreatic remodeling in the right limb.

- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate gallbladder debris with some intraluminal mineralizations – 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.

- Prominent uterine stump – The significance of this is uncertain. This appears stable from the previous exam in 2022.

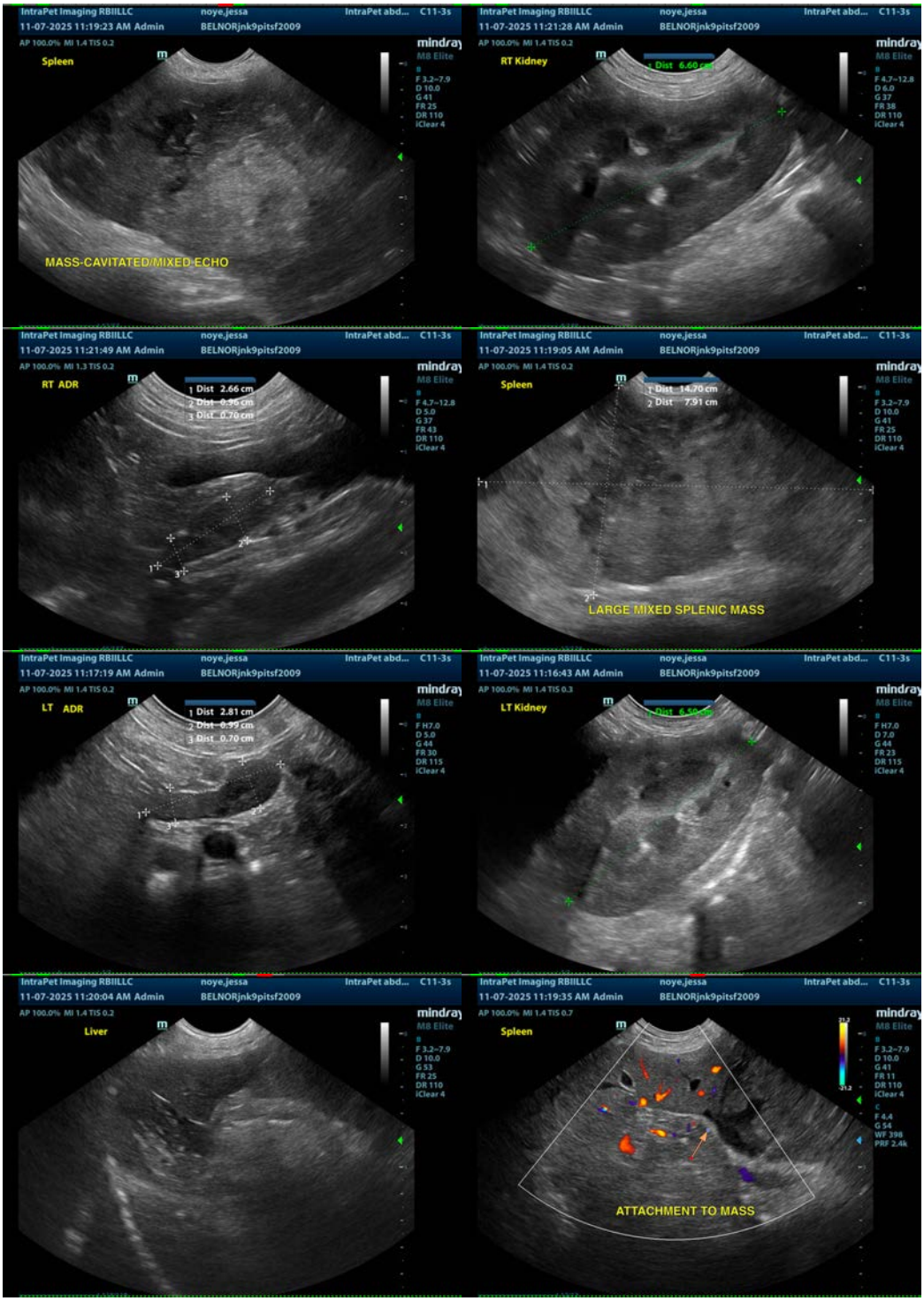
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity, partially cavitated splenic mass lesion. This is a concerning for a neoplastic lesion, although a benign lesion is possible. Consider splenectomy for both diagnostic and therapeutic purposes.

If surgery is pursued, recommend evaluation of the uterine stump region for any anatomic abnormalities that could be contributing to the lower urinary tract symptoms described.

Both adrenals are “plump”. Recommend continued monitoring. If the patient stabilizes and the concurrent medical issues are resolved, adrenal function testing could be considered (if symptoms of Cushing’s are persistent).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).


IntraPet Imaging RBIILLC
noye.jessa
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BELNORjnk9pitsf2009
Spleen
MASS-CAVITATED/MIXED ECHO
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RT ADR
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Spleen
1 Dist 14.70 cm
2 Dist 7.91 cm
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LT Kidney
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Liver
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Spleen
ATTACHMENT TO MASS

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