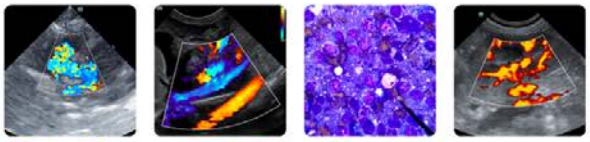


PATIENT

Bailey Mailhiot

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

20.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healing Traditions Holistic VC

REFERRING VET

Dr. Marina

INVOICE

72681

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Bailey presents with lab abnormalities suggestive of potential renal, adrenal, or metabolic disease, prompting further diagnostic investigation. Recent lab results revealed mildly elevated sodium and chloride, a mild increase in SDMA, and a low urine specific gravity. The differential diagnoses for these findings include renal disease (pre-renal vs. post-renal), adrenal disease (Cushing's vs. Addison's), a urinary tract infection, or diabetes. Following a consultation with an IDEXX internal medicine specialist, the recommended next steps are an abdominal ultrasound and a urine culture to further investigate these abnormalities.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears mildly thickened and slightly irregular, particularly in the apical region. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions.

The left kidney has a normal shape and size (5.85 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 (5.88 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.

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.61 cm at the cranial pole and 0.63 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.

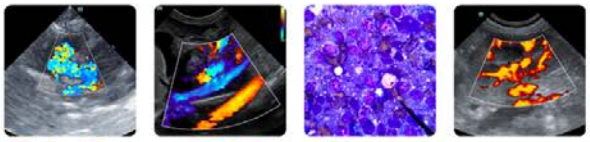
The right adrenal gland is normal/borderline large in size measuring 0.65 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.0 cm in width at the level of the hilus) and shape. The spleen echotexture is heterogenous and mottled, 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.



PATIENT

Bailey Mailhiot

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

20.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healing Traditions Holistic VC

REFERRING VET

Dr. Marina

INVOICE

72681

DATE

12/18/25

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 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.

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 0.41 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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. 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

- Mildly 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.
- Borderline "plump" adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall appears mildly thickened and irregular, particularly in the apical region. This could be secondary to lack of urine distention or cystitis. Recommend a urinalysis +/- culture for further evaluation.

The spleen is mildly mottled. Further evaluation could include a fine needle aspirate or continued monitoring with ultrasound.

PATIENT

Bailey Mailhiot

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

20.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healing Traditions Holistic VC

REFERRING VET

Dr. Marina

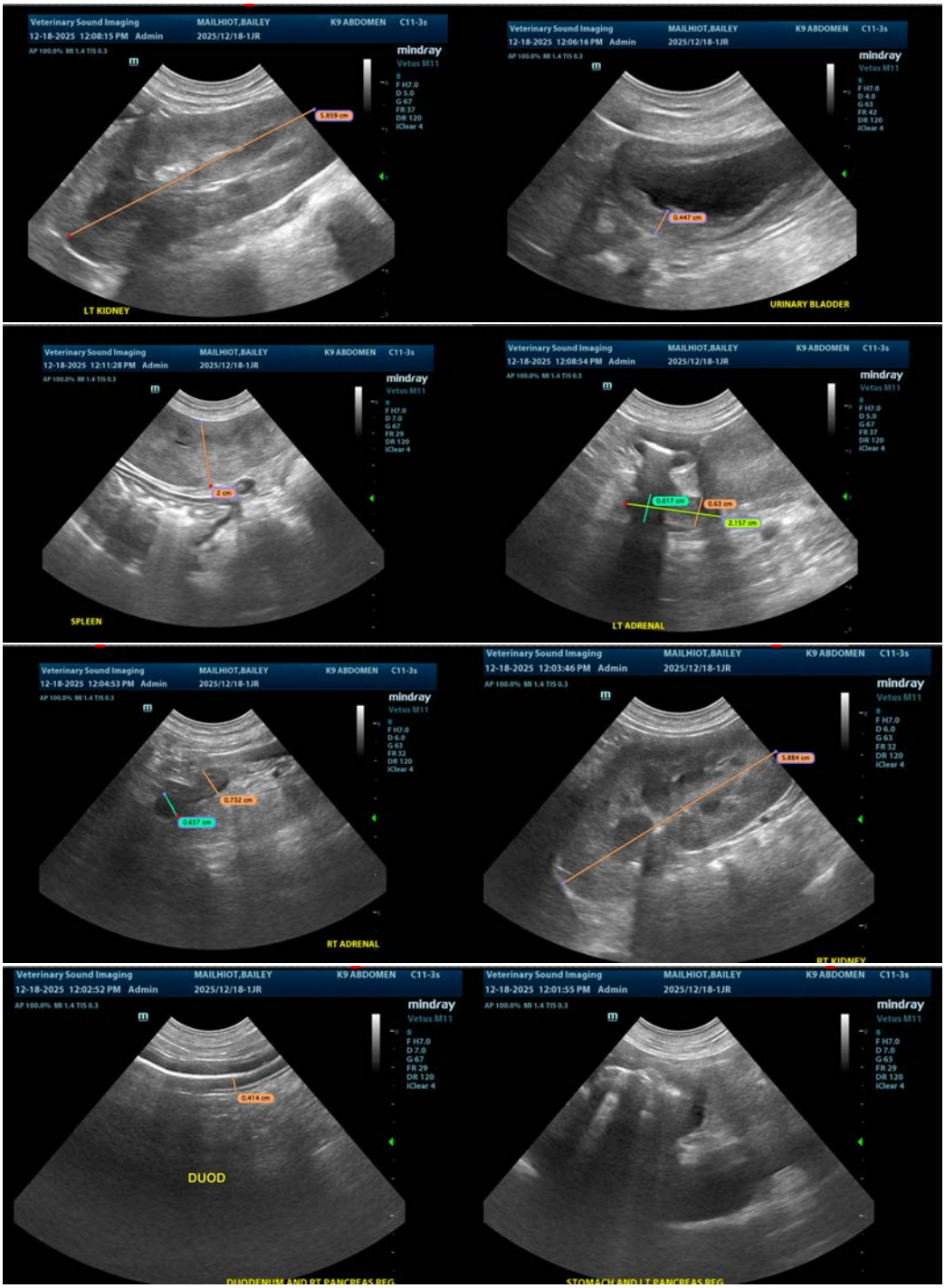
INVOICE

72681

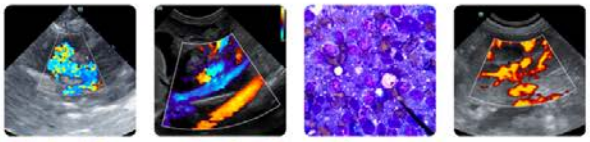
DATE

12/18/25

Both adrenals measure at the upper end of normal. The significance of this is uncertain. If Cushing's disease is strongly suspected based on clinical symptoms, then consider adrenal function testing. Otherwise, recommend continued monitoring.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Bailey Mailhiot

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

20.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healing Traditions Holistic VC

REFERRING VET

Dr. Marina

INVOICE

72681

DATE

12/18/25

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