



PATIENT

Chopperz Miga

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

78.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sheri Reffi, CVT

HOSPITAL NAME

VCA Northside Animal
Hospital

REFERRING VET

Dr. Kanaskie

INVOICE

72443

DATE

12/9/25

PRESENTING CLINICAL SIGNS

PU/PD, decreased appetite for a few months. Current Meds: Cerenia 160mg (1/2 tab po sid) ; Galliprant 100mg po sid; (gaba/traz for scan)

Abnormal PE/Chem/CBC/UA Results: UA: Blood 3+; culture (+) for Pantoea Agglomerans; USG: 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The apical wall of the urinary bladder is smooth with uniform surface in the region of the trigone. In the dorsocaudal wall of the urinary bladder there is a large, irregular mass effect visualized measuring 2.83 cm x 6.82 cm. This extends to the level of the cystourethral junction but does not appear to be invading the urethra at this time.

The prostate is normal in size (0.96 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.55 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.

The right kidney has a normal shape and size (6.65 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 0.81 cm at the cranial pole and 1.08 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 0.97 cm at the cranial pole and 1.06 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 normal in size but irregular in shape, measuring 1.87 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a somewhat poorly defined, mixed echogenicity mass effect visualized associated with the spleen measuring 3.19 cm x 2.8 cm.

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. 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/moderat 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.

BREED

Pit Bull

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 0.43 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

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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

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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

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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

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- Large, irregular mass effect visualized in the dorsocaudal bladder wall in the region of the trigone – Findings are concerning for a transitional cell carcinoma.
- 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.
- Poorly defined isoechoic/mixed echogenicity mass visualized associated with the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

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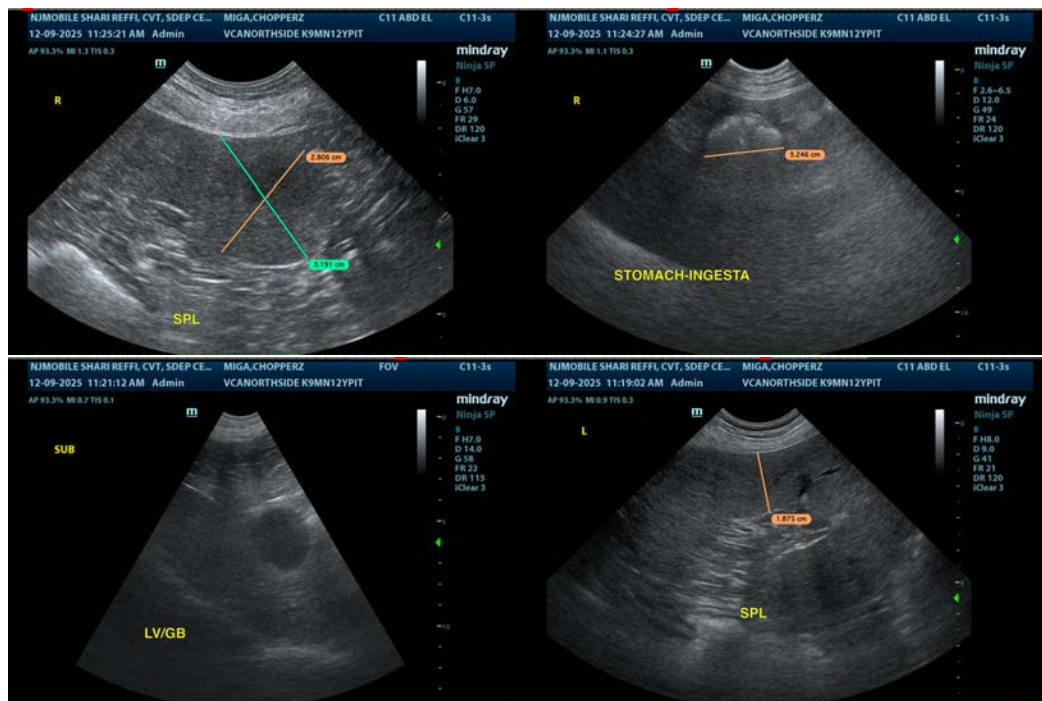
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect visualized in the trigone region of the urinary bladder. This has the appearance most consistent with a transitional cell carcinoma, although other differentials are possible. If free catch urine sample is highly cellular, consider cytology, looking for possible malignant transitional cells. Additionally, you could consider a urine BRAF test, although these can have a false positive in an active urine sediment. Additionally, you could consider a traumatic catheterization with samples set out for cytologic evaluation.

Both adrenals are large. This could be consistent with anatomic variation, bilateral hyperplasia, pituitary dependent hyperadrenocorticism, etc. If symptoms with Cushing's disease are present, you could consider adrenal function testing with the knowledge that interpretation may be challenging in the face of concurrent medical conditions.

There is a somewhat poorly defined isoechoic/mixed echogenicity mass effect visualized associated with the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

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





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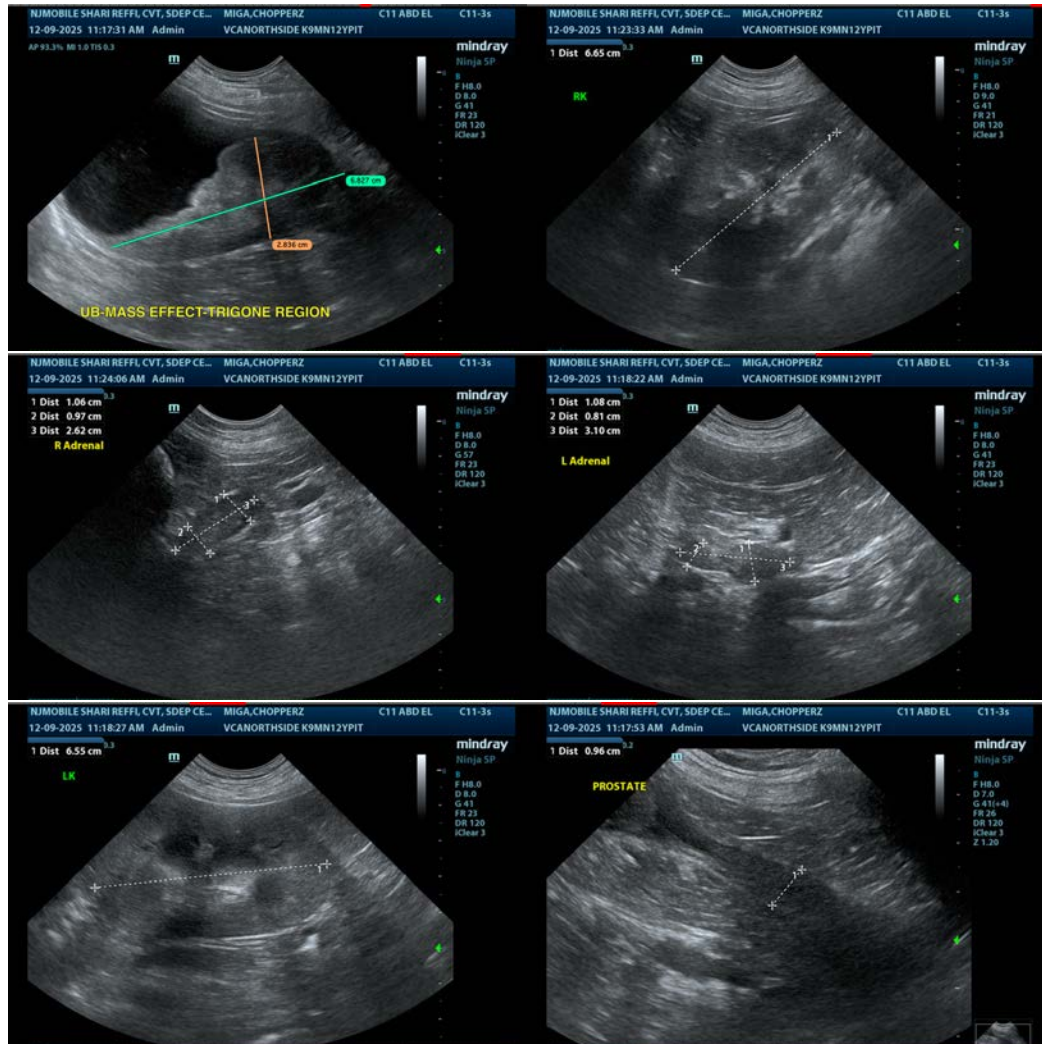
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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