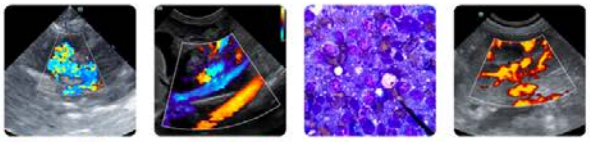

PATIENT

Bela Orama

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9 Years

WEIGHT

23.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodriguez

INVOICE

72875

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2/11/26

PRESENTING CLINICAL SIGNS

Presented to evaluate for possible urinary mass or urolithiasis. Pt has been having Vaginal hemorrhagic discharge on the last couple of months. Was treated with antibiotics and did well, but when finished the blood reappeared. Pt has by O Hx of PU/PD and PP. Pt was previously on 01/02/2026 Baytril 68mg x 14 d ; 02/02/2026 Carprofen 75mg x 6 d

Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9 Bloodwork and urinalysis attached as supporting document.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall has a smooth mucosal surface and measures at a normal thickness. There is a small amount of suspended echogenic debris visualized. The region of the trigone and ureteral papillae appear free of any mass lesions or calculi. The proximal urethra appears normal to slightly prominent, with two small pinpoint mineralizations and questionable thickening. The urethra measures approximately 0.49 cm in diameter.

The left kidney has a normal shape and size (4.54 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 (4.59 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 and abnormal in shape, measuring at 0.91 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that the cranial pole is rounded with an iso- to slightly hyperechoic nodule measuring 0.91 cm x 1.12 cm. No evidence of vascular invasion is visualized.

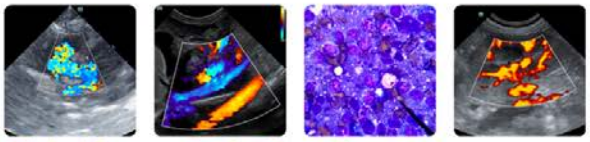
The right adrenal gland is normal/borderline “flat”, measuring 0.29 cm at the cranial pole and 0.29 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.62 cm), echotexture is homogenous, and 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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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 contains minimal luminal contents. It measures at a normal thickness of 0.45 cm 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 0.42 cm. Jejunum wall measures 0.24 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 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. There is no significant lymphadenopathy. The right iliac measures 0.47 cm. The left measures 0.56 cm. A prominent mesenteric lymph node is visualized measuring 0.38 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder and a slightly prominent/thickened urethra with two pinpoint mineralizations – The significance of this is unclear. This could represent passing small sandy debris or true thickening of the urethra secondary to inflammation or a neoplastic process.
- Hyper- to isoechoic nodule in the cranial pole of the left adrenal gland – At this time, this has an appearance most consistent with a benign nodule (adenoma), although an early carcinoma or pheochromocytoma is possible.
- Subjectively mildly heterogeneous liver – Correlate with current liver values. The significance of this is uncertain.
- Borderline “flat” right adrenal gland – This could be secondary to negative feedback from the adrenal nodule.

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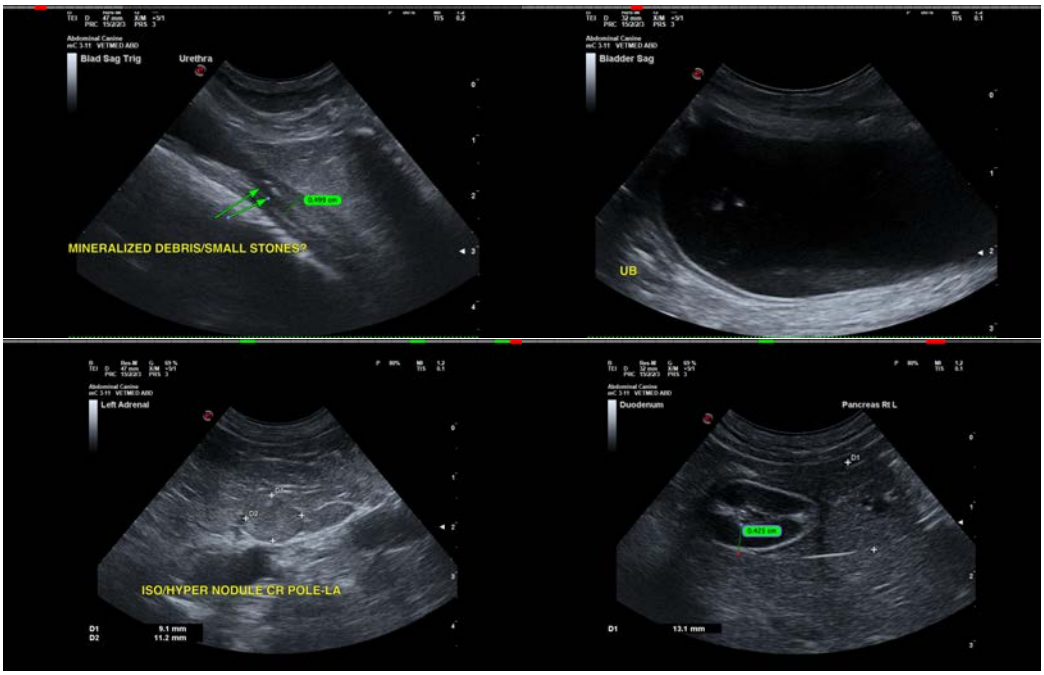
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive lesion visualized associated with the urinary bladder is not visualized. Subjectively, the urethra appears somewhat thickened with two pinpoint foci/mineralizations. Consider palpation of the urethra with a digital rectal exam to determine if it feels firm, irregular, etc. Additionally, recommend a vaginal exam, looking for any focal mass lesions, polypoid lesions, etc. If no abnormalities are detected and a urine culture is negative, then ideally a cystoscopy would be performed to further evaluate the urethra, external urogenital tract, and the urinary bladder. Additionally, the ureters could be monitored for any evidence of renal hematuria. If this is not possible, you could consider catheterizing the urethra and obtaining a gentle traumatic catheterization from the area just distal to the cystourethral junction to see if any abnormal cells can be obtained.

There is a hyperechoic nodule at the cranial pole of the left adrenal. At this time, this has a relatively benign appearance, but an early neoplastic lesion cannot be ruled out. If signs of Cushing's are present, consider adrenal function testing. If hypertension is present, recommend measuring catecholamine levels, looking for possible pheochromocytoma. Further options could include surgical removal (if this done a contrast CT scan would be recommended to further evaluate). If this is not considered, recommend continued monitoring with ultrasound, looking for further enlargement over time. Consider recheck in 2-4 months, sooner if concerned.



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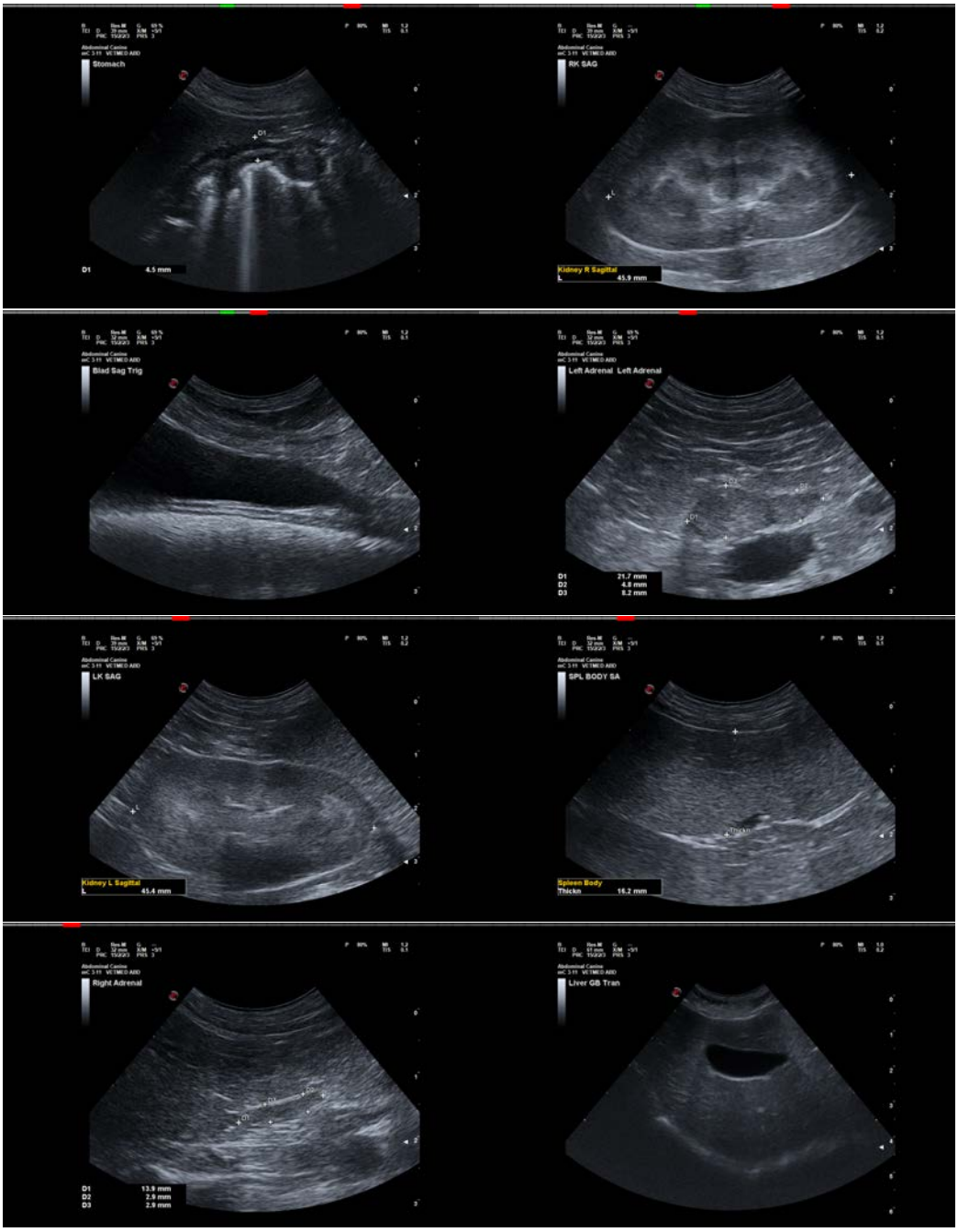

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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