



**PATIENT**

Bella Brinser

**SPECIES**

Canine

**BREED**

German Shorthair  
Pointer

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Meghan Myers

**INVOICE**

46090

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

1 month history of pollakiuria, mild stranguria, and some urinary accidents. Will urinate a normal stream and then have pollakiuria after wards. Recent u/a results below . Culture pending. Pet is NOT pu/pd. Pet also had recent history of tenesmus and loose stool. This has resolved in the last 24 hours. Rectal exam WNL today. Pet has history in 2019 of severe unexplained liver and GI issues- liver biopsy inconclusive, eventually resolved but no known cause. Small dermal mass lateral to vulva today FNA- mast cell tumor.

Abnormal PE/Chem/CBC/UA Results: cbc/chem/lytes/t4 on 2/15/23: wnl except very slightly elevated alt (135) u/a last week: usg 1049, trace protein, ph 6.5, mild wbc and mild rbc urine culture today pending

**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 (6.11 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 (5.61 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 0.68 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 0.57 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, 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 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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***Gastrointestinal***

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The stomach contains mild fluid. 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.30 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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***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.

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***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.

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**ULTRASONOGRAPHIC FINDINGS**

- Moderate gallbladder debris – 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.
- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the urinary bladder or the urethra on today's exam. It is well imaged to the extent of an ultrasonographic exam with no obvious stones, mass lesions, etc. Recommend urinalysis and culture (I believe this has been done/is pending), and possible evaluation of the external genitalia for any vaginitis, irritation, etc. If symptoms persist and this is truly stranguria and pollakiuria with no evidence of an infection, consider a cystoscopic exam to evaluate the vaginal vault and intrapelvic urethra.

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In light of the lack of liver enzyme elevations reported and no significant gastrointestinal symptoms, the significance of the mild gallbladder debris and subjectively thickened small intestine is questionable and likely incidental at this time.

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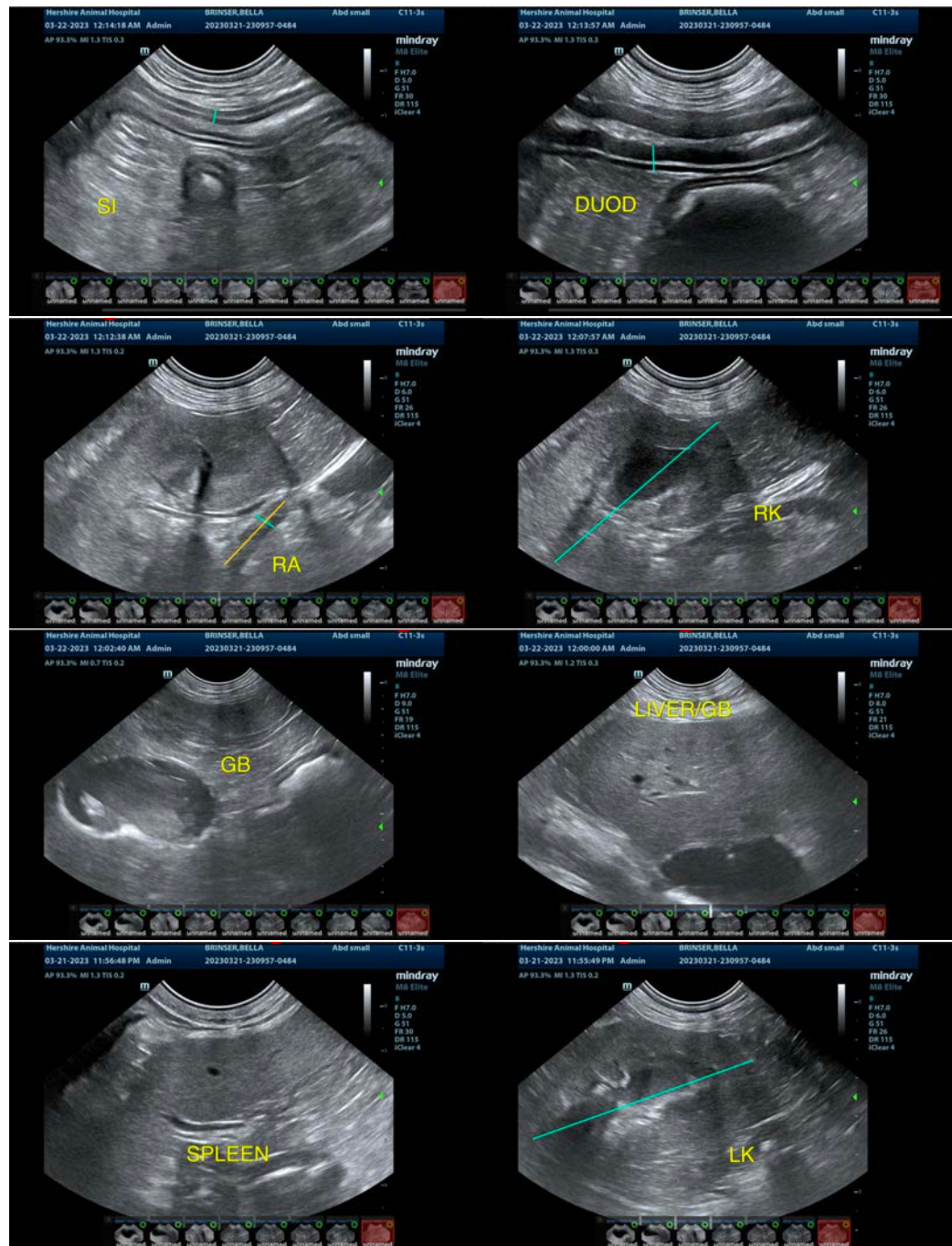
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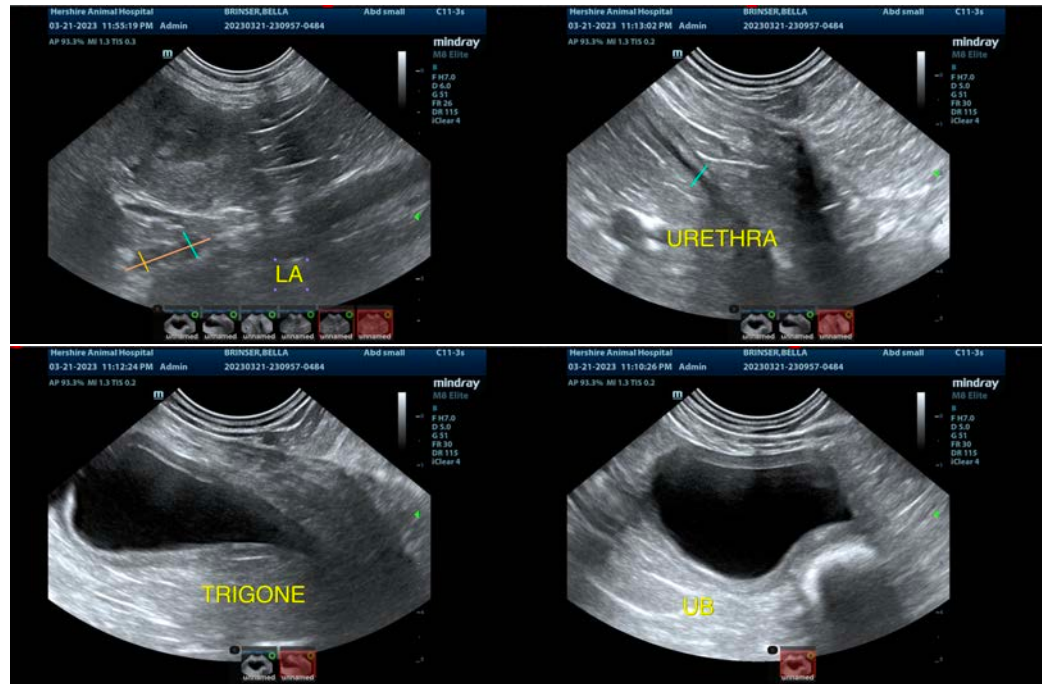
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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