



PATIENT

Nala Ortiz

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6 Years

WEIGHT

33.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

73971

DATE

3/24/26

PRESENTING CLINICAL SIGNS

P presented for chronic recurrent episodes of hematuria without UTI

Abnormal PE/Chem/CBC/UA Results: Since 12/2025 - P has been seen for 6 episodes of blood present when P is peeing. In January 2026 - a urine culture (despite no bacteria) grew proteus. Clavamox was used according to culture and subsequent UA was clear. P then represented with hematuria and negative UA. Screening ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal with no significant focal thickening or irregularity. On one view of the bladder (not consistent on all views) there is an area of bladder wall that appears mildly thickened and irregular, measuring at 0.25 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (6.4 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 (6.95 cm) with occasional pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.49 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.01 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 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

The stomach contains moderate 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.

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 0.57 cm. Jejunum wall measures 0.30 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 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

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 generally normal in echogenicity. There is focal hyperechoic, irregular tissue visualized in the left cranial abdomen measuring 1.17 cm x 3.95 cm, possibly consistent with focal steatitis. A source of inflammation is not readily visualized.

ULTRASONOGRAPHIC FINDINGS

- Questionable mild irregularity/thickening of the urinary bladder wall. This is not evident on all images and could represent imaging artifact or focal cystitis, a neoplastic lesion is less likely.
- 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.
- Moderate fluid visualized within the stomach. Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying.
- Focal hyperechoic mesentery in the left cranial abdomen – The significance of this tissue is uncertain. A source of inflammation is not readily identified. Recommend continued monitoring. Additionally, a fine needle aspirate could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder largely appears within normal limits. No focal lesions are visualized to explain the hematuria reported. On one view the bladder wall appears slightly irregular, but this is not definitively repeatable. Consider the possibility of atypical infection (minimal inflammation, etc.), which would require cystocentesis to identify (without the use of antibiotics prior to obtaining a sample). Additionally, you could have intermittent sterile cystitis, or the bleeding could be arising from the distal urogenital tract (distal urethra not clearly visible due to intrapelvic location). Consider a digital rectal



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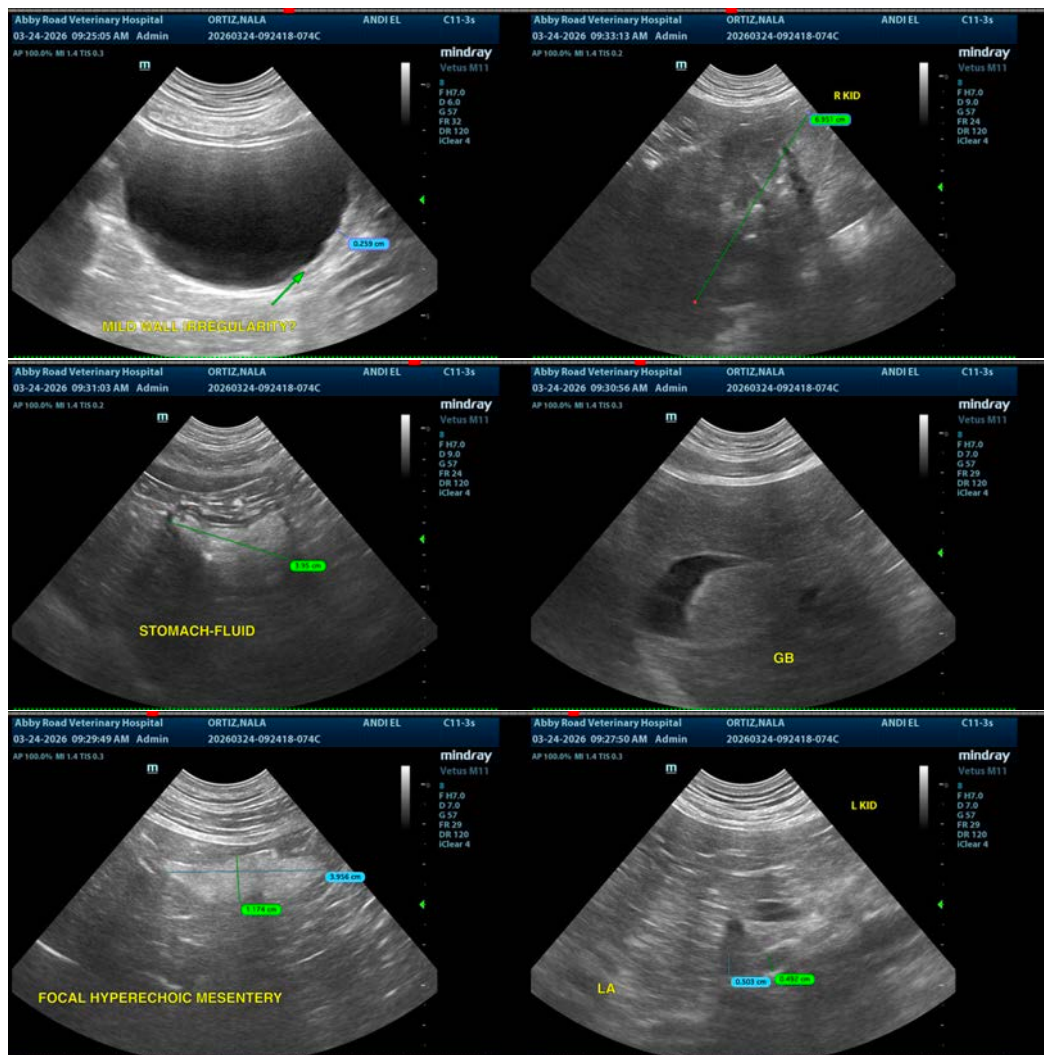
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exam to palpate the distal urethra, and a vaginal exam to look for any visible lesions. If symptoms are persistent, you could consider cystoscopy to further evaluate the urogenital tract. Additionally, you could consider a primary coagulopathy if this is clinically appropriate. If symptoms are worsening, a repeat ultrasound could be considered in the future, looking for the development of any new lesions or the progression of changes observed on today's exam.

There is some focal hyperechoic tissue in the left cranial abdomen most consistent with focal mesenteric inflammation. This is the region of the left limb of the pancreas, but no evidence of pancreatitis is clearly visualized. Recommend continued monitoring. If there is the impression of discomfort in this area, etc., a fine needle aspirate could be considered. Recommend continued monitoring over time, looking for possible progression of this abnormal tissue.





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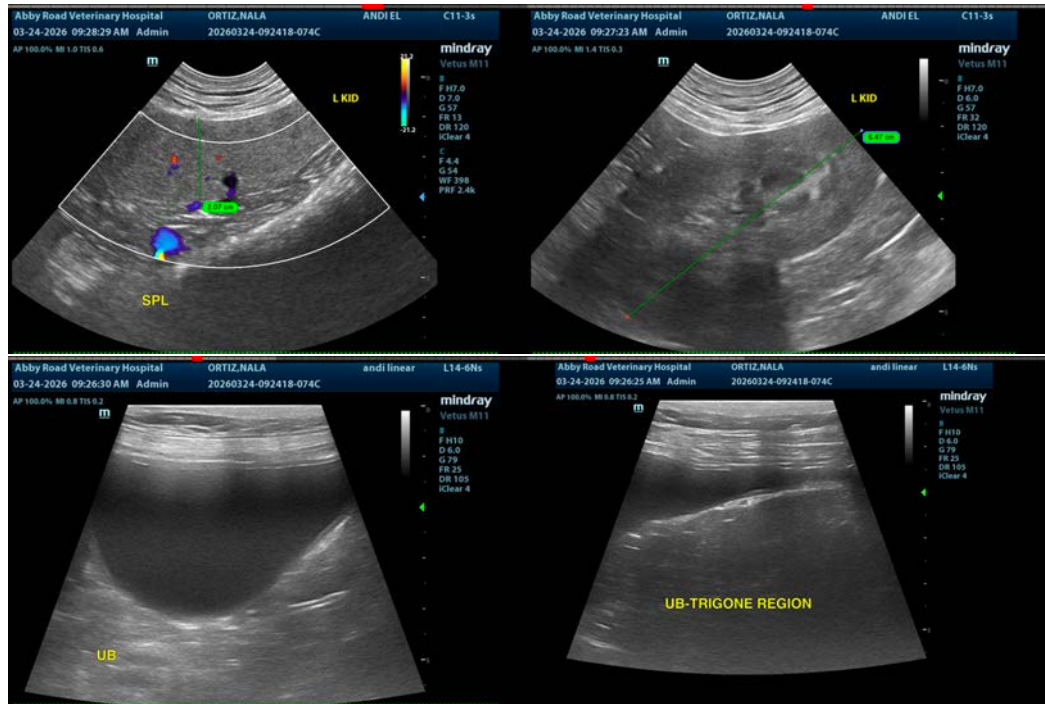
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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