



**PATIENT**

Junior Winchilla

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Leck Veterinary  
Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

74628

**DATE**

4/21/26

**PRESENTING CLINICAL SIGNS**

BVS 5/9. Recurrent hematuria/UTI despite culture based treatment. No uroliths appreciated on radiographs, mineralization noted in kidneys. Current Medication: Zenequin 12.5mg

Abnormal PE/Chem/CBC/UA Results: ALKP 891; GGT 19; HCT 59% (9/26/25); UA: pyuria (wbc 4-10); Rods 26-50; USG: 1.035

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, measuring at 0.34 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.71 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 is normal in size but slightly irregular in shape, measuring 4.62 cm, with decreased corticomedullary distinction. Too numerous to count, small, variably sized cortical cysts are noted as well as mild pyelectasia at 0.15 cm. Mild cortical mineralization is also noted.

The right kidney is normal in size but slightly irregular in shape, measuring 4.85 cm, with decreased corticomedullary distinction. Too numerous to count, small, variably sized cortical cysts are noted as well as mild pyelectasia at 0.14 cm. Mild cortical mineralization is also noted.

**Adrenal Glands**

The left adrenal gland is large, measuring 0.73 cm at the cranial pole and 0.83 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 0.92 cm at the cranial pole and 0.76 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 and shape, measuring 1.13 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular hyperechoic structure visualized in the mid body of the spleen, measuring approximately 0.64 cm x 0.47 cm, most consistent with a benign myelolipoma like lesion. Recommend continued monitoring.

**Liver**

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined hypoechoic nodule visualized in the mid region of the liver, measuring 1.54 cm x 0.94 cm.



**PATIENT**

Junior Winchilla

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.

**SPECIES**

Canine

***Gastrointestinal***

The stomach contains moderate shadowing 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**

Morkie

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 0.36 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

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***

**WEIGHT**

9.8 lbs

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**INTERPRETED BY**

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

***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.

***Other***

**IMAGING PERFORMED BY**

Shari Reffi, CVT

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.

**PRIMARY FINDINGS**

**HOSPITAL NAME**

Leck Veterinary  
Hospital

- Mildly thickened/irregular urinary bladder wall – Findings could be consistent with mild cystitis.
- Bilaterally cystic kidneys with decreased corticomedullary distinction, mild mineralization, and pyelectasia – These changes are most consistent with cystic renal disease +/- pyelonephritis.
- Prominent, mottled right limb of the pancreas – Changes could be consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.

**REFERRING VET**

Dr. Doyle

**INVOICE**

74628

**DATE**

4/21/26

- Large, heterogeneous, rounded liver with an ill-defined hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hypoechoic nodule has somewhat of a benign appearance. Recommend continued monitoring.



**PATIENT**

Junior Winchilla

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Leck Veterinary  
Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

74628

**DATE**

4/21/26

- 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.

**SECONDARY FINDINGS**

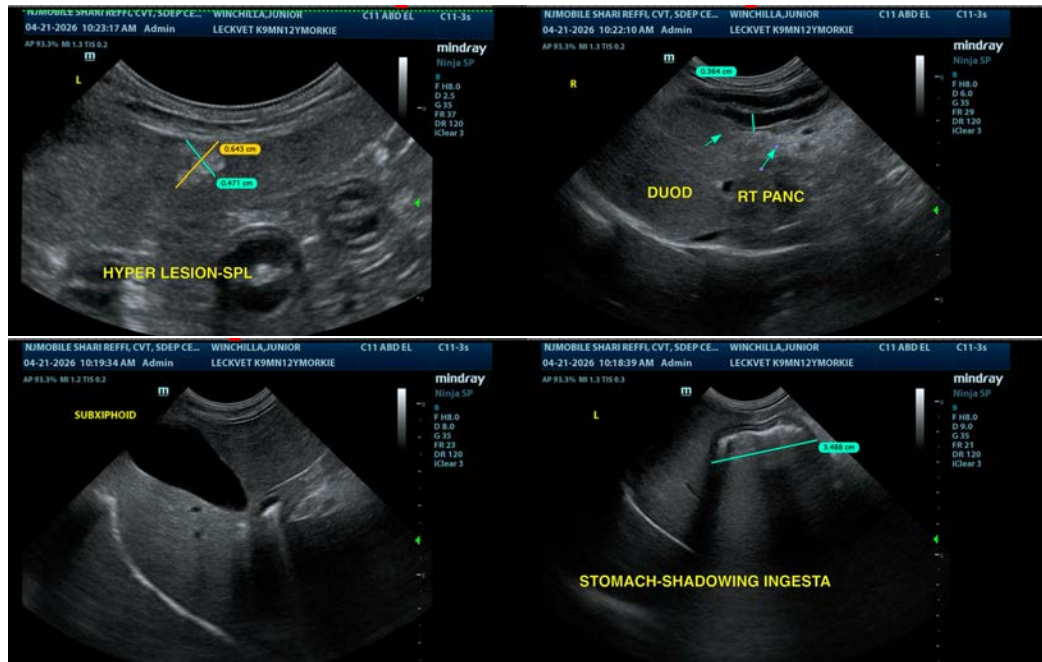
- Hyperechoic lesion in the spleen – Most consistent with a benign myelolipoma. Recommend continued monitoring.
- Shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or partial outflow tract obstruction (none visualized).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both kidneys have significant changes consistent with chronic renal disease. If there is mild pyelectasia present, this could be secondary to PU/PD or mild pyelonephritis. Additionally, both adrenals are large. With the history or recurrent urinary tract infection, consider the possibility of concurrent Cushing's causing some degree of immunosuppression. Consider adrenal function testing.

The hepatic changes have an appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired, you could consider a liver function test and a fine needle aspirate of the liver.

The right limb of the pancreas is slightly mottled and prominent. Correlate with a PLI level. If there is significant elevation, you could consider concurrent treatment for mild chronic pancreatitis.





**PATIENT**

Junior Winchilla

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Leck Veterinary  
 Hospital

**REFERRING VET**

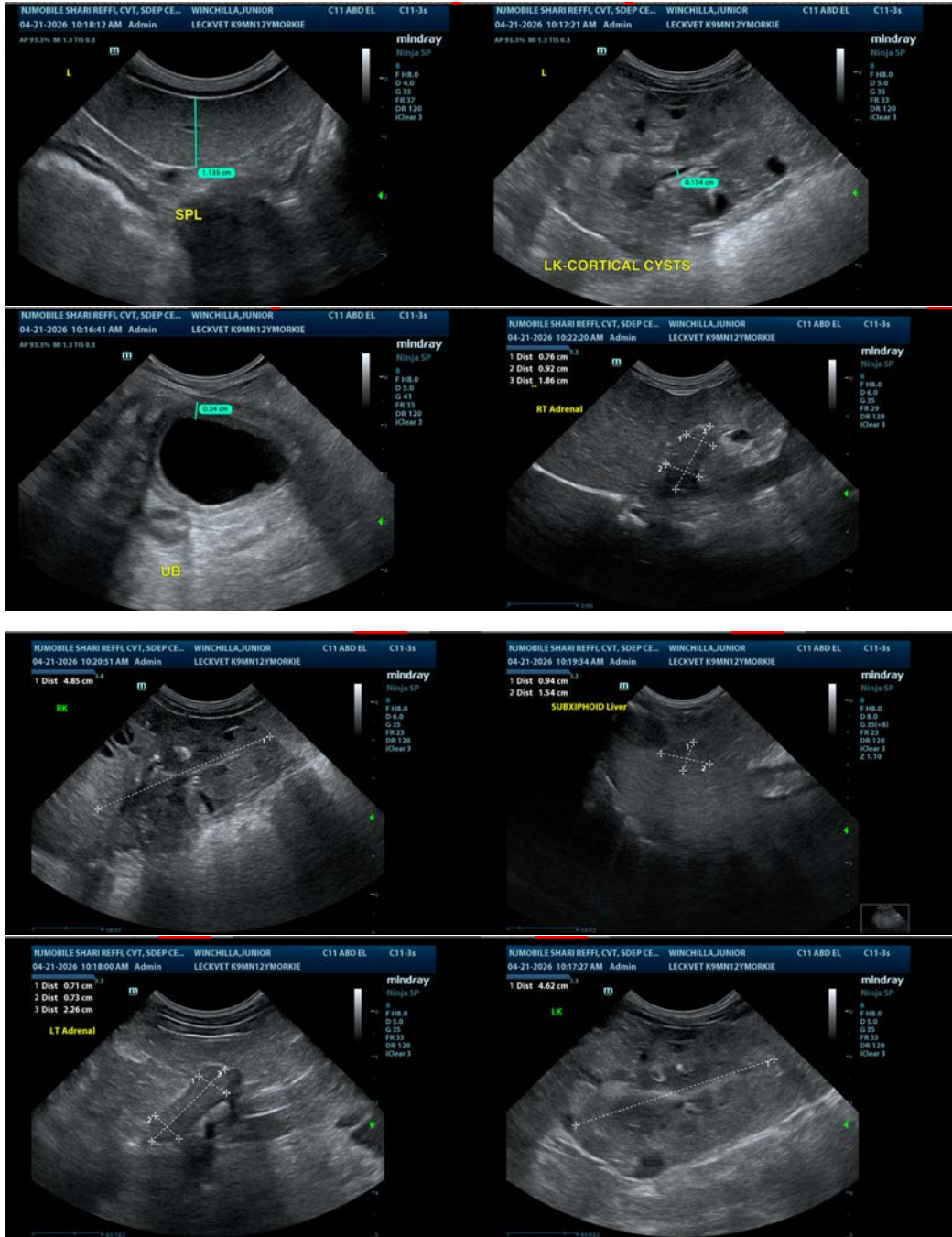
Dr. Doyle

**INVOICE**

74628

**DATE**

4/21/26





**PATIENT**

Junior Winchilla

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Leck Veterinary  
Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

74628

**DATE**

4/21/26



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