



## PATIENT

Luna Greenberg

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

25

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. AJ Basta

## INVOICE

74831

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

Presented for stranguria and hematuria w/ vaginal discharge on 4/16. Bloodwork WNL, UA marked hematuria and pyuria. Started on clavamox abx and vaginitis resolved. Urine culture showed 50k-100k CFU staph pseud. Presented today for recheck and dark wine colored urine was noted on UA. UA - SG 1045, ongoing pyuria and hematuria + manual review of urine cytology showed poss caOX or struvite crystalluria. R lateral abd rad showed no radio-opaque stones.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears thickened and slightly irregular, measuring at 0.38 cm in the apical region. There is a small mineralization visualized in the dependent portion of the urinary bladder measuring at 0.20 cm.

The left kidney has a normal shape and size (4.23 cm) with numerous small non-obstructive nephroliths. 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.

The right kidney has a normal shape and size (4.04 cm) with numerous small non-obstructive nephroliths. 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 0.51 cm at the cranial pole and 0.57 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 0.60 cm at the cranial pole and 0.70 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 (1.07 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 normal/borderline small in size. 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 mild 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.

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 0.23 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 of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Thickened/irregular bladder wall with a small dependent mineralization – Findings are most consistent with cystitis-like changes and a small mineralization.
- Bilateral non-obstructive nephroliths – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Normal/borderline small liver – Findings could be normal for this individual or consistent with microhepatica.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder appears diffusely thickened and irregular, most consistent with diffuse cystitis. A neoplastic process is thought less likely. There is a small dependent mineralization noted. This is likely small enough to pass.

There are non-obstructive nephroliths visualized associated with both kidneys, and the liver appears subjectively small. If there is any concern for a shunt or similar, consider pre- and post-prandial bile acids to assess for significant elevations.

Findings are suggestive of a urinary tract infection. Recommend repeat culture with treatment, continuing until the bladder wall normalizes. Repeat culture post-treatment could be considered. If recurrent urinary tract infections are strongly suspected, look for possible metabolic causes or anatomic causes predisposing to this issue (examination of external genitalia, digital rectal exam to palpate for an



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abnormal urethra, etc.).

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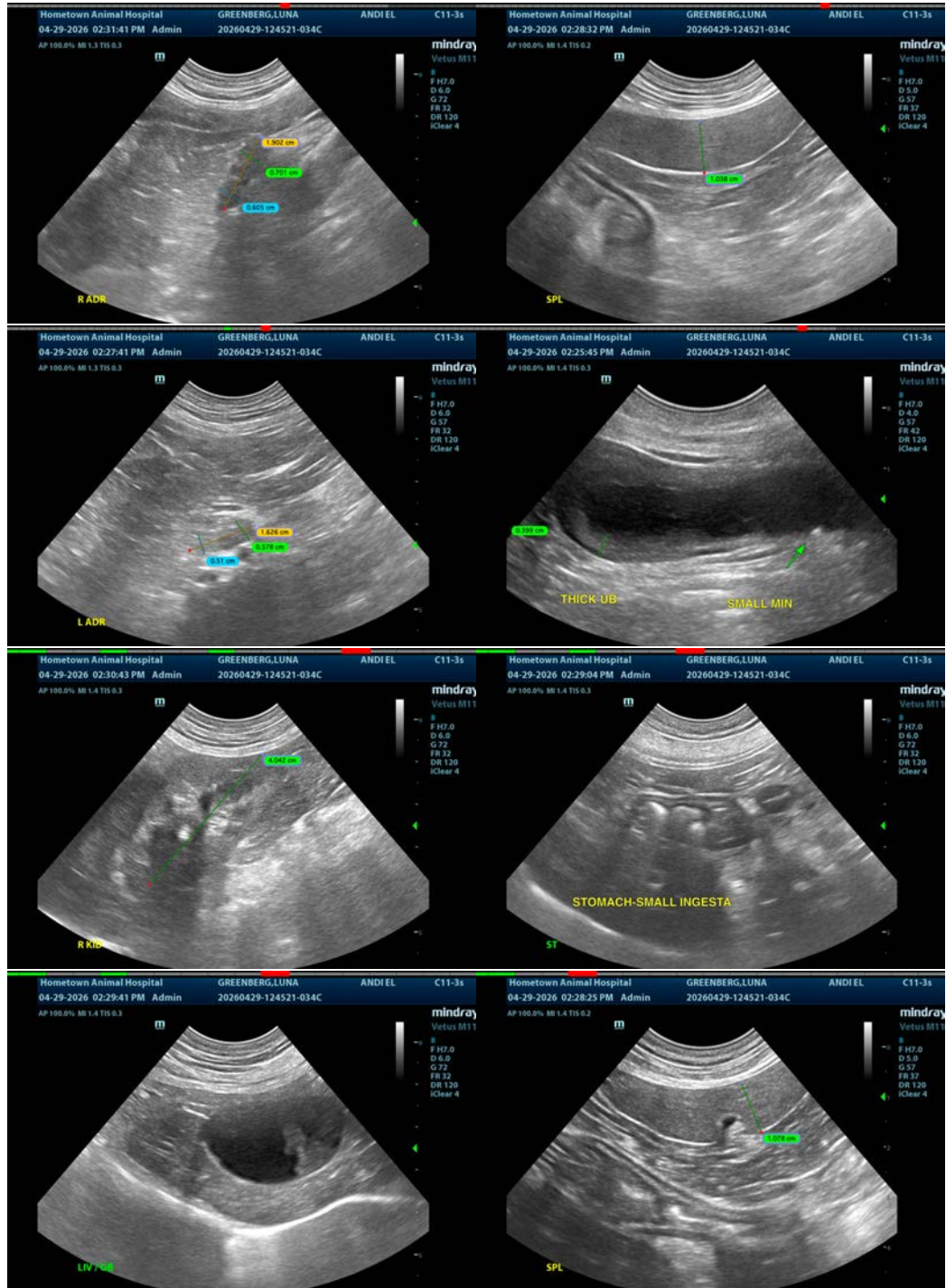
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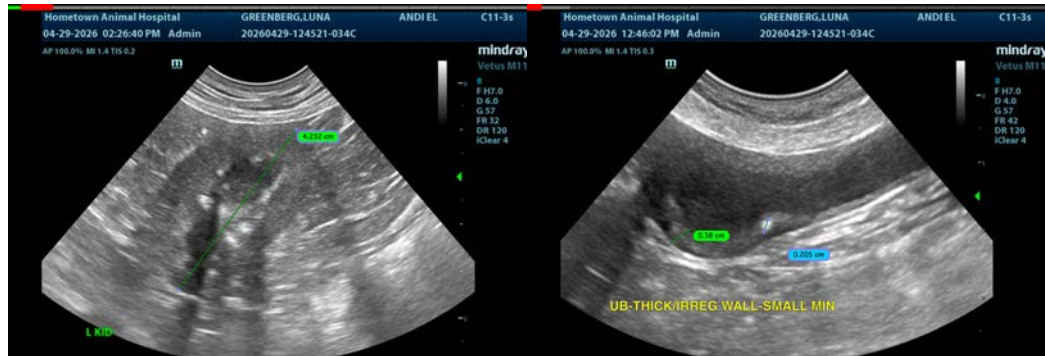
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com