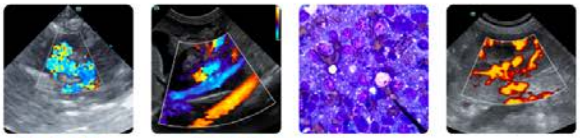


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Penny Tomasetti

SPECIES

Canine

BREED

Peke x

SEX

Spayed Female

AGE

8.5 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Knap

INVOICE

74336

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Presented for pollakiuria and excessive vulvar licking. Symptoms started March 10, 26. NO V/D or inappetence noted. P has history of recurrent UTIs most recent flare up in December 2025, culture was positive at that time for Staph. Dispensed Baytril 100mg SID for 5 days. Owner did not do follow up U/A after finishing meds. Has been on Gabapentin.

Abnormal PE/Chem/CBC/UA Results: March 10 - U/A - WBCs greater than 50/hpf, RBCs 33/hpf, Non squamous epith cells 6-10/hpf, struvite crystals 6-20/hpf March 31 - U/A USG 1.027, protein 5g/L, blood/hemoglobin 250ery/uL, Urobilinogen 70umol/L, WBCs greater than 50/hpf, RBCs greater than 50/hpf, non squamous epith cells 6-10/hpf, Struvite crystals 5/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall is thickened and slightly irregular, measuring at 0.36 cm. In the dependent portion of the urinary bladder there are numerous large, rounded, hyperechoic shadowing structures most consistent with large stones along with some smaller mineralized debris. Examples measure 1.28, 1.14, and 0.94 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions.

The left kidney has a normal shape and size (4.64 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.77 cm). Overall echogenicity is slightly hyperechoic with poor 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.

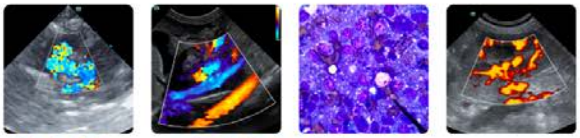
Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.66 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 0.73 cm at the cranial pole and 0.49 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 (1.06 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.



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Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined hypoechoic nodules visualized throughout the liver. Most notably there is a larger hypoechoic nodule measuring 1.19 cm x 2.16 cm.

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.

Gastrointestinal

The stomach contains minimal luminal contents. 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 0.24 cm. Duodenum 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 pancreas is visible/mildly mottled in the right limb. 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.

PRIMARY FINDINGS

- Bladder wall thickening and irregularity most consistent with cystitis as well as shadowing hyperechoic structures most consistent with numerous large cystic calculi – Correlate with a urinalysis, culture and radiographs to further assess the number and size of stones present.
- Large, hyperechoic liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic nodules have the appearance most consistent with regenerative nodules or similar. An early neoplastic process 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.

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SECONDARY FINDINGS

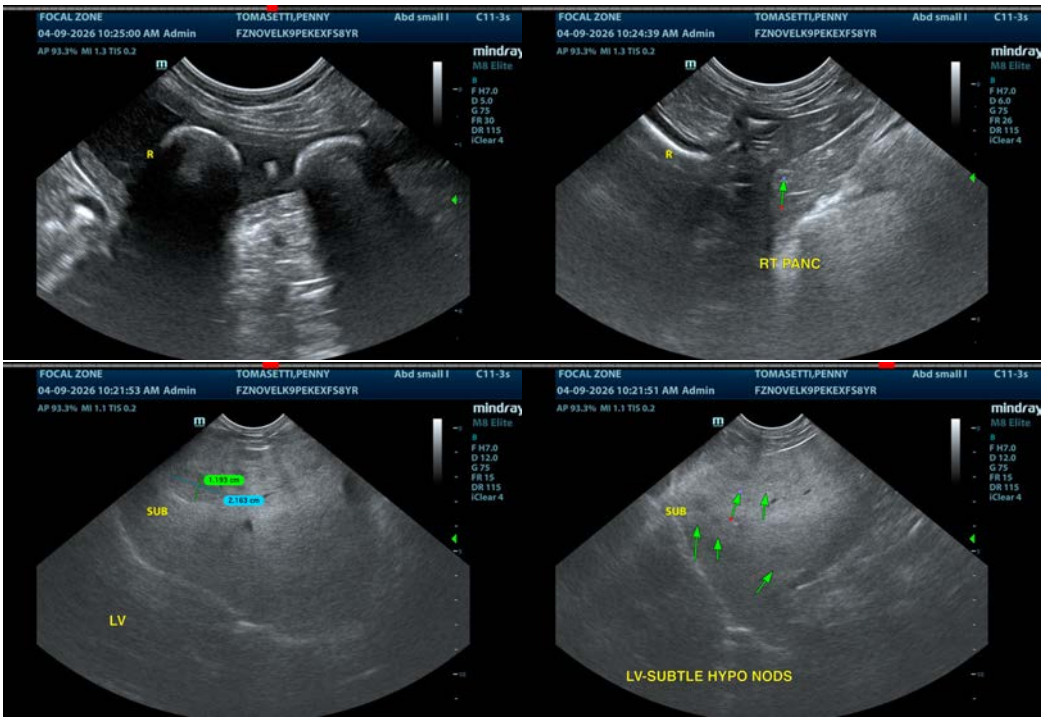
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous shadowing cystic calculi visualized in the urinary bladder. Correlate these findings with radiographs to better assess the number and size of stones present. Based on the information provided, these could represent struvite stones. Options would include surgical cystotomy to move the stones, stone analysis, and cultures obtained. If struvite stones are very strongly suspected and surgery is not a good option, you could attempt dissolution with a urine culture, looking for a possible concurrent infection, as this could be the cause for the stones present.

The liver is large ad hyperechoic with ill-defined hypoechoic nodules. This potentially has the appearance consistent with a vacuolar hepatopathy. Correlate with current lab work, patient's clinical assessment, etc. A liver function test and a fine needle aspirate of the liver may be considered. There is no significant adrenal enlargement noted, but if Cushing's is strongly suspected, adrenal function testing could be considered, etc.

Further workup for recurrent urinary tract infections may be warranted.



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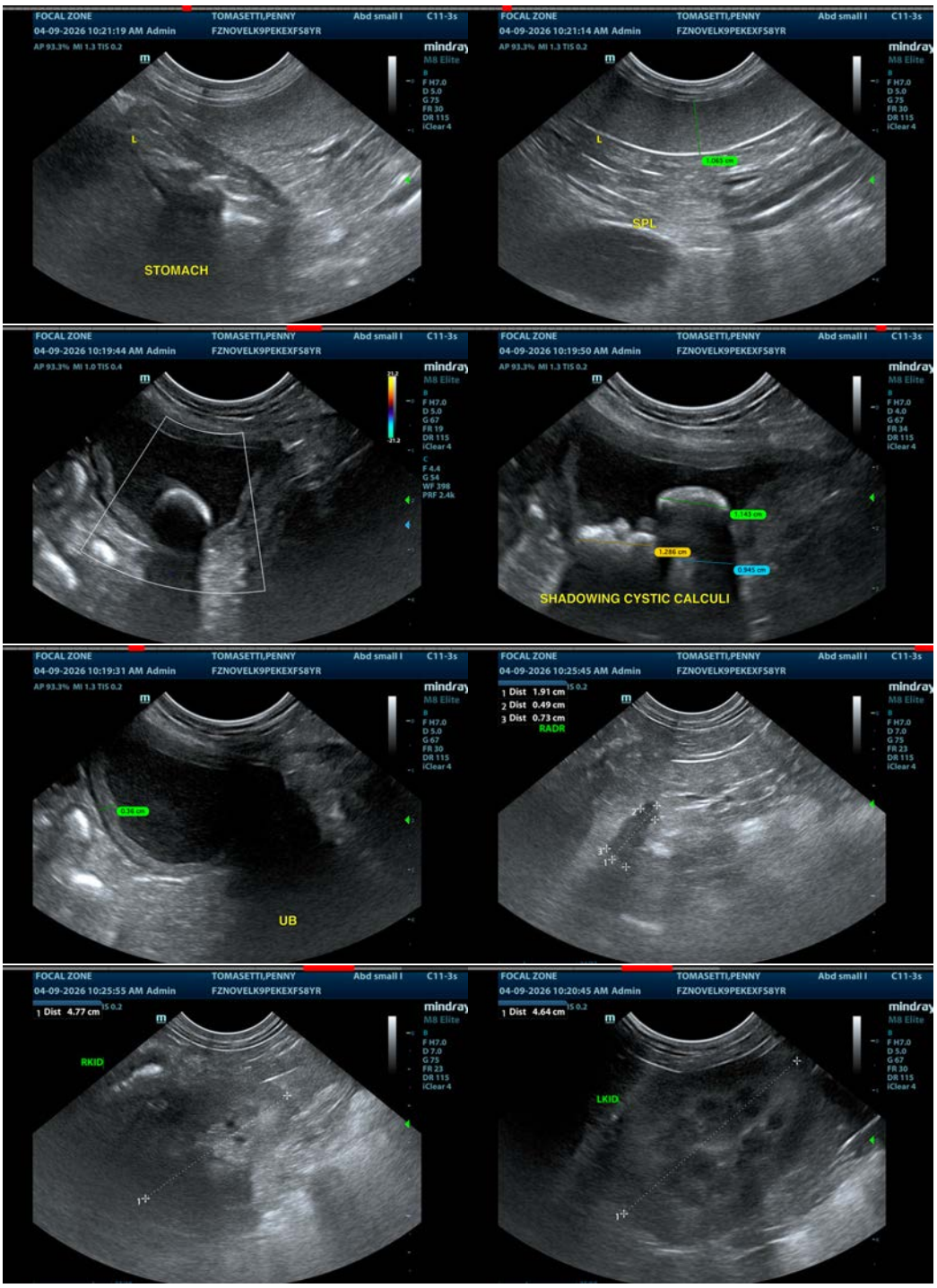

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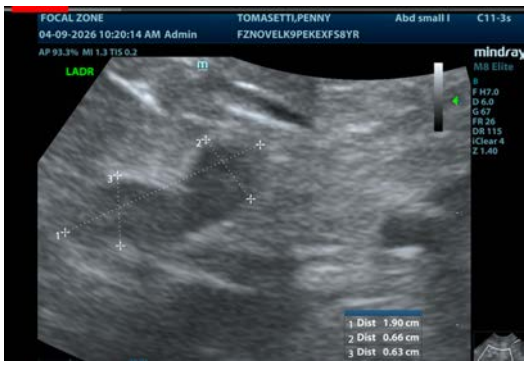

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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