



PATIENT

Lola Aquilino

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Andover Animal
Hospital

REFERRING VET

Dr. Ditchik

INVOICE

75430

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Exam of renal and urinary tract after repeat UTI since Aug 2025. May 2026 culture showed growth of Proteus Mirabilis. Meds: Enroflox 68 mg 1 Tab PO 24 hr for 14 days.

Abnormal PE/Chem/CBC/UA Results: March 2026 CBC/Chem WNL, Urine: PH 8.5, Rods >100, Cocci, trace protein, WBC 2-3, USG 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears severely thickened and slightly irregular, particularly in the apical region, measuring at 0.79 cm. The region of the trigone, ureteral papillae and proximal urethra appear within normal limits with no evidence of any significant wall abnormalities or calculi.

The left kidney has a normal shape and size (4.11 cm) with occasional pinpoint 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 (4.38 cm) with occasional pinpoint 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 plump, measuring 0.57 cm at the cranial pole and 0.71 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 1.02 cm at the cranial pole and 0.67 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 (2.43 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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.

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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.

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French Bulldog

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 0.48 cm. Jejunum wall measures 0.31 cm. There is mild mucosal fogging and speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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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

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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

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- Thickened, irregular apical wall of the urinary bladder – The appearance is most consistent with severe cystitis, although an atypical neoplastic process cannot be ruled out.
- Mildly heterogeneous liver – Findings could be consistent with age related remodeling. Correlate with current lab work, as an underlying hepatopathy cannot be ruled out.
- Mildly thickened duodenum with mild mucosal fogging and speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The apical region of the bladder wall is severely thickened and slightly irregular. A discrete mass effect is not visualized, but neoplasia in this region cannot be ruled out. Recommend treatment for cystitis based on culture and sensitivity results, and repeat imaging of the bladder wall approximately two weeks into therapy. Antibiotic use based on repeat culture and sensitivity results could be continued until the bladder wall normalizes. If urine cultures are negative and the bladder wall thickening is persistent, an underlying neoplastic process may be a concern. Ideally consider cystoscopy to further evaluate the urinary bladder for any congenital abnormalities, etc., and to obtain biopsies of the bladder wall for histopathology and cultures. If the bladder wall normalizes with therapy, this is most consistent with

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cystitis.

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If not already done, recommend full biochemical evaluation, looking for possible systemic causes predisposing to recurrent cystitis, and recommend physical exam including the external genitalia, looking for any anatomic abnormalities that could predispose to infection (hooded vulva, polypoid mass lesion, etc.). Probiotic therapy should be implemented while on systemic antibiotic therapy, with medications spaced at least two hours from each other.

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The duodenum appears mildly thickened with mild mucosal speckling and fogging. The significance of this in the absence of underlying GI symptoms is uncertain. If chronic diarrhea or weight loss, etc. is present, further workup may be warranted.

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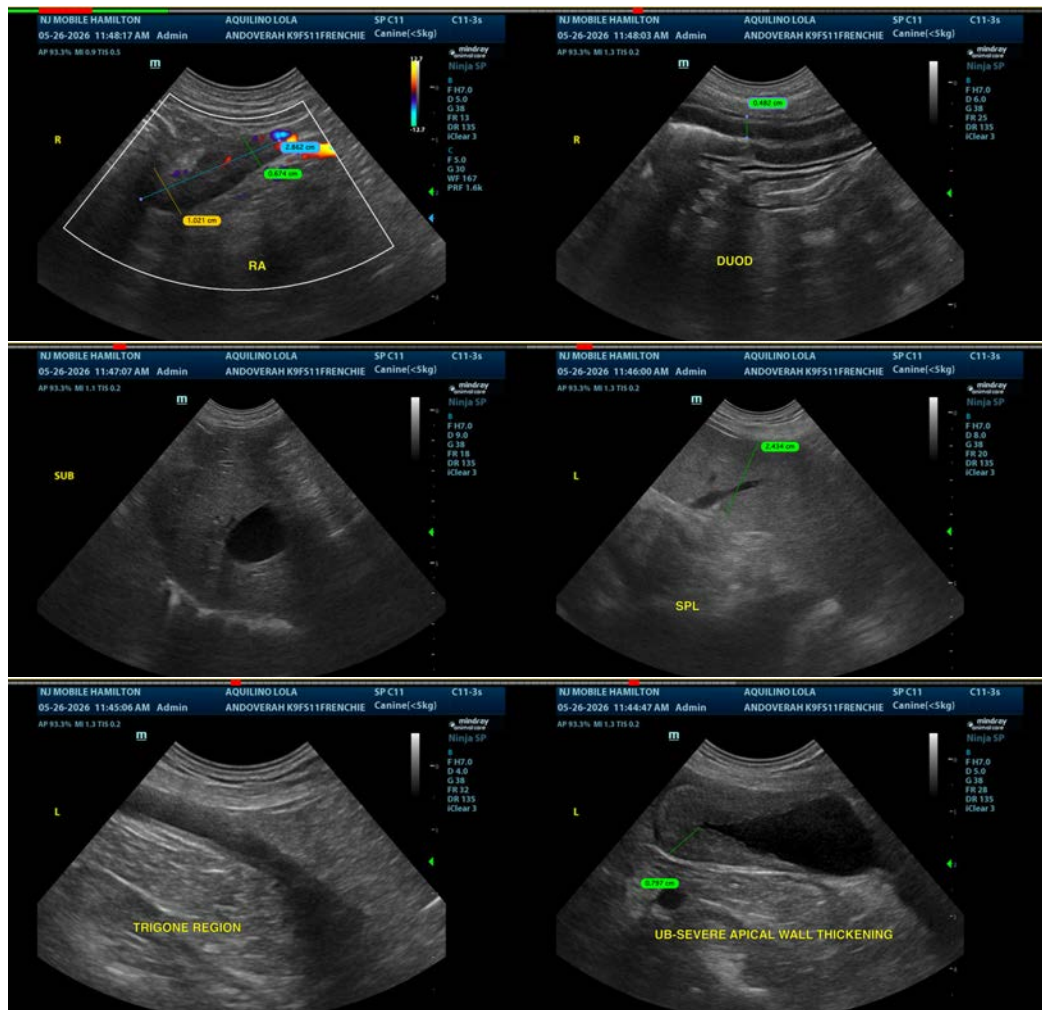
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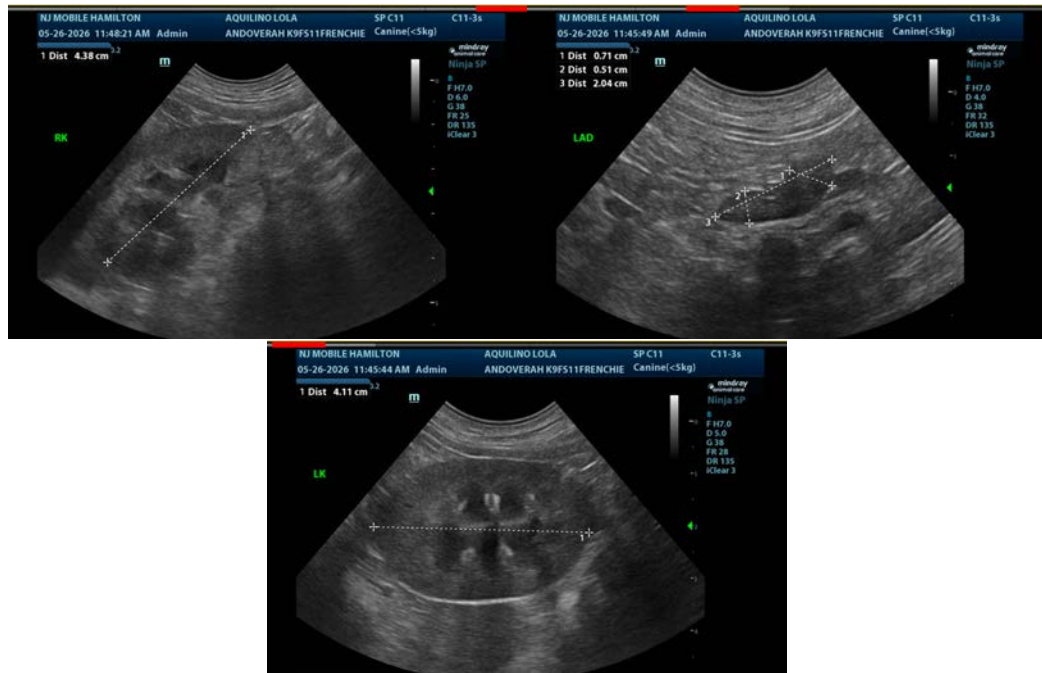
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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