



**PATIENT**

Arrhya Brown

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Intact Female

**AGE**

17 Weeks

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Aloha Veterinary  
 Hospital

**REFERRING VET**

Dr. Mori

**INVOICE**

75467

**DATE**

5/27/26

**PRESENTING CLINICAL SIGNS**

P recently adopted by tech. known issue of Pulmonic Stenosis (mild) and leaking urine sometimes with frank blood- concern for ectopic ureters.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly/minimally distended with anechoic urine. The Bladder wall appears severely thickened, measuring at 0.89 cm. The wall thickening is diffuse up to the level of the cystourethral junction, where the urethra appears significantly dilated measuring 0.81 cm in diameter. Adjacent to the urinary bladder in the sagittal view there is a dilated tortuous ureter (most consistent with left ureter) that appears to attach in the region of the cystourethral junction where there is a polypoid-like mass effect visualized measuring 0.61 cm x 0.74 cm. The right ureter is not clearly visualized.

The left kidney has a normal shape and size (3.76 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 nephroliths, or infarcts. The left ureter is dilated, and prominent at the level of the urinary bladder, measuring approximately 0.25 cm in diameter. It can be followed proximally to the level of the kidney (dilated and tortuous). Minimal pyelectasia is observed. Renal vasculature is normal.

The right kidney has a normal shape and size (3.94 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.36 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 0.62 cm at the cranial pole and 0.42 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 (0.75 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.



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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 moderate fluid/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**

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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 0.35 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The descending colon contains non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon wall measures 0.18 cm with intact wall layering.

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**Pancreas**

The left limb of the pancreas is prominent 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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. There is a prominent sublumbar lymph node visualized measuring 0.52 cm. The omentum is generally normal in echogenicity.

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**Other**

The left ovary is visualized measuring 1.05 cm.

A brief view of the uterine body is visualized and appears within normal limits.

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**ULTRASONOGRAPHIC FINDINGS**

- Dilated/tortuous left ureter-Suspect left ectopic ureter with concurrent cystitis and a suspected polypoid lesion.

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bladder wall is severely thickened, and the urethra is dilated with a dilated left ureter. Findings are concerning for an ectopic left ureter. Recommend a contrast study (ideally a contrast CT scan) to further evaluate both ureters and assess for possible surgical correction. Additionally, recommend a urine culture to assess for concurrent cystitis.

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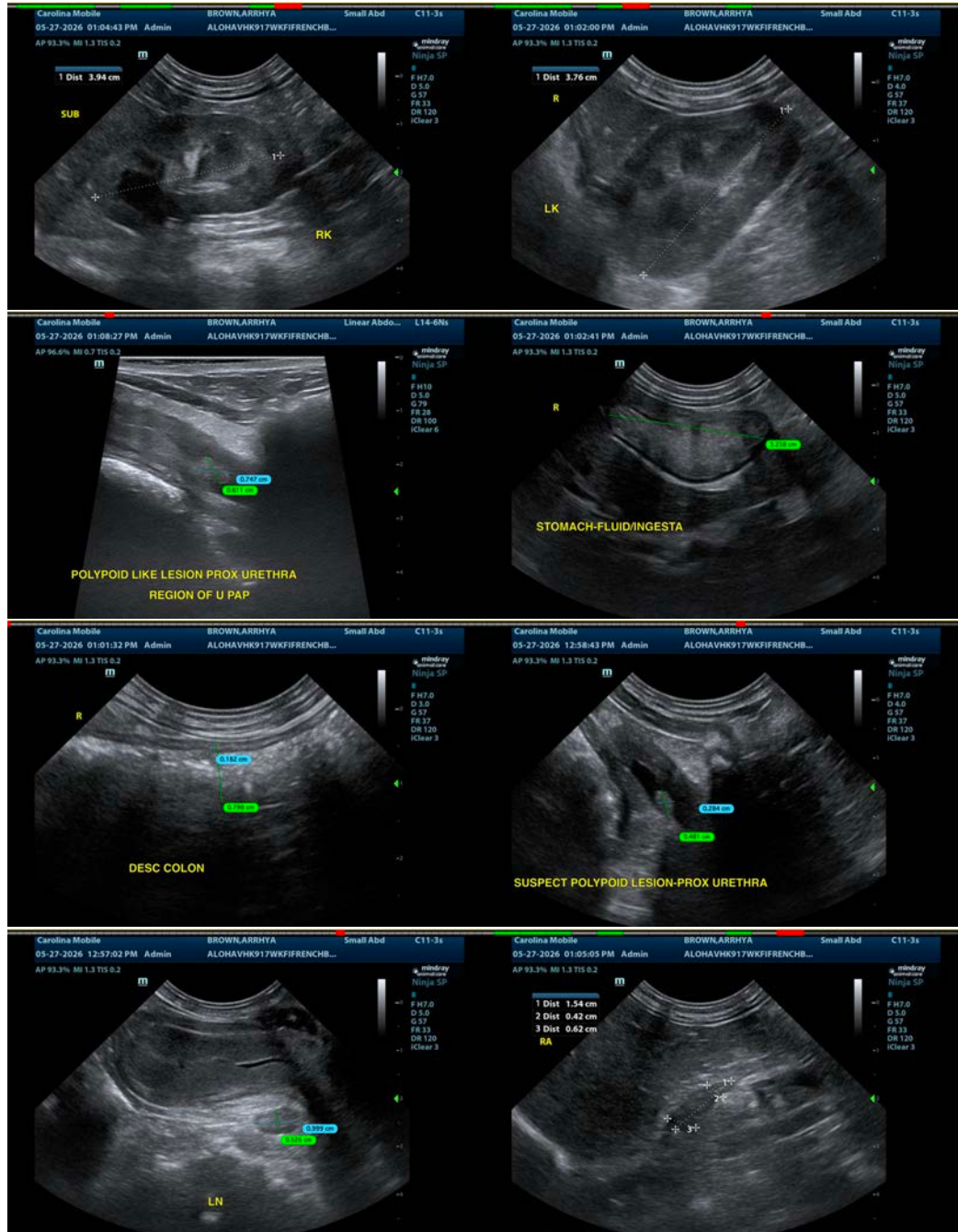
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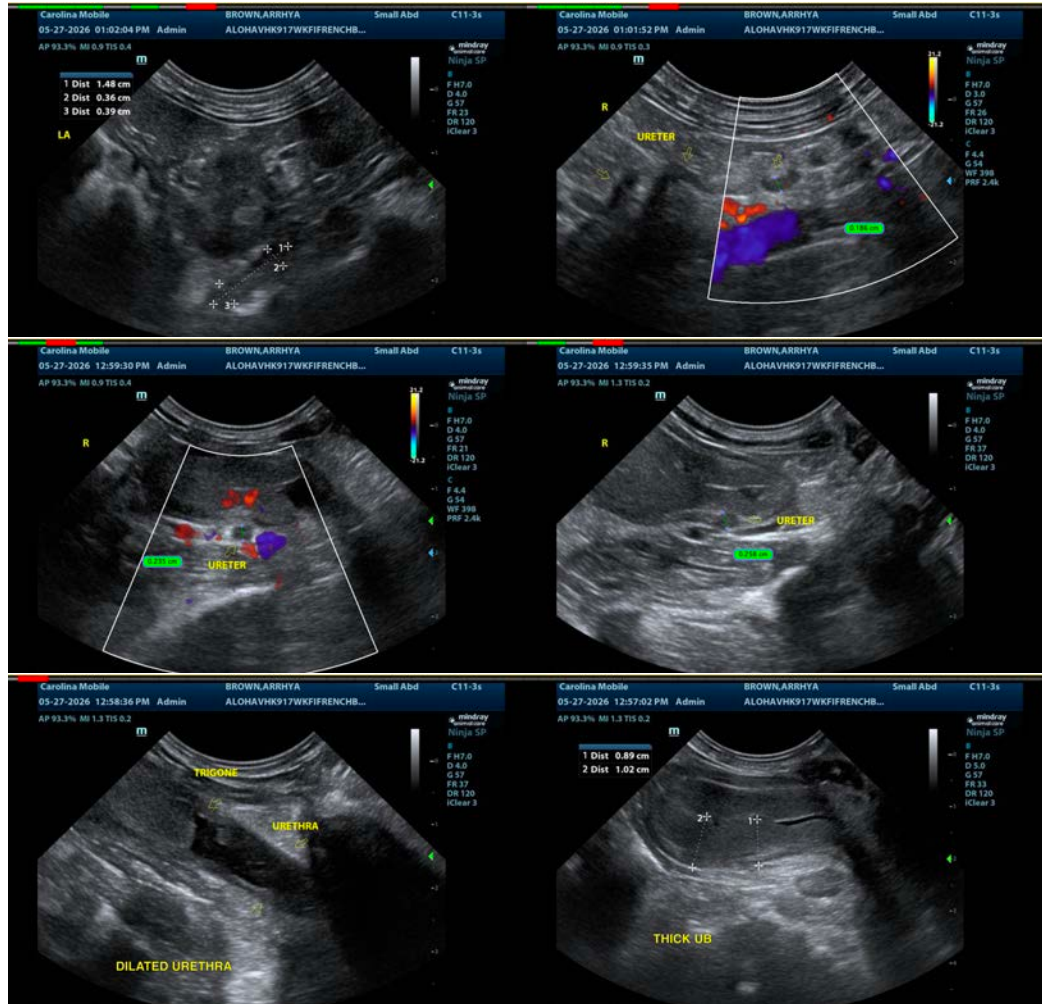
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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