



PATIENT

Zoe Besseling

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

12 Years

WEIGHT

64.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Village Centre Animal
 Hospital

REFERRING VET

Dr. Kunnath

INVOICE

74938

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Presented for acute onset of hematuria and stranguria on 4/14/26/. Owner reports observing blood in the urine and has seen Zoe posturing to pass urine frequently but only passing a few drops. Work up completed and medications started with no improvement. Now having accidents in the house and ongoing hematuria. Has been on Galliprant.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened, particularly in the apical region where it appears somewhat irregular, measuring at 0.79 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (5.9 cm) with rare small cortical mineralizations. 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 (6.57 cm) with rare small cortical mineralizations. 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 0.71 cm at the cranial pole and 0.65 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 1.54 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 (2.08 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 in size but slightly irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is an isoechoic to slightly hypoechoic, solid, somewhat poorly defined mass effect visualized in the left caudal region of the liver measuring 5.79 cm x 3.4 cm.

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.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Iso/hypoechoic solid liver mass effect – Findings could be consistent with a benign adenoma, a neoplastic lesion such as a carcinoma or other. A rounded, atypical liver lobe or regenerative nodule is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is mildly thickened and irregular, particularly in the apical region. No focal lesions were observed. Findings are suggestive of diffuse cystitis. A neoplastic process is thought less likely. Correlate with current culture results (these should be obtained when patient is off antibiotics for at least 5 days). If hematuria is persistent, consider repeat imaging and/or cystoscopy to further evaluate. A distal urethral lesion cannot be ruled out. Consider a digital rectal exam to palpate the urethra and evaluate the distal urogenital tract.

There is a rounded hypo- to isoechoic lesion visualized in the left caudal liver, suggestive of a mass effect. This could represent a benign or early neoplastic lesion. If a safe window for sampling is available, consider a fine needle aspirate. Further options would include continued monitoring with ultrasound (recheck in 2-3 months) or a contrast CT scan to better evaluate for possible surgical removal, if indicated.



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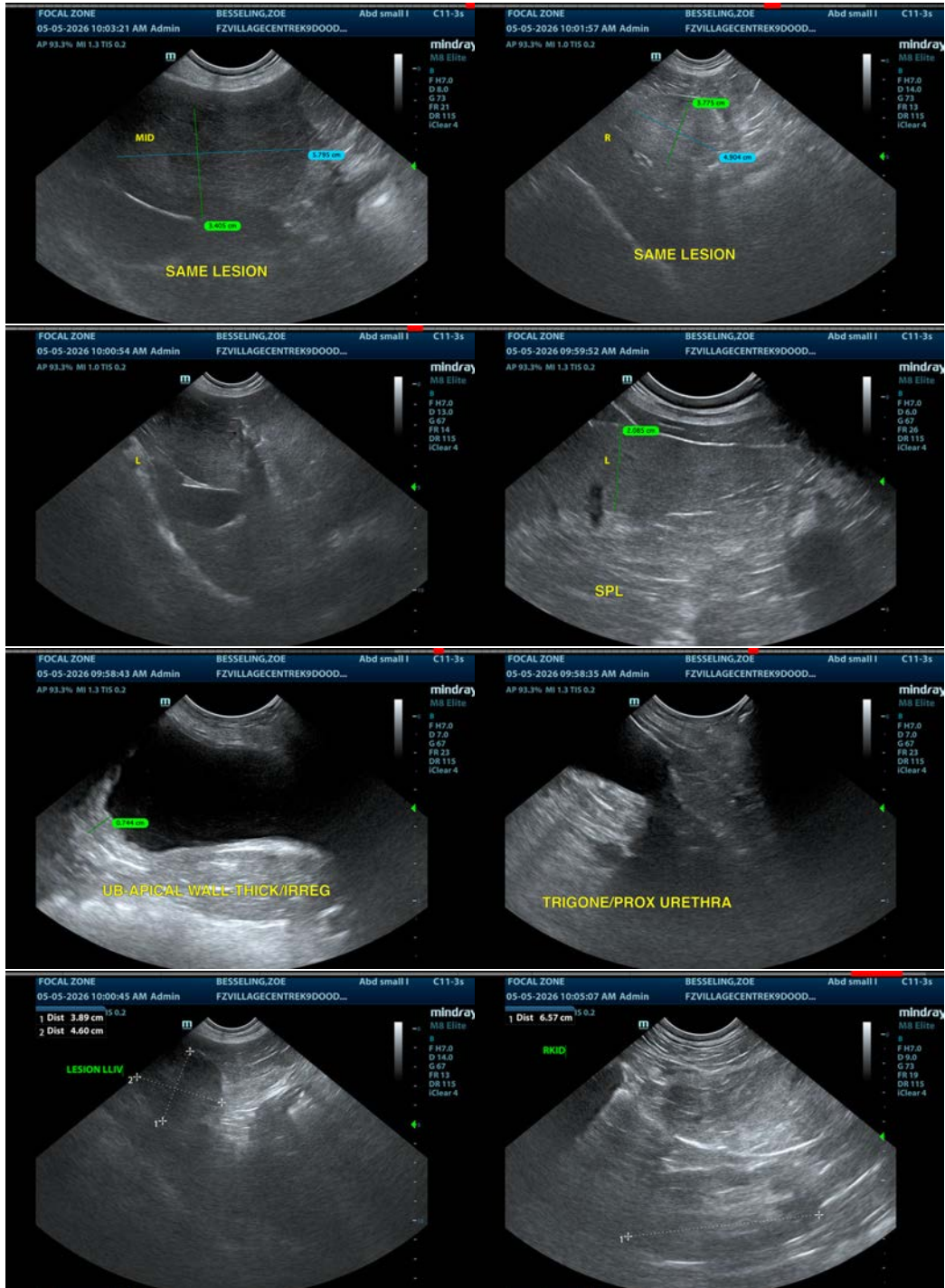
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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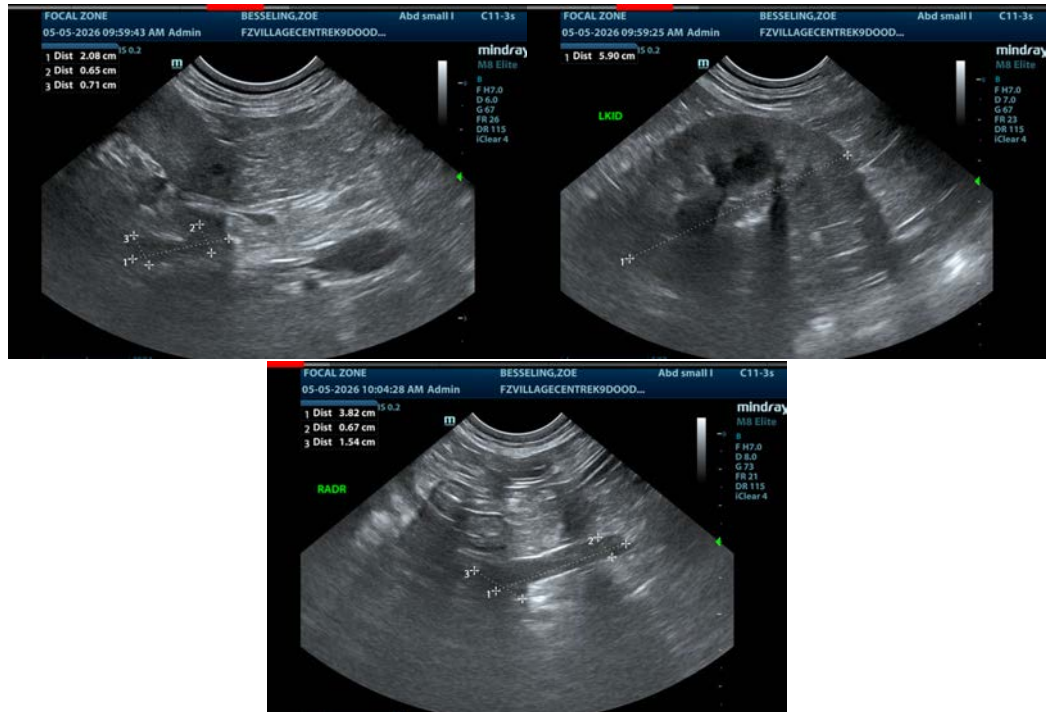
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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