



PATIENT

Tessa Puppy Mill
Rescue Team

SPECIES

Canine

BREED

Aussie Mix

SEX

Intact Female

AGE

5 months

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Mafalda Carvalho

INVOICE

12055

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Tessa is a 4-month-old female puppy presenting for evaluation of urinary incontinence. The owners report that the incontinence is not constant. It seems to be mostly when she is in a deep sleep, occurring about 3 times a week. It is not every time she is in a deep sleep. There was one instance where she leaked urine when being picked up. She is otherwise doing well with house training. She can hold her urine for about 7 hours overnight, but sometimes she leaks before waking up. If she does wake up, she will alert the owners to go outside.

CLINICAL SIGNS: frequent incontinence

Abnormal PE/Chem/CBC/UA Results: May 8, 2026 Urinalysis Proteinuria (30 mg/dL) Leukocytes present in urine (25 Leu/uL) Commented mild proteinuria with possible clinically significant protein ratio if persistent Urine pH 9.0 (alkaline) Pale yellow urine color Specific gravity 1.032 No RBCs or WBCs seen on sediment exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.89 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. Mild pyelectasia noted measuring 0.21 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.3 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. Mild pyelectasia noted measuring 0.19 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 cm at the cranial pole and 0.29 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 0.28 cm at the cranial pole and 0.31 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 (1.39 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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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.

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.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 (0.35 cm in wall thickness) and the jejunum measured as normal (0.27 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 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

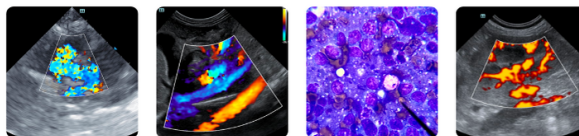
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are some prominent mesenteric lymph nodes. Examples measure 0.65 cm x 2.74 cm, and 0.56 cm x 1.97 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent mesenteric lymph nodes. Findings are likely most consistent with "puppy" lymph nodes. Reactive lymph nodes or other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a large ectopic ureter on today's exam. A small ectopic ureter/tunneling ureter, etc. cannot be definitively ruled out. Depending on the severity of signs, congenital sphincter mechanism incompetence could also be a consideration. Recommend a urinalysis and culture. If symptoms are persistent, consider a contrast CT scan or a cystoscopy to further evaluate for any ectopic ureters, congenital abnormalities, etc.



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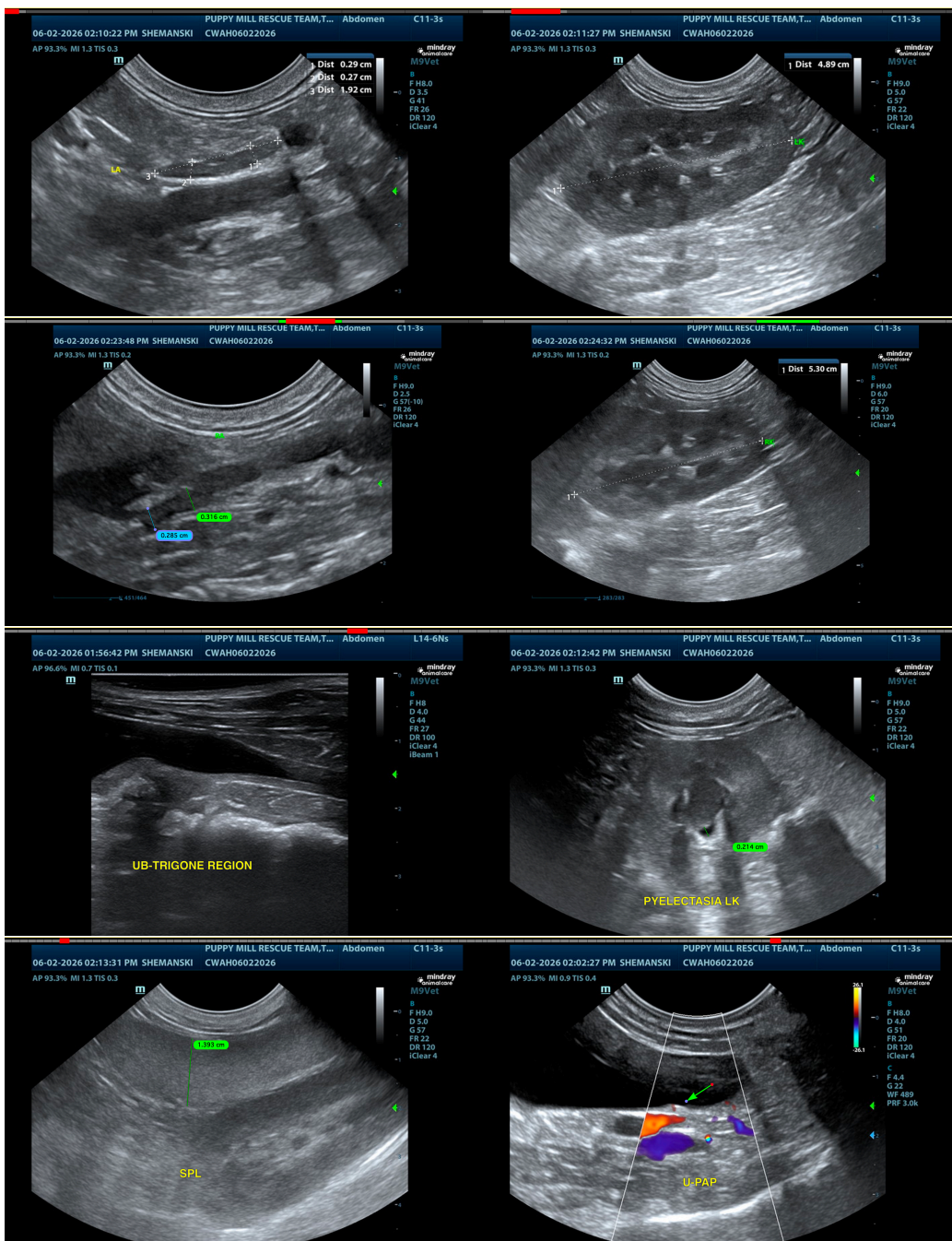
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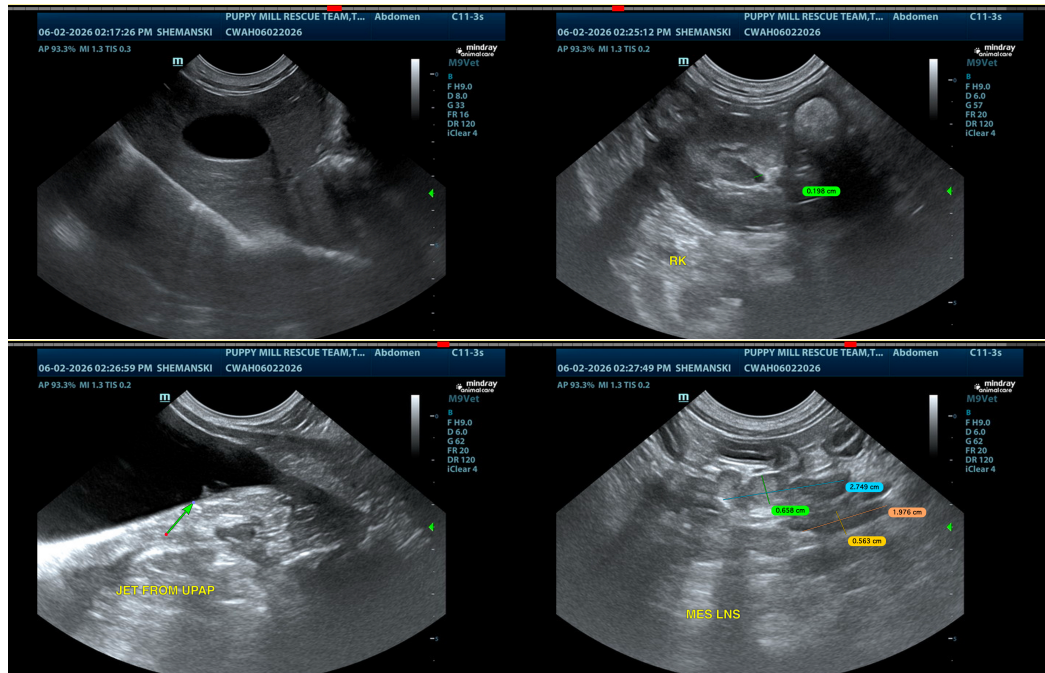
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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