



PATIENT PRESENTING CLINICAL SIGNS

Kaya Cler Pt starting hematuria and stranguria x 24 hours. Vomited twice this morning. Urine very bloody and turgid on appearance,
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

The urinary bladder is moderately distended with a large volume of echogenic urine. Debris is non-shadowing, likely consistent with reported hemorrhage. The dependent portion of the bladder wall is very mildly irregular and slightly thickened, but no discreet mass effect is observed. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of significant mucosal irregularities, masses or calculi.

SEX

Spayed Female

The left kidney has a normal shape and size. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia noted at 0.41 cm. A 0.44 cm stone is noted in the renal pelvis, and possible a dilated ureter at 0.33 cm (need color flow to confirm). Renal vasculature is normal.

AGE

6 Years

The right kidney has a normal shape and size (4.9 cm). Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

35 Pounds

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.57 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Dr. Velasco

Spleen

The spleen is subjectively normal in size, 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.

HOSPITAL NAME

Bethany Family PC

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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Dr. Velasco

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.

DATE

8/12/21



PATIENT

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

SPECIES

Canine

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Boxer

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

SEX

Spayed Female

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.

AGE

6 Years

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

WEIGHT

35 Pounds

- Large volume echogenic urine with mildly irregular dependent bladder wall – most consistent with reported hematuria and possibly cystitis. Recommend urinalysis and culture. No focal lesions are observed .
- Left-sided pyelectasia with a small nephrolith in the renal pelvis and questionable ureteral dilation – The small stone visualized is unlikely to be causing a significant obstruction, but there could be concern of another stone more distally, etc. Recommend abdominal radiographs to look for evidence of mineralizations in the area of the ureters. Color flow in the area of the ureter on cross sectional view can help to delineate vessel from ureter. Recommend urinalysis and culture.

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SECONDARY FINDINGS

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- Decreased corticomedullary distinction in both kidneys – likely an incidental finding and is very mild.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious focal lesion from the reported hematuria is not observed. Recommend urinalysis and culture to exclude cystitis and pyelonephritis. Consider coagulation testing if hemorrhage is severe. Recommend rectal exam to palpate distal urethra and digital vaginal exam to palpate for any palpable lesions. Rarely other causes of hematuria exist, such as benign essential hematuria, etc., but initial diagnostics should focus on more commonly seen issues.

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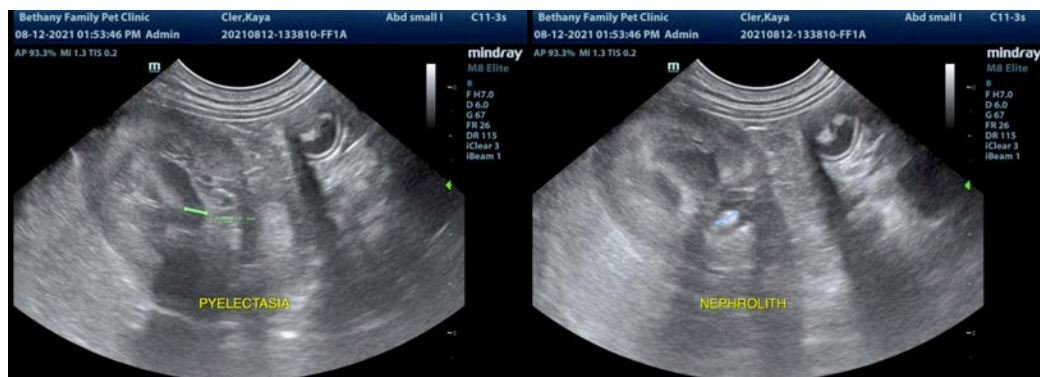
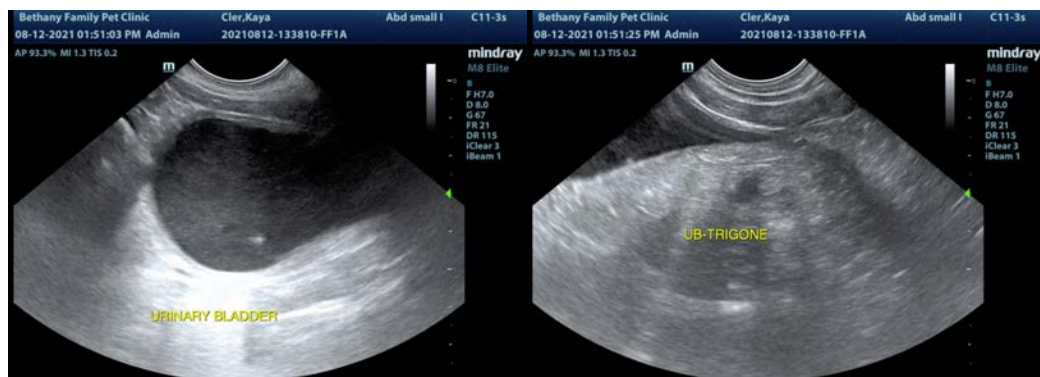
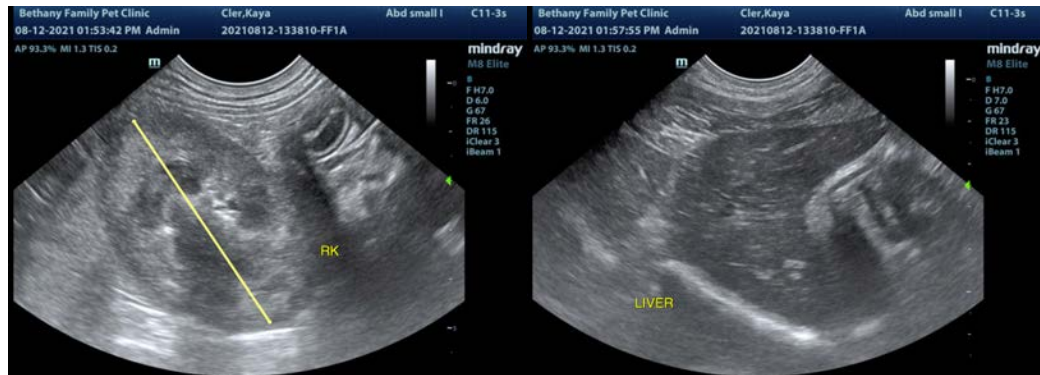
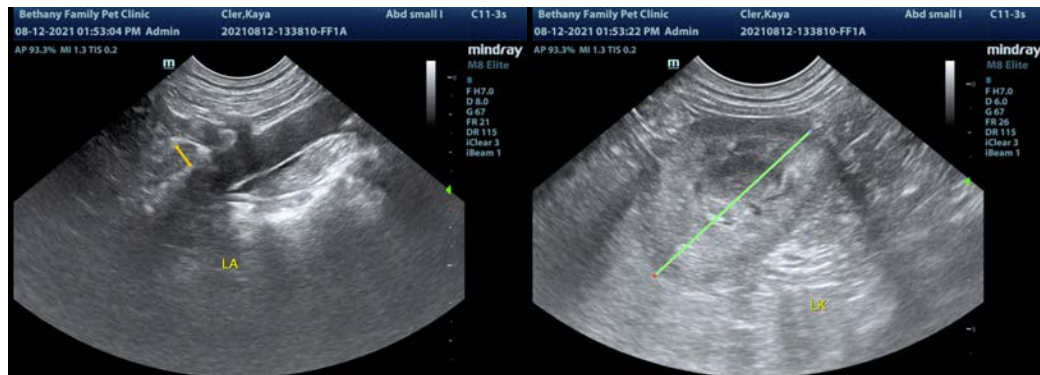
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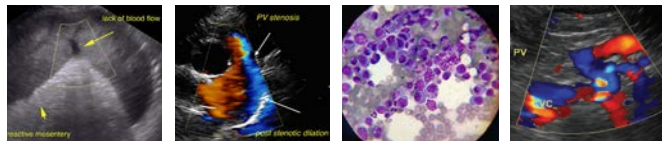
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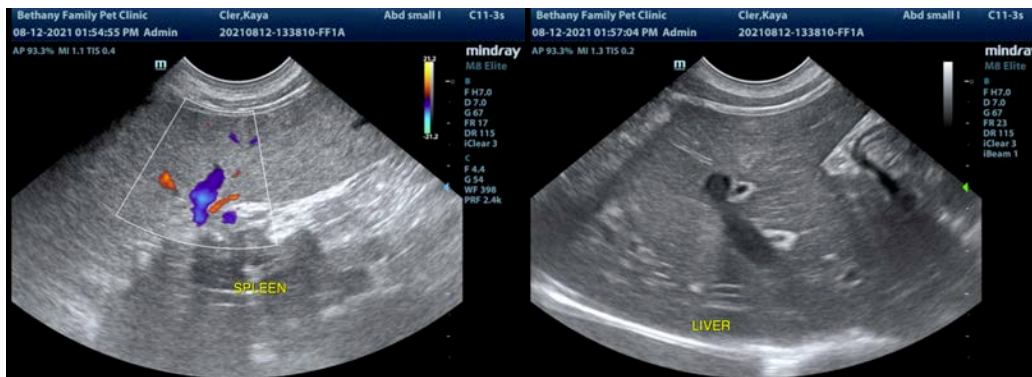
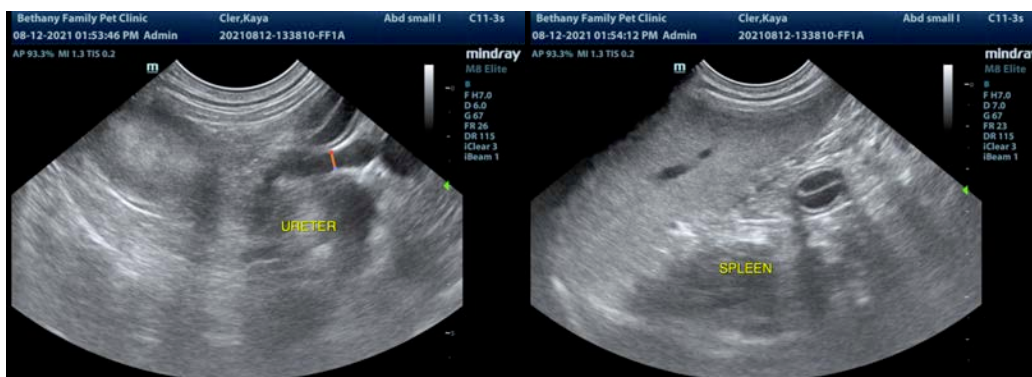
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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