



PATIENT PRESENTING CLINICAL SIGNS

Alaska Hubert Have been treating a suspected UTI-now has large blood clots in urine. Current meds: Amoxicillin 500mg bid

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

10 Years

WEIGHT

77.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

44777

DATE

8/17/23

Urinary System

The urinary bladder is moderately distended with urine. There is a moderate amount of hyperechoic suspended debris visualized within the urinary bladder. The Bladder wall is thick and irregular. This is more pronounced in the ventral and apical region of the urinary bladder. Along the ventral wall the urinary bladder measures 0.78 cm. An irregular portion of the apical wall measures up to 1.36 cm in thickness.

The left kidney has a normal shape and size (6.94 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.

The right kidney has a normal shape and size (6.78 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 0.54 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 0.84 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, 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. There is an anechoic cystic structure visualized on the right side near the gallbladder measuring 1.85 cm x 2.41 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Gastrointestinal

Alaska Hubert

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.

SPECIES

Canine

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. Jejunum wall measures 0.41 cm.

BREED

Pit Bull x

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

SEX

Spayed Female

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

AGE

10 Years

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.

WEIGHT

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent medial iliac lymph node visualized on the left side measuring 0.90 cm in width. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder wall (ventral and apical portion) with suspended echogenic debris – Findings could be consistent with severe cystitis or an early neoplastic process.
- Anechoic structure visualized in the right side of the liver – Findings are most consistent with a benign hepatic cyst.
- Prominent left medial iliac lymph node – Findings are most consistent with a reactive lymph node, although an early metastatic lymph node cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes observed in the urinary bladder are most consistent with severe cystitis, although an early neoplastic process cannot be ruled out. Recommend a urinalysis and culture. If there is no evidence of an active infection, then consider a traumatic catheterization of the bladder wall in order to obtain a sample for cytologic analysis. If an infection is present, recommend treatment of that infection with appropriate antibiotics (based on culture and sensitivity results) and reevaluation of the urinary bladder wall two weeks into therapy. Ideally, the bladder wall should be normalized prior to cessation of therapy. If the bladder wall remains thickened at that point, recommend repeat culture and possible longer course of treatment. If the irregularity does not improve, cytology or biopsy with cystoscopy would be recommended.

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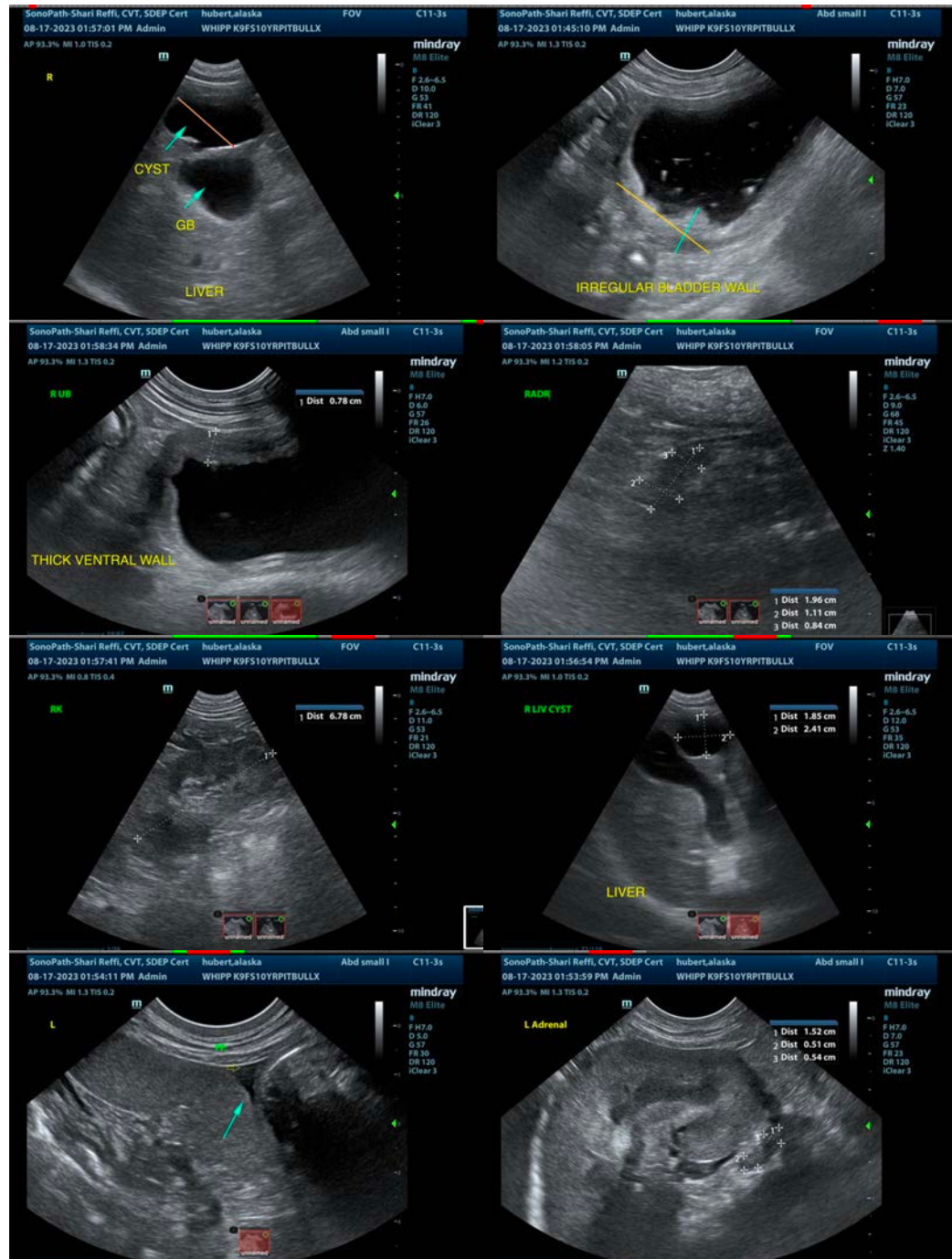
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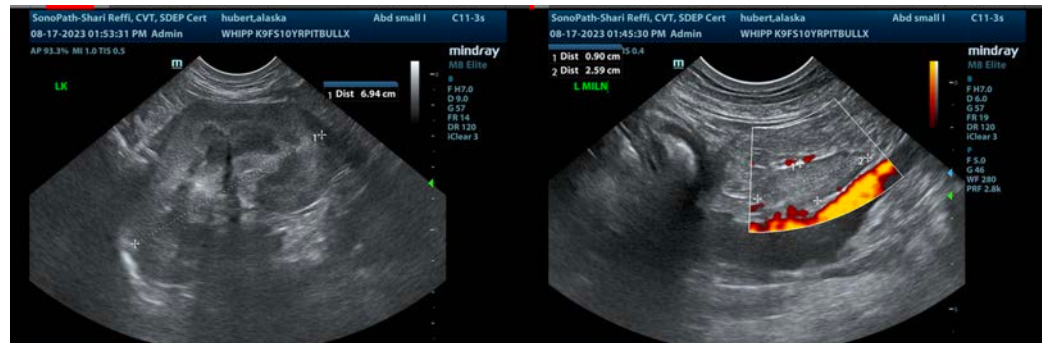
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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