



**PATIENT**

Bella Kremer

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

59 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

91781

**DATE**

9/13/21

**PRESENTING CLINICAL SIGNS**

History: Pollakuria with normal ua and minimal improvement on amoxicillin since 8/30/2020.  
Abnormal PE/Chem/CBC/UA Results: PE: normal UA: Normal 8/6 and 8/30/2020 8/6/2020 labs:  
normal save Lipase 575 U/L, and Spec cPL 694 ug/L

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally distended with anechoic urine. The bladder wall is diffusely thickened and measured 0.56 cm and the mucosa appears slightly irregular. No masses or cystic calculi are observed. In some views there is the suggestion of a tubular structure which could be consistent with an ectopic ureter. This is a very soft finding, Lack of urine distension hinders evaluation

The left kidney has a normal shape and size (6.14 cm). Overall echogenicity is normal with adequate 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.58 cm). Overall echogenicity is normal with adequate 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.63 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 0.63 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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended.



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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.

**BREED**

Pit Bull

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.)

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

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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.

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**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.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

**HOSPITAL NAME**

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Subjectively thickened urinary bladder with mildly irregular mucosa. 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The scan was relatively normal aside from a minimally distended urinary bladder with subjectively mild thickening with some mucosal irregularity. Lack of urine distension makes interpretation of this irregularity difficult.

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This is most consistent with cystitis. I recommend urinalysis and culture when the patient has been off antibiotics for 5-7 days.



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If urinalysis is negative consider other potential causes such as ectopic ureter (would require high resolution imaging with color flow in the trigone region or better yet a contrast CT scan), There were some views which were suspicious for this but could not be confirmed. Additionally consider vaginitis/vaginal abnormality, etc. If urinary tract is ruled out you can consider a cystoscopy to better evaluate the vagina/bladder and look for an ectopic ureter.

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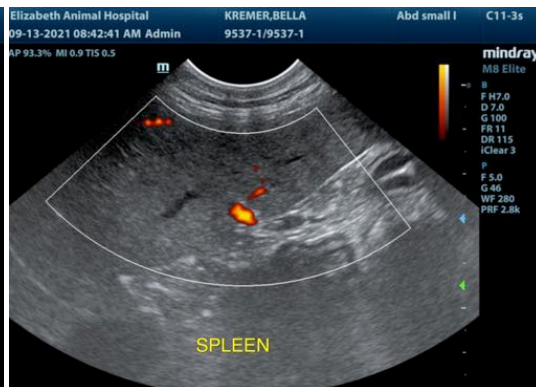
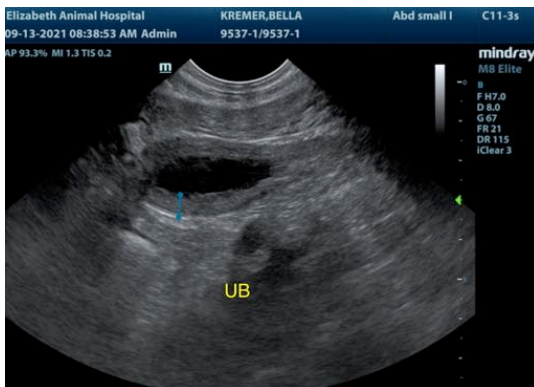
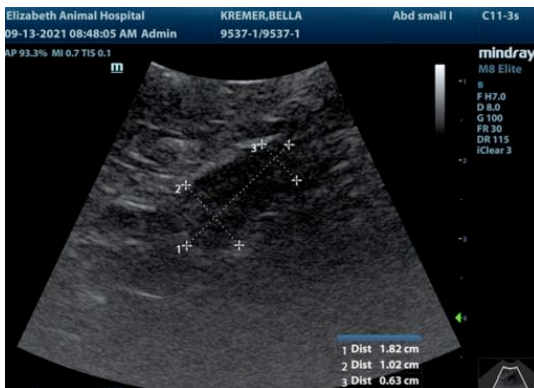
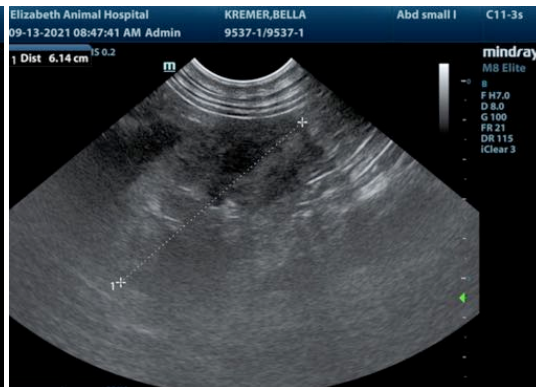
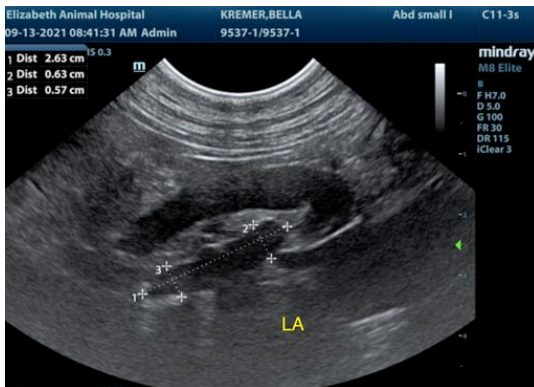
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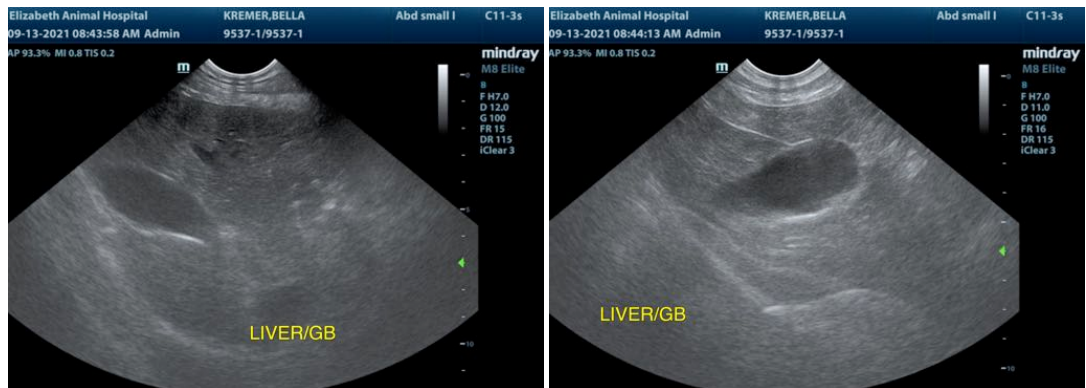
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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