



PATIENT

Rilla Hoffman

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

72487

DATE

12/10/25

PRESENTING CLINICAL SIGNS

P presented for one incident of skipping 2 meals last week. P is very food motivated and skipping meals if very concerning to O. P also has hx of Hepatic adenoma (completely excised) / splenectomy- multiple splenic hematomas and EMH 3/15/22. And Hepatocellular carcinoma, R0 and Nodular hyperplasia, complete excision in 2/2024. P also has HAC, appears well controlled. Blood work showed mild anemia, all else NSF. Hx of hypertension and proteinuria. Presently on Vetoryl 30mg bid, Telmisartan 20mg 1+1/4 qd, Amlodipine 5mg bid, Galliprant 60mg qd.

Abnormal PE/Chem/CBC/UA Results: 12/2025: CBC: Hct: 33L, Chem: ALP: 157H, alb: 3.2, K: 5.3, Na: 140; T4: 1.6, UA: SG: 1.016, bacteriuria, quiet sediment. UCS: no growth. chest rads: Diffuse bronchial pattern is consistent with chronic inflammatory lower airway disease secondary to an allergen or irritant or infectious etiology. 7/2025: CBC: NSF, Chem: ALP: 163H, T4: 1.5, UA: SG: 1.015, bacteriuria, quiet sediment, pre-trilostane cortisol: 3.0, UPC: 0.1.

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 (5.95 cm). Overall echogenicity is slightly hyperechoic with poor 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 (6.27 cm). Overall echogenicity is slightly hyperechoic with poor 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 large, measuring 0.92 cm at the cranial pole and 1.03 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 large, measuring 0.97 cm at the cranial pole and 0.93 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 surgically absent. Surgery performed 3/2022 (benign).

Liver

The liver is subjectively normal in size but slightly irregular in shape (quadrate lobe and medial right liver lobe previously surgically excised). The parenchyma is heterogenous in echotexture with subtle,



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indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized in the cranial right side of the liver measuring 2.27 cm x 1.51 cm.

The gallbladder has been surgically removed.

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. Duodenum wall measures 0.46 cm. Jejunum wall measures 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 right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Mildly dilated pancreatic duct noted at 0.22 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy noted. An isoechoic mesenteric lymph node is visualized measuring 0.53 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – Findings are consistent with the current diagnosis of pituitary dependent hyperadrenocorticism.
- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic right limb of the pancreas with prominent pancreatic duct – Findings could be consistent with pancreatic remodeling +/- mild chronic pancreatitis.
- Heterogeneous liver with a hypoechoic nodule in the right side – Possible differentials could include a regenerative nodule, early adenoma, carcinoma, other.
- Surgically absent spleen, gallbladder, and portions of the liver (quadrate lobe and medial right lobe).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the intermittent inappetence is not clearly noted. The right limb of the pancreas is somewhat prominent and hypoechoic. Correlate these findings with PLI level. If this is elevated, mild chronic pancreatitis could be a factor. Consider empirical treatment for pancreatitis.



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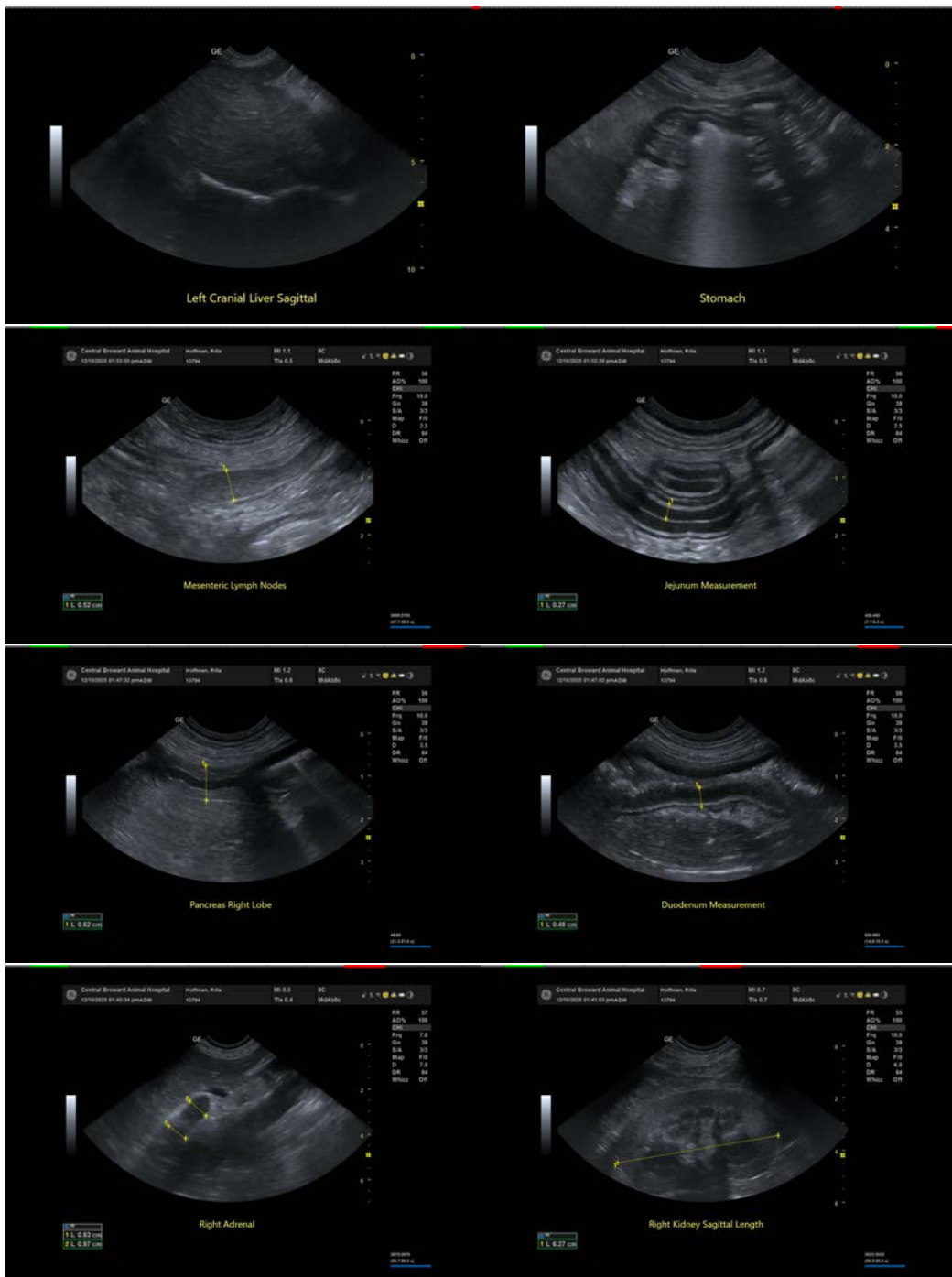
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There is a large nodule/small hypoechoic lesion visualized associated with the right side of the liver. This could represent a benign lesion such as a regenerative nodule or similar, although an early neoplastic lesion cannot be ruled out. I suspect a fine needle aspirate in this region would be challenging. Alternately consider continued monitoring with ultrasound (recheck in 2-3 months).





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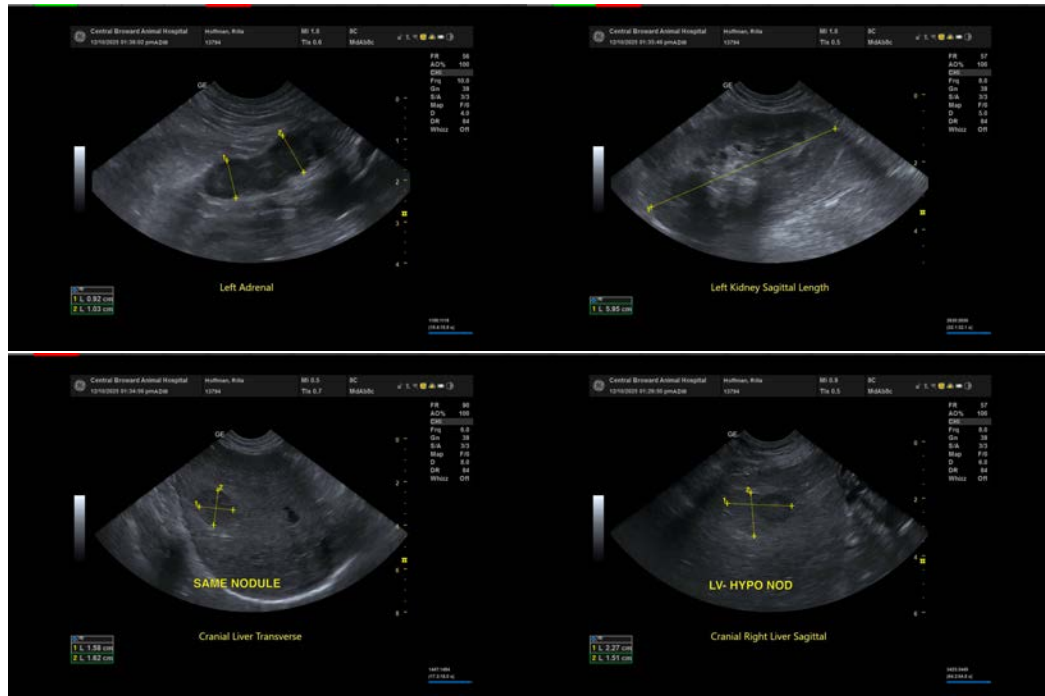
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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