



**PATIENT**

Lulu DeMeo

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

13 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Shohola Veterinary  
Hospital

**REFERRING VET**

Dr. DeMeo

**INVOICE**

72504

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

Suspected Cushings. Hypothyroid recently dx, hyperpigmentation, pot belly. Receiving Levothyroxine 0.1mg Sid

Abnormal PE/Chem/CBC/UA Results: Alkp 585; ACTH stim: Pre 4.6; post 41. UA : pending.

**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 (4.08 cm) with occasional pinpoint cortical mineralizations. 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 (4.18 cm) with occasional pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is “plump” measuring 0.62 cm at the cranial pole and 0.64 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 1.17 cm at the cranial pole and 0.55 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. The cranial pole appears somewhat prominent but no discrete mass effect is visualized.

**Spleen**

The spleen is subjectively normal in size (1.49 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, subtle hyperechoic nodule visualized in the mid body of the spleen measuring 0.30 cm.

**Liver**

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.



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***Gastrointestinal***

The stomach contains mild fluid/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 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 0.45 cm. Jejunum wall measures 0.40 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, 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.

***Other***

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

**PRIMARY FINDINGS**

- Borderline large left adrenal and normal right adrenal with prominent cranial pole. No discrete mass effect is visualized. Findings could be consistent with anatomic variation, focal hyperplasia, etc. Continued monitoring is warranted.
- Heterogeneous liver – Findings have the appearance most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.

**SECONDARY FINDINGS**

- Small, hyperechoic splenic nodule – Findings are most consistent with a benign myelolipoma. Recommend continued monitoring.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left adrenal is somewhat “plump”. The right adrenal is prominent with a rounded cranial pole, but it is not definitively enlarged. Findings could be consistent with early adrenal hyperplasia, a poorly defined nodule, etc. If classic symptoms of Cushing’s are present and there is no other reason for this, then you could consider medical management and continued monitoring of both adrenals with ultrasound (recheck in 3 months).



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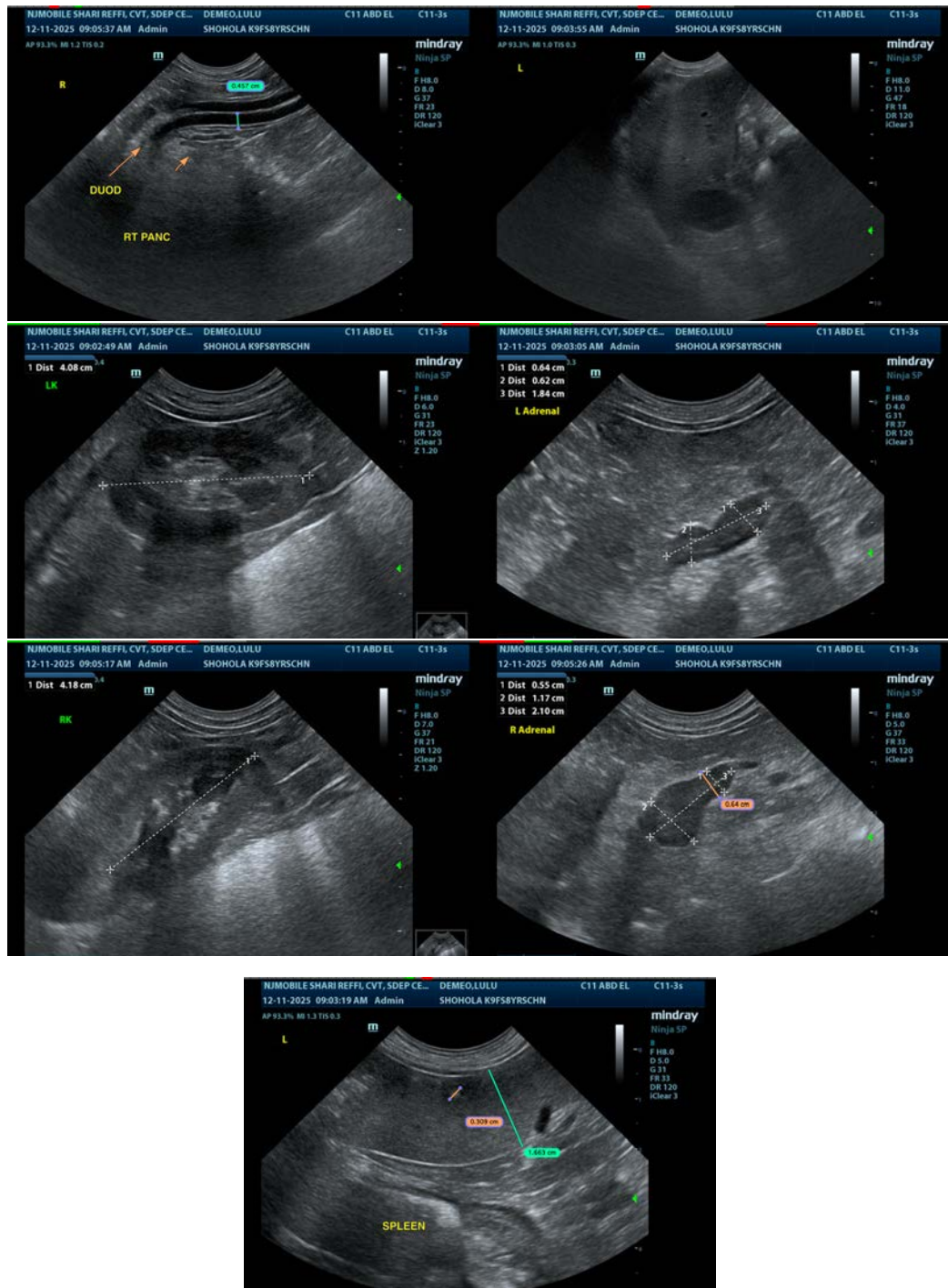
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The liver appears somewhat heterogeneous. Given the history and the breed, a vacuolar hepatopathy is most likely. If a more significant hepatopathy is suspected, consider a liver function test and a fine needle aspirate.





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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](mailto:info@sonopath.com)