



PATIENT

Bailey Grunfeld

SPECIES

Canine

BREED

Malteppoo

SEX

Neutered Male

AGE

12 years 5 months

WEIGHT

8.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anthony Krawitz

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Cindy Krane

INVOICE

10968

DATE

12/18/2025

PRESENTING CLINICAL SIGNS

He presented to us originally on 9/1/2025 with an acute history of anemia. The working diagnosis is primary IMHA. No underlying causes were found. He did have a sonopath ultrasound performed on 9/10/2025 and we would like comparison. The patient has done very well on Doxycycline, Prednisolone, Atopica, and Clopidogrel. Original dose of Prednisolone was 7.5 mg twice a day. He has been slowly tapered from that dose and is currently on 3.75 mg of prednisolone PO SID. He has hyperlipidemia and marked liver enzyme elevations as well. He has chronic hy of mild liver enzyme elevations and hyporexia. His BP was elevated and reasoned well to treatment. The metanephrine fractionation test was negative for pheochromocytoma. The ultrasound study was done for two reasons: 1. We wanted to make sure he doesn't have any growing abdominal mass contributing to his weight gain. 2. To follow up on an adrenal lesion or a lesion around that area that was noted on the previous ultrasound. Current Medications: - Atopica: 25 mg once daily in the morning and 10 mg once daily in the evening. - Clopidogrel: 1/2 of a 75 mg tablet orally once daily. - Prednisone: 3/4 of a 5 mg tablet (3.75 mg) orally once daily. - Phenoxybenzamine daily to control high BP - Visbiome - Ursodiol.

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 prostate is normal in size (0.68 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.13 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 (4.69 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 0.45 cm at the cranial pole and 0.68 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 borderline large in size, and irregular in shape, measuring 0.44 cm at the cranial pole and 1.14 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 somewhat abnormal in that there is a poorly defined, mixed echogenicity hyperechoic lesion in the caudal pole, measuring approximately 0.9 cm x 1.4 cm (previous measurement 9/2025 was 1.0 cm x 1.3 cm. This lesion appears stable)

Spleen



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The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal. There's a very large hyperechoic myelolipoma visualized near the tail of the spleen, measuring 1.03 cm x 1.58 cm. There's a small hypoechoic nodule visualized near the hilus measuring 0.51 cm (previous evaluation 9/2025 measured the hypoechoic lesion at 0.5 cm x 0.7 cm. It appears stable.)

Liver

The liver is large in size with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, poorly defined hyperechoic nodules throughout the parenchyma. Generally measuring between 0.5 cm and 1.0 cm. In the mid left region of the liver in particular appears somewhat rounded and slightly hyperechoic, most consistent with a rounded liver lobe or a poorly defined mass effect measuring 5.31 cm x 5.31 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. The duodenum measured as normal (0.37 cm in wall thickness) and the jejunum measured as normal (0.31 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 visible/mildly mottled in the left limb. 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



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There is a previously described hypoechoic lesion near the right kidney measuring 3.7 cm x 1.4 cm. This is not clearly visualized on today's exam.

ULTRASONOGRAPHIC FINDINGS

- Too numerous to count splenic myelolipomas and a stable hypoechoic nodule. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large heterogenous liver with too numerous to count ill-defined, hyperechoic nodules and a questionable mass effect. Findings are most consistent with a vacuolar hepatopathy, and benign hyperechoic lesions. The "mass effect" could represent a large bulging liver lobe, or an early adenoma.
- Large gallbladder debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Mixed echogenicity, hyperechoic nodule in the caudal pole of the right adrenal. This lesion appears stable over the last three months, making an aggressively growing lesion less likely. Primary differential would be an adenoma at this time. Recommend continued monitoring.

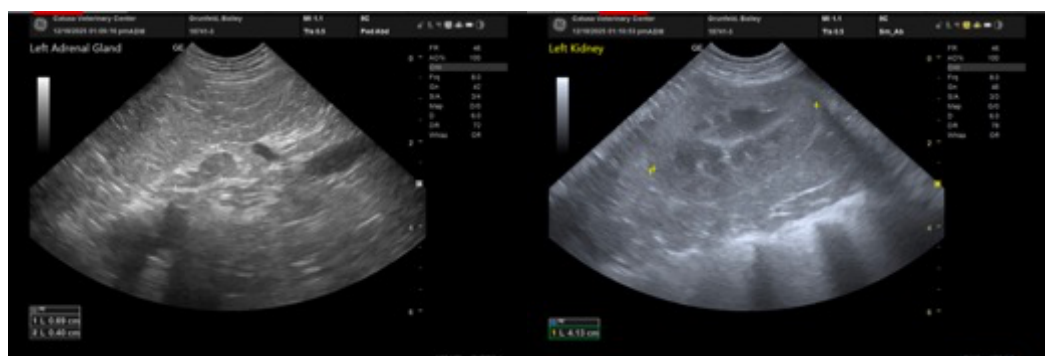
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes observed on today's scan appear similar to the previous exam 9/10/2025. Hypoechoic splenic nodule is stable. This does not rule out a neoplastic lesion but makes it somewhat less likely, and the nodule in the caudal pole of the right adrenal is stable.

The liver is large and heterogenous with rounded margins. This is likely exacerbated by current steroid use. None of the lesions visualized appear particularly aggressive. Benign lesions are suspected.

The gallbladder has a large amount of debris adhered to the gallbladder wall and it appears somewhat hyperechoic. Possibly concerning for early cholecystitis. Recommend chronic ursodiol therapy. If liver enzyme elevations have jumped recently, despite lowering the Pred dose and/or there's abdominal pain, etc., treatment for cholecystitis could be considered.

Consider continued monitoring with a re-check in 6 months. Sooner if there are concerns.





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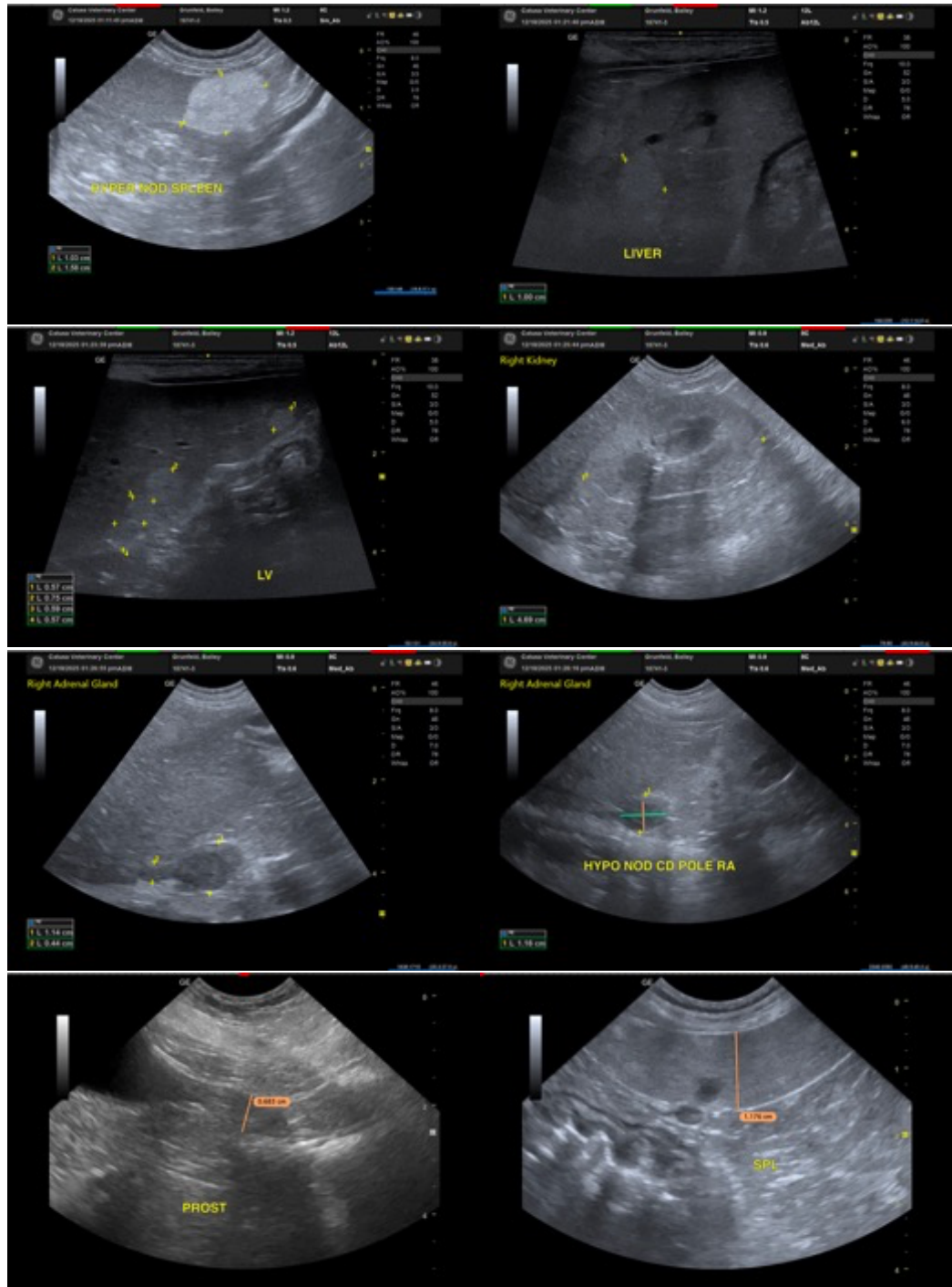
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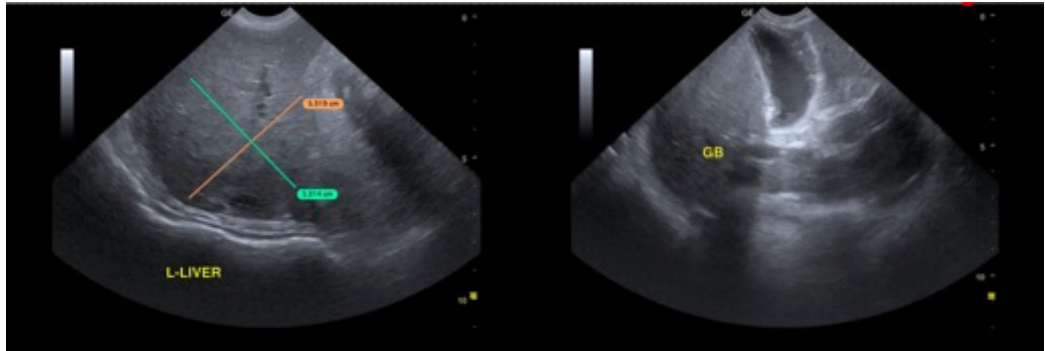
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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