



PATIENT

Lilo Polinario

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

10

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Cranston VH

REFERRING VET

Dr. Moghaddam

INVOICE

10856

DATE

12/4/2025

PRESENTING CLINICAL SIGNS

Lethargy, abdominal distention, hind leg weakness.

Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, leukocytosis Quick agglutination test _ negative. 4Dx not available.

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 (7.23 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 (7.05 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 large in size, and abnormal in shape measuring 2.9 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there's a hypoechoic nodule in the cranial pole measuring 2.09 cm in the sagittal view (1.98 cm x 2.66 cm in the transverse view.) No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.7 cm at the cranial pole and 0.61 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 and irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hyperechoic nodules which mildly deviate the splenic margins, splenic capsule. One measures 1.87 cm x 1.14 cm in the mid spleen. In the tail there is a nodule measuring 2.51 cm x 1.66 cm. These have the appearance most consistent with benign myelolipomas. Recommend continued monitoring.

Liver

The liver is normal 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.



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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.

Gastrointestinal

The stomach contains mild fluid. 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 (0.46 cm in wall thickness) and the jejunum measured as normal (0.37 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. There's no significant lymphadenopathy. There's occasional prominent mesenteric lymph nodes. A lymph node at the ileocecal junction measures 0.59 cm. A jejunal lymph node measures 0.67 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large hypoechoic nodule at the cranial pole of the left adrenal. Findings are concerning for a mass effect. Possible differentials would include an adenoma, carcinoma, pheochromocytoma, other.
- Expansile hyperechoic nodules visualized in the spleen. Findings are most consistent with benign myelolipomas. Recommend continued monitoring.
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large nodule visualized associated with the cranial pole of the left adrenal. If signs of Cushing's are present, consider adrenal function testing. If hypertension, recommend measuring catecholamine levels, looking for possible pheochromocytoma. No evidence of vascular invasion or rupture/blood loss is noted.



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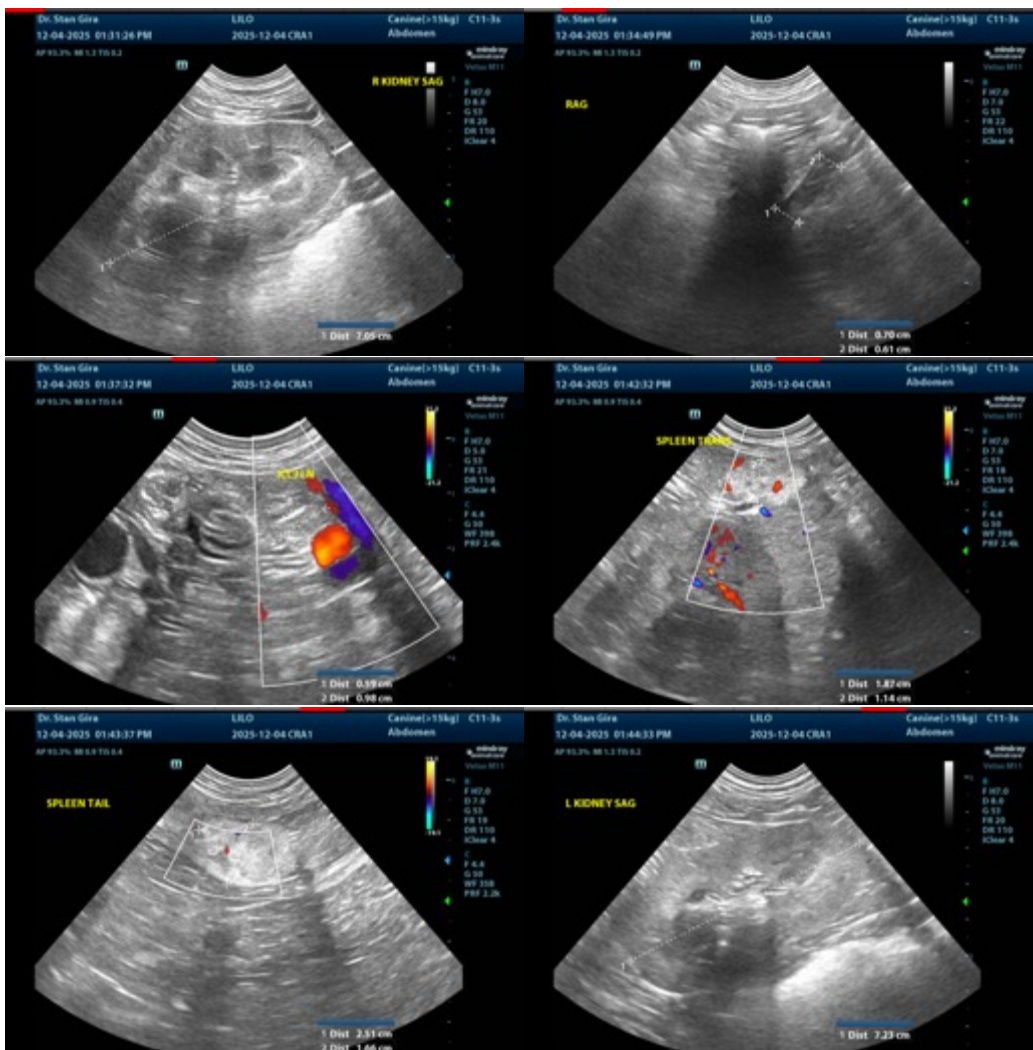
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The liver is mildly heterogenous. This could be consistent with a vacuolar hepatopathy based on the elevation in ALP reported. Other hepatopathies are possible. Further evaluation could include a liver function test and a fine needle aspirate.

There's no evidence of hemorrhage or free fluid in the abdomen. An obvious cause for the regenerative anemia is not visualized. Recommend a pathologist review looking for evidence of hemolysis, autoimmune disease, hemoparasites, etc. Additionally, consider evaluation of the stool for evidence of melena. Iron levels could be measured looking for supportive evidence of a gastrointestinal bleed. If further evaluation of the left adrenal is to be considered, recommend a contrast CT scan as this can also scan the abdomen for any small gastrointestinal lesions, etc.





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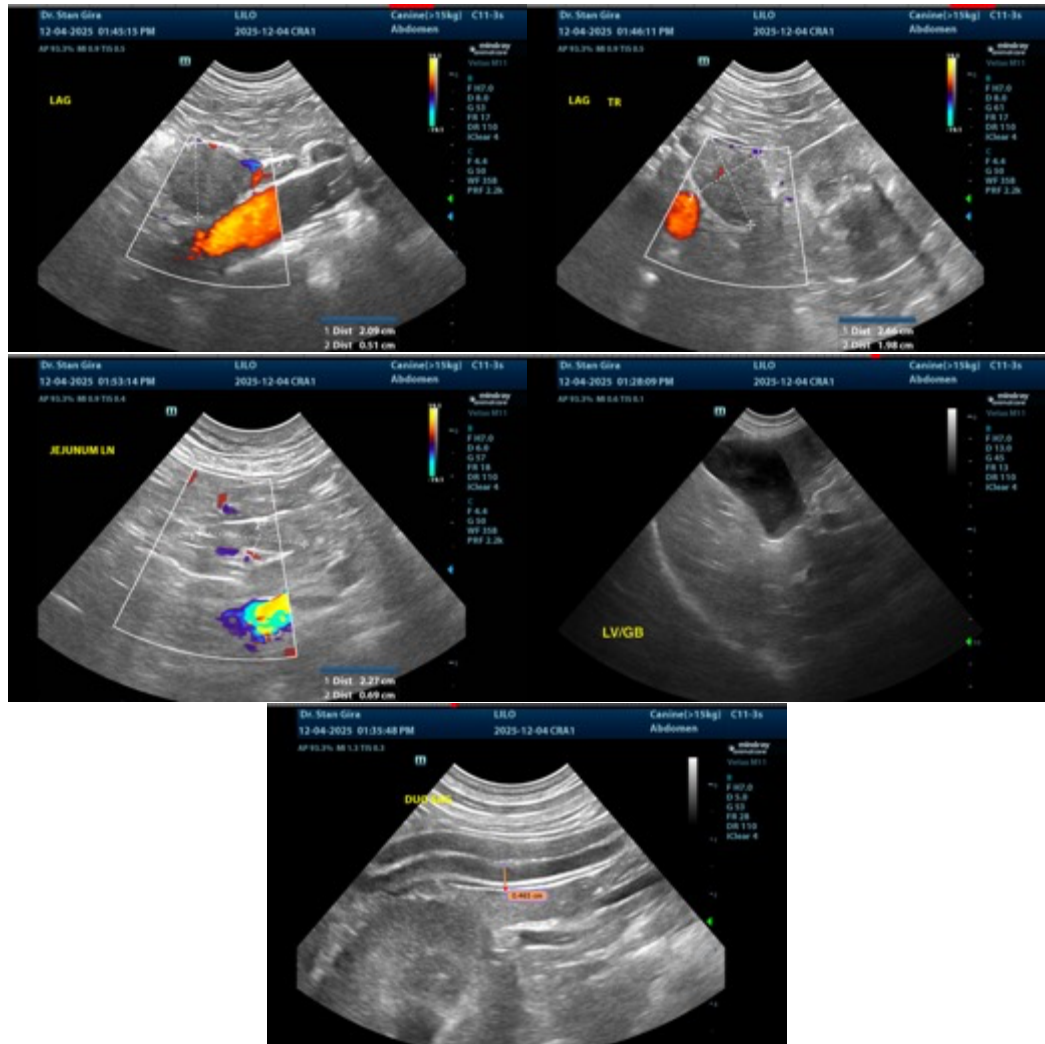
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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