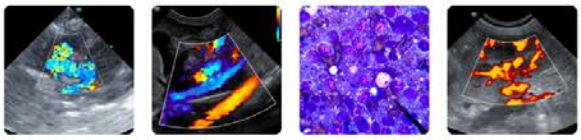


DATE

2/24/26

PATIENT

Maci Hopka

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

2/23/12

WEIGHT

15.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Shannahan

INVOICE

73224

PRESENTING CLINICAL SIGNS

Patient History: Presenting Complaint: rDVM Carney AH referral for pancreatitis. Owner states took p to rDVM due to p ADR and losing weight. Owner states recently tx for hookworms, have not yet had recheck as of yet. Owner states no vomiting or diarrhea, appetite still normal, drinking normally.
Owner states p seems to have lost weight, p weighed in at rDVM at 16lbs - owner suspects ~ 4lb weight loss.

Current Medications: None.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (4.62 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 (4.32 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 and irregular in shape, measuring 1.23 cm at the cranial pole and 1.69 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 both poles are enlarged, but there is an iso- to slightly mixed echogenicity nodule at the caudal pole of the left adrenal gland. No definitive evidence of vascular invasion is visualized.

The right adrenal gland is borderline large and irregular, measuring 0.60 cm at the cranial pole and 0.42 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 abnormal in appearance in that there is an isoechoic bulge in the mid region of the adrenal, most consistent with an isoechoic nodule measuring 0.95 cm x 1.24 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic/anechoic mass effect visualized associated with the spleen measuring 2.14 cm x 1.62 cm, which deviates the splenic margins.

Liver
The liver is subjectively normal in size with slightly irregular margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma has numerous poorly defined hypoechoic nodules. Examples measure 0.54 cm and 0.65 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains a small amount of shadowing ingesta and 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.34 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.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular adrenal glands with a focal nodule at the caudal pole of the left adrenal and an irregular isoechoic thickening/nodule visualized associated with the right adrenal gland – Possible differentials for the left adrenal nodule include adenoma, carcinoma, pheochromocytoma, other. The right adrenal could represent anatomic variation, hyperplasia, or an early neoplastic lesion.

- Hypo/anechoic splenic lesion – Findings could be concerning for a benign or cancerous lesion (hematoma, hemangioma, hemangiosarcoma, other). There is concern for possible risk of rupture, as the lesion appears somewhat thin walled/hypoechoic.

- Heterogeneous nodular liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

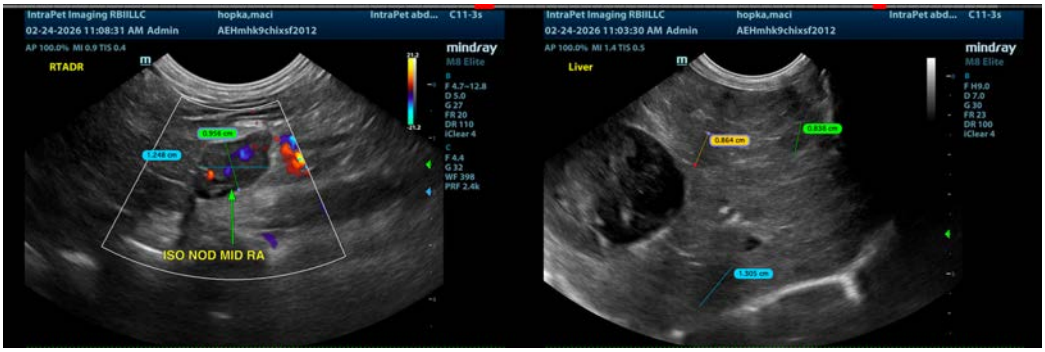
There is a focal hypo- to anechoic lesion visualized in the spleen. This could represent a benign or neoplastic lesion, although there is some concern, as it is very hypoechoic/thin walled, that there could be increased risk for rupture whether it is benign or not. Consider splenectomy for both diagnostic and therapeutic purposes.

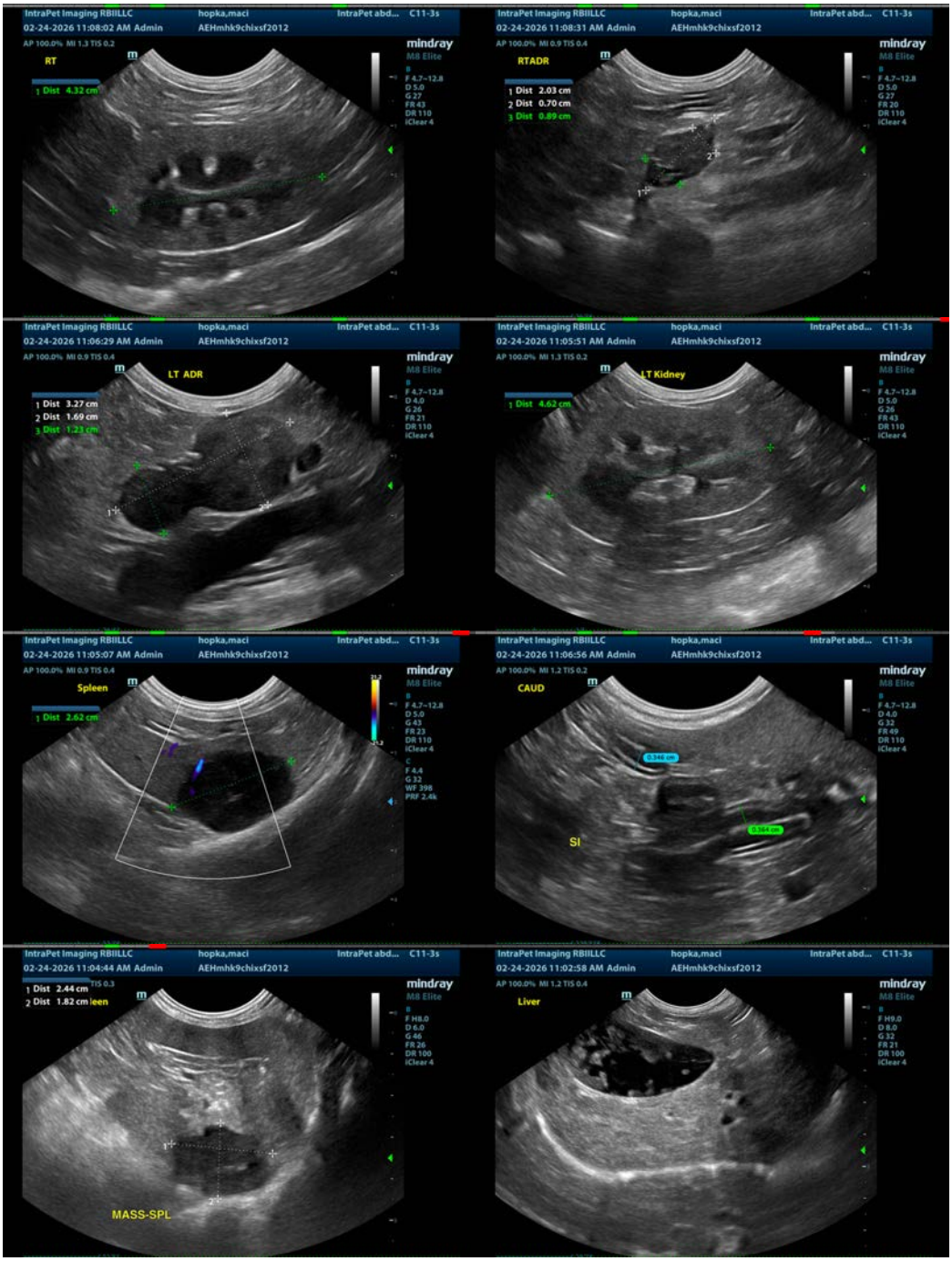
Both adrenals are large and irregular in shape. The caudal pole of the left adrenal is enlarged and there is a mid-body "bulge" in the right adrenal. If signs of Cushing's have been present, consider adrenal function testing once the patient has recovered from its current illness. Additionally, you could consider adrenalectomy in combination with splenectomy. Ideally prior to this a contrast CT scan would be performed, as both adrenals have a lesion, and it may be helpful to determine which adrenal to remove.

The liver is heterogeneous with some ill-defined nodules. This could represent a vacuolar hepatopathy with regenerative nodules, although a more significant hepatopathy could be present, as liver enzyme elevations are significant. Additionally, metastatic disease cannot be definitively ruled out. If surgery is pursued, biopsies of the liver should be obtained at the same time.

Recommend blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).




IntraPet Imaging RBIILLC
hopka,maci
IntraPet abd...
C11-3s
02-24-2026 11:08:02 AM Admin
AEHmhk9chixsf2012
mindray
RT
1 Dist 4.32 cm
02-24-2026 11:08:31 AM Admin
RTADR
1 Dist 2.03 cm
2 Dist 0.70 cm
3 Dist 0.89 cm
02-24-2026 11:06:29 AM Admin
LT ADR
1 Dist 3.27 cm
2 Dist 1.69 cm
3 Dist 1.23 cm
02-24-2026 11:05:51 AM Admin
LT Kidney
1 Dist 4.62 cm
02-24-2026 11:05:07 AM Admin
Spleen
1 Dist 2.62 cm
02-24-2026 11:06:56 AM Admin
CAUD
SI
02-24-2026 11:04:44 AM Admin
1 Dist 2.44 cm
2 Dist 1.82 cm
MASS-SPL
02-24-2026 11:02:58 AM Admin
Liver

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