



**DATE PRESENTING CLINICAL SIGNS**

3/20/26 **Patient History:** Chronic weakness.

**PATIENT Current Medications:** None.

Bobo Kraus **Labwork Results:** Labwork attached, reported as: Labs WNL; large abdominal mass on xray.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**SPECIES Imaging Performed by:** Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

Dachshund 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.

**SEX**

Neutered Male The prostate is normal in size (0.88 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.

**AGE**

9/5/09 The left kidney has a normal shape and size (4.81 cm) with mild pyelectasia at 0.25 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

16.9 lbs

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.78 cm) with mild pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

**HOSPITAL NAME**

Chadwell Animal  
Hospital

The left adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.60 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.

**REFERRING VET**

Dr. Gold

The right adrenal gland is large and irregular in shape, measuring 0.59 cm at the cranial pole and 1.05 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 the caudal pole is irregular and large, measuring 1.01 cm x 1.44 cm. No definitive vascular invasion is visualized.

**Spleen**

**INVOICE**

73869

The spleen is large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are some irregular hyperechoic nodules at the periphery of the spleen most consistent with splenic myelolipomas. Additionally, there is a large, hypoechoic, somewhat mottled, rounded mass effect visualized that appears associated with the spleen, measuring 6.91 cm x 4.97 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Some of the debris appears consolidated into a small "sludge ball". 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. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.36 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 prominent, mottled and hyperechoic in the right 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***

Ringdown artifact is visualized at the level of the diaphragm. This can be seen with pulmonary parenchymal disease. Consider 3-view thoracic radiographs.

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**

- Mild pyelectasia visualized associated with both kidneys – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, solid splenic mass – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions ( lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histocytic sarcoma etc..)

- Pancreatic changes most consistent with chronic pancreatic remodeling or resolving pancreatitis.
- Heterogeneous 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.
- 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.
- Large, irregular caudal pole of the right adrenal gland – Possible differentials could include adenoma, carcinoma, pheochromocytoma, other. The irregular margins somewhat increase concern for a more aggressive lesion.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

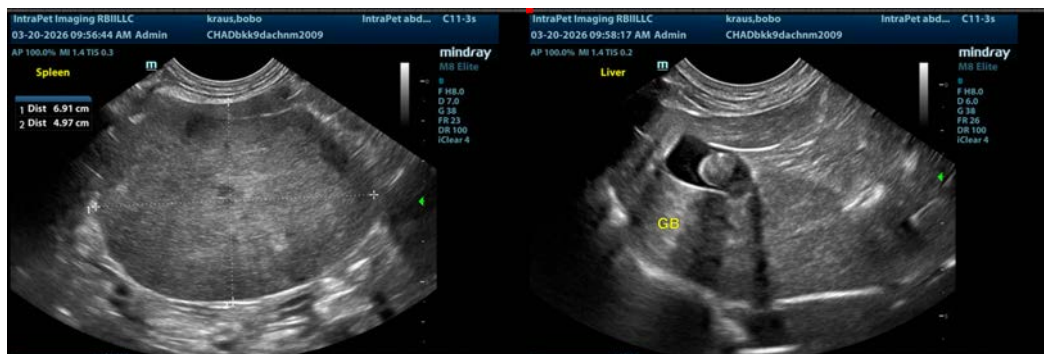
There is a large solid splenic mass lesion observed. Consider splenectomy for both diagnostic and therapeutic purposes, as this could represent a benign or neoplastic lesion.

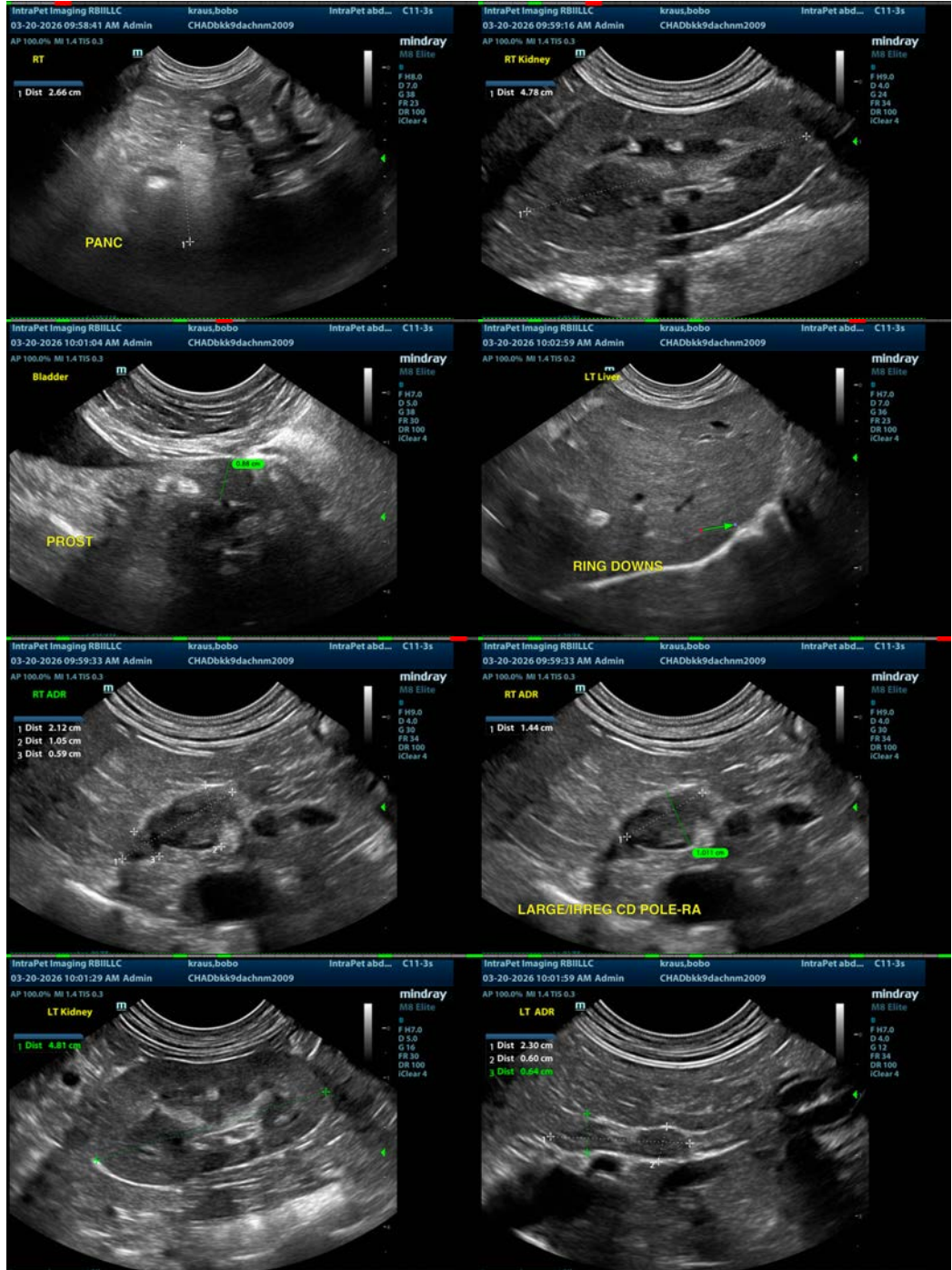
The liver is generally heterogeneous with no definitive focal lesions observed. This does not rule out the possibility of metastasis but makes it somewhat less likely.

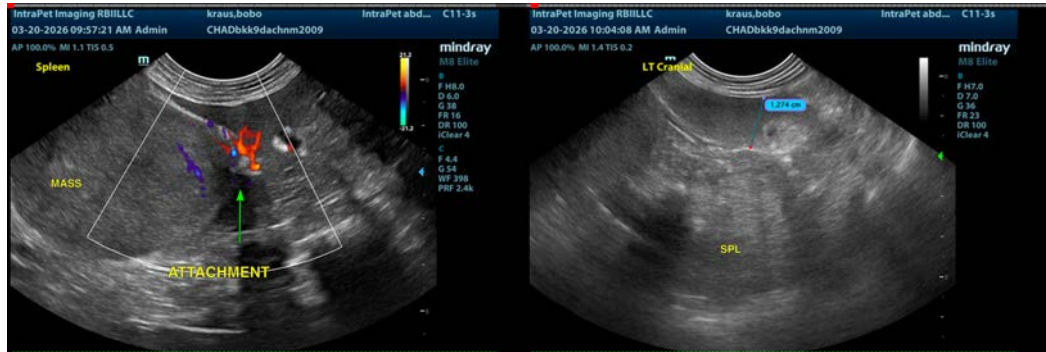
There is a large amount of debris visualized in the gallbladder, with no evidence of significant wall thickening or inflammation. Consider chronic Ursodiol and continued monitoring of the gallbladder.

The caudal pole of the right adrenal gland is large and irregular. The significance of this is uncertain. If symptoms consistent with Cushing's disease are present, you could consider adrenal function testing (once the splenic mass lesion is completely resolved). Additionally consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma.

If surgical intervention would be considered, recommend a contrast CT scan both to evaluate the right adrenal and the mass lesion. CT scan can be more sensitive in picking up some small metastatic lesions, so this would be ideal for surgical planning.







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.

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