

**PATIENT**

Fifi Olivera

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

Dr. Casper

**INVOICE**

75486

**DATE**

5/27/26

**PRESENTING CLINICAL SIGNS**

Hx controlled hypothyroidism w/ levothyroxine. Persistent elevated ALP

Abnormal PE/Chem/CBC/UA Results: Cbc- mild monocytosis (0.7). Chem- mild dec Creat (0.4), mild inc ALP (252, prev 198, 246). UA (cysto) - SG 1.038, pH 7.0, UPC 0.1. Tt4- 2.0 4dx- neg

**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 (3.35 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.78 cm) with occasional pinpoint cortical mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced 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 borderline large and irregular in appearance, measuring 0.72 cm at the cranial pole and 0.45 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 is an irregular hyperechoic nodule at the cranial pole measuring 0.74 cm x 0.99 cm. No evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.50 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 (1.23 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 poorly defined hypoechoic nodule towards the tail of the spleen measuring 0.79 cm.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.



**PATIENT**

Fifi Olivera

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

**SPECIES**

Canine

**Gastrointestinal**

The stomach contains mild fluid/gas. It measures at a normal thickness of 0.32 cm 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.

**BREED**

Maltese

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. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

**AGE**

8 Years

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**

**WEIGHT**

9.6 lbs

The area of 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**

**INTERPRETED BY**

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

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.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dr. Casper

- Poorly defined hyperechoic nodule at the cranial pole of the left adrenal gland – This currently has an appearance most consistent with a benign lesion (adenoma, focal hyperplasia, etc. An early neoplastic lesion cannot be ruled out.
- Age related changes visualized associated with both kidneys.
- Hypoechoic nodule in the spleen – 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.
- Mildly 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.

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

Dr. Casper

**INVOICE**

75486

**DATE**

5/27/26



**PATIENT**

Ursodiol therapy could be considered.

Fifi Olivera

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

No significant focal lesions are visualized associated with the liver to explain the elevation in ALP reported. Subjectively, the parenchyma is mildly heterogeneous. This is a non-specific finding but could be consistent with a vacuolar hepatopathy. There is a poorly defined hyperechoic nodule in the left adrenal. This has an appearance most consistent with a benign lesion at this time, but an early neoplastic lesion cannot be ruled out. If signs consistent with Cushing's are present, you could consider adrenal function testing to further evaluate. Additionally recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels looking for a possible pheochromocytoma. Recommend close monitoring of this lesion for potential growth (recommend recheck in 8-12 weeks).

**BREED**

Maltese

**SEX**

Spayed Female

There is a hypochoic nodule in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

**AGE**

8 Years

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

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

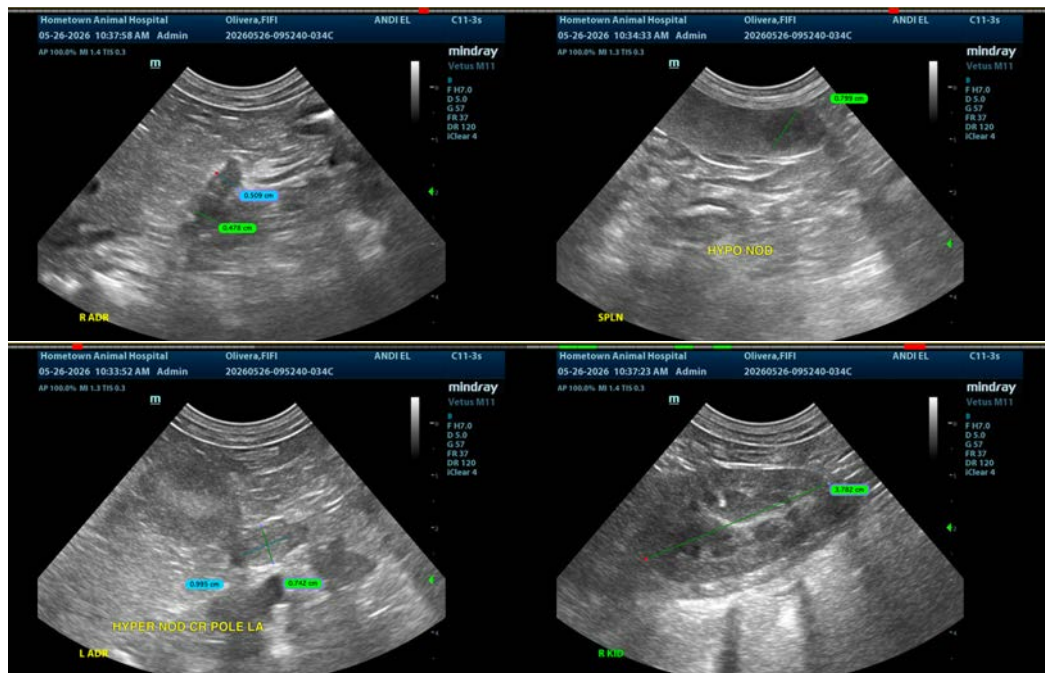
Dr. Casper

**INVOICE**

75486

**DATE**

5/27/26





**PATIENT**

Fifi Olivera

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

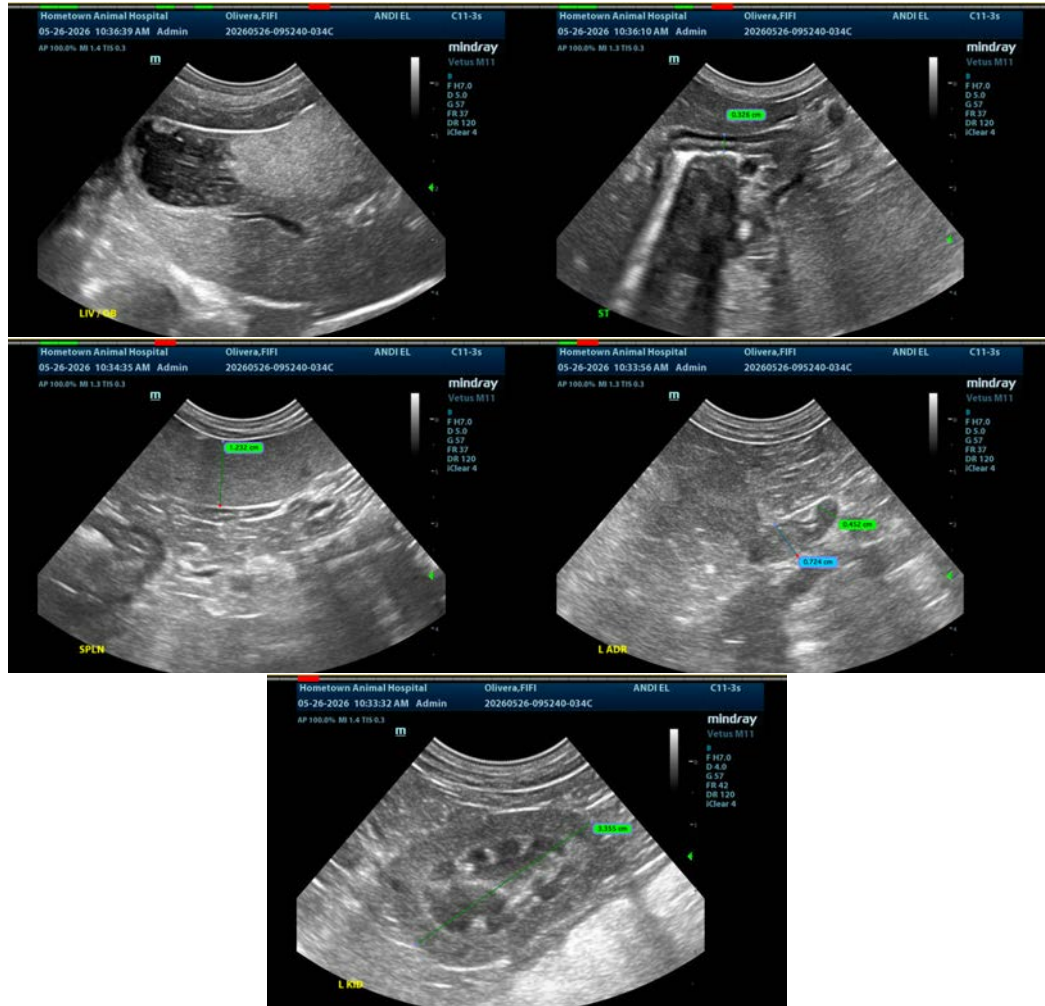
Dr. Casper

**INVOICE**

75486

**DATE**

5/27/26



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