



## PATIENT

Ivy Rue Fay

## SPECIES

Canine

## BREED

Labrador

## SEX

FS

## AGE

15 years

## WEIGHT

66.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Josh Hughes

## INVOICE

12025

## DATE

5/28/2026

## PRESENTING CLINICAL SIGNS

Vaguely not doing well. P has arthritis, mild muscle loss, and doesn't want to have breakfast, and drinks more. Increased AP, increased BUN, and low NA/K noted by RDVM.

Other history: Decreased weight from 71 lb in 2020, 65 lb in 2024, and 68 lb now.

For a couple of weeks, she was not eating her breakfast at 8:30 AM, but would eat around 11:30 AM or 12:00 PM. She has been eating well for the past couple of weeks since the owner started adding a blueberry and sardine mixture to her food. She had a horrible cough every morning, and also coughs when picked up. No reports of tachypnea at rest. She has had two tendons replaced, one in each hind leg.

CLINICAL SIGNS: Chronic Coughing.

MEDICATIONS: Pre-medicated w/ 0.6 mL butorphanol IM for mild sedation for the ABD ultrasound.

Abnormal PE/Chem/CBC/UA Results: May 11, 2026 Hematology: Neutrophil 78.50% HIGH Blood chem: Alkaline Phosphatase 409 U/L HIGH Blood Urea Nitrogen 52.1 mg/dL HIGH Potassium 5.9 mEq/L HIGH NA/K (Calc) 25.3% Endocrinology T4 1.32 ug/dL LDDS: Cortisol Serum 2.78 at time 0 Cortisol Serum 4 or 6 hr 1.14 ug/dL HIGH Cortisol Serum 8hr <1.00

## 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 (7.12 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Mild pyelectasia measuring 0.32 cm and a small cortical cyst measuring 0.4 cm are noted. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.24 cm). Overall echogenicity is slightly hyperechoic with poor 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 measuring 1.96 cm at the cranial pole and 1.43 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 large in size measuring 0.83 cm at the cranial pole and 1.12 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



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The spleen is subjectively normal in size, irregular in shape, and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity hypoechoic solid mass effect with pinpoint hyperechoic mineralizations visualized near the mid body region of the spleen measuring 4.29 cm x 3.25 cm.

### Liver

The liver is large in size, and has rounded 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 and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. 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 (0.42 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 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.

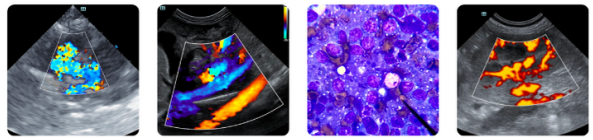
### Free Abdomen

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



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- Bilateral adrenomegaly with a large irregular left adrenal. Findings are suggestive of bilateral hyperplasia. Continued monitoring of the adrenals, particularly the left adrenal, is recommended as an early mass effect cannot be ruled out.
- Age related changes visualized associated with both kidneys, as well as mild pyelectasia in the left kidney.
- Hypochoic solid splenic mass with pinpoint mineralizations. 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, histiocytic sarcoma etc..)
- Large heterogenous, rounded 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.
- Developing gallbladder mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear large and the left adrenal in particular is large and appears somewhat irregular. Findings are likely consistent with bilateral hyperplasia, although other differentials are possible. Additionally, the liver is large, heterogenous, and rounded, most consistent with a vacuolar hepatopathy. Findings could be consistent with Cushing's but the lack of appetite is not typical, which either means there is other issues. Also, you could consider pituitary dependent hyperadrenocorticism. Consider a liver function test and a fine needle aspirate of the liver to further evaluate. If further evaluation for Cushing's disease is desired, you could consider an adrenal panel combined with an ACTH stimulation test to the University of Tennessee endocrine lab, working for elevations in adrenal hormones other than cortisol (atypical Cushing's.) Continued monitoring of the left adrenal in particular is recommended as an early mass effect cannot be ruled out. Additionally, consider a blood pressure evaluation.

The relatively mild changes visualized associated with both kidneys, as a baseline recommend a urinalysis, a culture, and the aforementioned blood pressure evaluation.

There is a solid mass effect visualized associated with the spleen. This could represent a benign or neoplastic lesion. There is minimal surrounding inflammation at this time. It's uncertain. If this is a source of the symptoms described. Options would include a fine needle aspirate +/- continued monitoring with ultrasound, or splenectomy potentially for both diagnostic and therapeutic purposes.

The gallbladder has the appearance most consistent with an early gallbladder mucocele with minimal evidence of wall thickening or surrounding inflammation. Consider starting chronic ursodiol therapy and a course oif antibiotics in the case of possible concurrent cholecystitis and continued monitoring of the gallbladder.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

*\*Consider heavier sedation for subsequent imaging as panting artifact may interfere with full evaluation.\**



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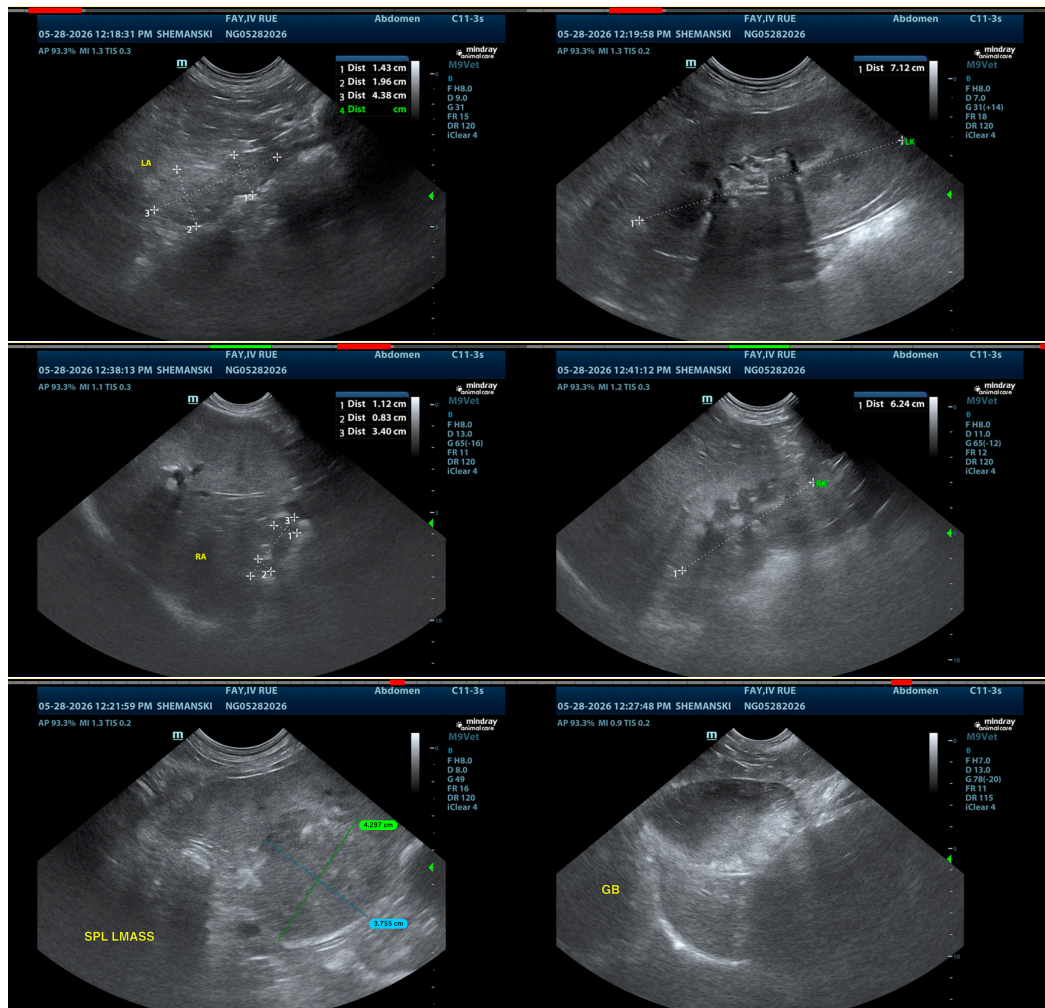
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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