



PATIENT

Coco Sabrina

SPECIES

Canine

BREED

Coco

SEX

FS

AGE

10 years

WEIGHT

26.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

St. Norbert Animal
Hospital

REFERRING VET

Dr. Fredette

INVOICE

10905

DATE

12/9/2025

PRESENTING CLINICAL SIGNS

Coco had a splenectomy in June 2025 during a GDV surgery. At that time an incidental finding was the presence of a renal mass of the right kidney (exact size unknown but anecdotally owner remembers about 2cm being mentioned). It was biopsied intra-operatively and it came back as a renal sarcoma. Dog is doing well and now rDVM would like a follow abdominal scan to assess this mass with rest of abdomen. Dog has also had a parathyroidectomy. Rx/Supplements: Supplement - Shao Fu Zhu Yu Tang 1.3g BID Supplement - Turkey Tail Mushroom 2.6g SID Supplement - Glucosamine/Chondroitin/MSM & Omega-3 9.5ml SID.

Abnormal PE/Chem/CBC/UA Results: Nsf.

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 (7.35 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.14 cm), and slightly irregular in shape. 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 a somewhat poorly defined, hypoechoic lesion visualized in the cranial pole which somewhat disrupts the renal capsule. This measures 2.98 cm x 2.2 cm in the sagittal view, and 2.71 cm x 3.06 cm in the transverse view. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline plump in size measuring 0.42 cm at the cranial pole and 0.73 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

Surgically absent. Splenectomy 6/2025.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris has a shadow most consistent with mineralized debris. The cystic and common bile ducts are normal/not visible.

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 (0.45 cm in wall thickness) and the jejunum measured as normal (0.35 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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant diffuse lymphadenopathy. A prominent isoechoic sub lumbar lymph node is visualized measuring 0.86 cm x 1.68 cm. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Moderate gallbladder debris with dependent mineralized 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.
- Somewhat poorly defined, hypoechoic lesion in the cranial pole of the left kidney. This has the appearance most consistent with a nodule/mass effect. A complex/echogenic cystic lesion cannot be ruled out.
- Prominent sub lumbar lymph node. This likely represent a reactive lymph node. An early neoplastic lymph node cannot be ruled out. Recommend a digital rectal exam.

SECONDARY FINDINGS

- Surgically absent spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described left renal lesion is visualized. It's somewhat poorly defined and appears



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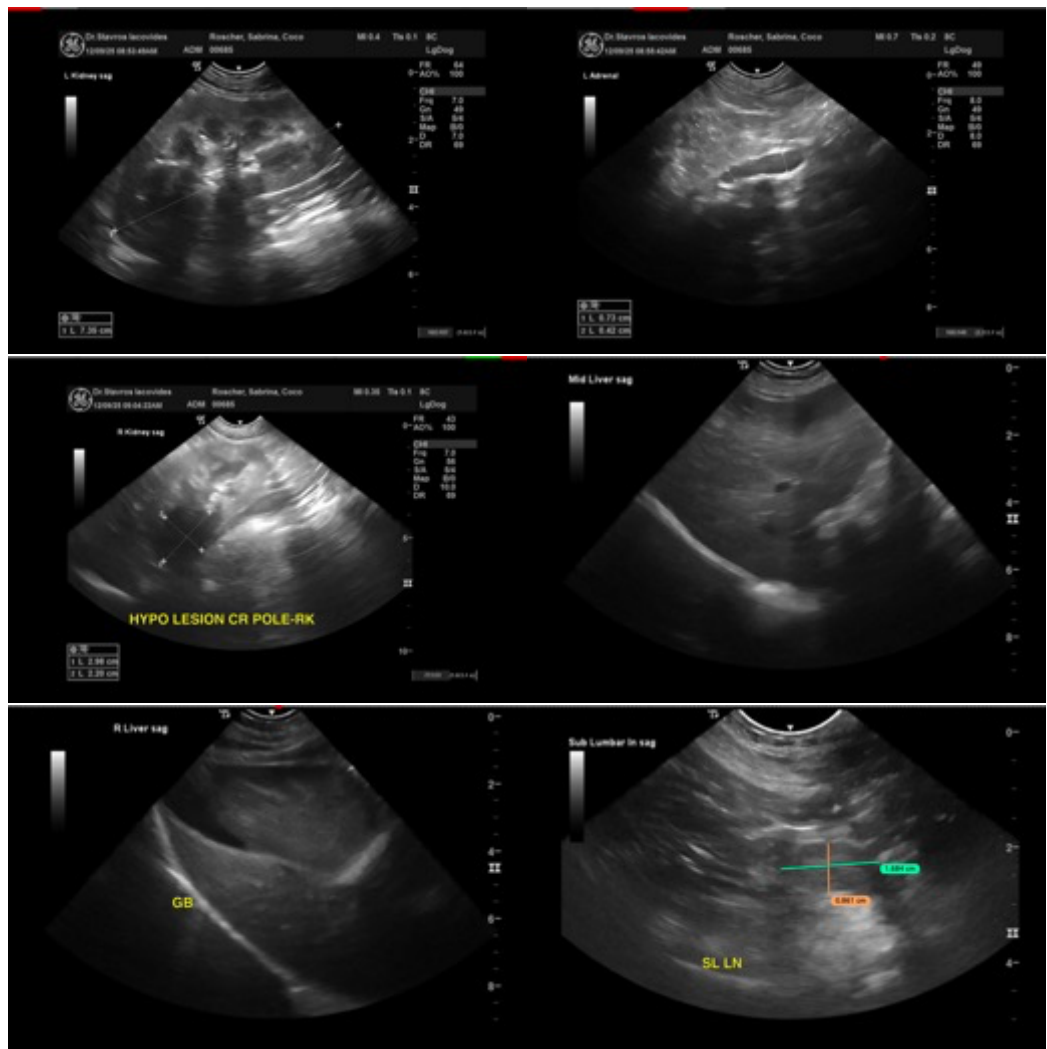
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mildly vascular. The appearance is suggestive of a hypoechoic, mixed echogenicity nodule/mass effect, although, an atypical echogenic complex cystic lesion cannot be ruled out. Further options would include a contrast CT scan or continued following with ultrasound. If this is the case, recommend sedation to eliminate panting artifact and to allow a more relaxed patient, to allow penetration into the deep cranial right abdomen for optimal imaging. Consider repeat evaluation in 3 – 4 months to assess for significant growth, etc. (evaluate in a sagittal and transverse plane.)

If not recently done, consider following with thoracic radiographs looking for the development of metastatic lesions.





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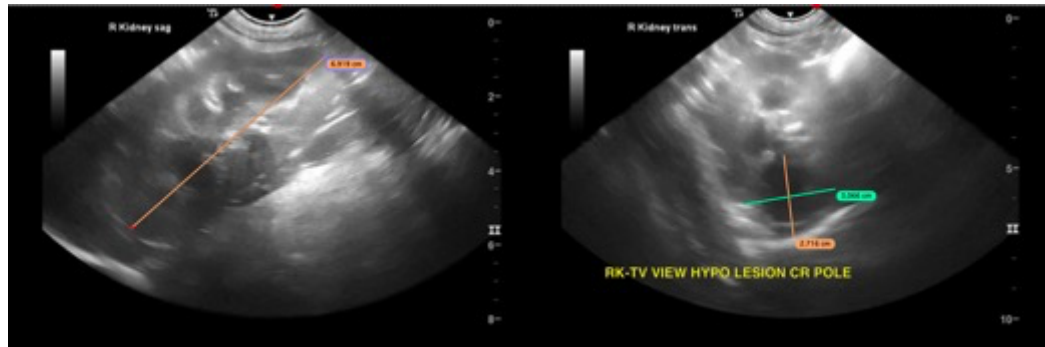
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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