



PATIENT

Coco McNeese

SPECIES

Canine

BREED

Standard Poodle X

SEX

Spayed Female

AGE

4 years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Phillips

INVOICE

11259

DATE

2/6/2026

PRESENTING CLINICAL SIGNS

- Presented for losing weight over the last year. pet will start eating one type of food and then stop after being on for a few days - 1 week. o decided to do some bloodwork to see if something internally was going on with pet because of the picky appetite and weight loss over a year. bloodwork was done and showed alt 1331, ggt 21, total bil 3.3, and ast 240 and 2031 alkp. recommend abdomen ultrasound o approved.

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 (6.03 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 (6.45 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 normal in size measuring 0.29 cm at the cranial pole and 0.33 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 normal in size measuring 0.58 cm at the cranial pole and 0.53 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 borderline large in size (3.25 cm in width at the level of the hilus) and is mildly mottled. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a diffuse, somewhat poorly defined nodular pattern visualized in the liver with poorly defined, irregular, hypoechoic nodules and mass lesions. Examples of nodules measure 0.83 cm x 1.21 cm, 0.88 cm x 0.79 cm. There's a large, irregular, hypoechoic mass effect visualized in the caudate lobe measuring 5.5 cm x 3.79 cm, and a caudal mid hepatic mass effect visualized measuring 3.9 cm x 2.52 cm.



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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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains moderate gas 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. Gas interference/artifact interferes with full evaluation of the stomach.

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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.

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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.

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Pancreas

The pancreas is hypoechoic and prominent. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent hypoechoic cranial abdominal lymph node measuring 0.8 cm x 1.2 cm. A sub lumbar lymph node, which is prominent, measuring 0.47 cm x 1.76 cm. The omentum is hyperechoic at the cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Large, irregular, diffusely nodular liver with expansile mixed echogenicity nodules and larger mass lesions. Findings are most concerning for neoplastic/metastatic lesions.
- Prominent and hypoechoic pancreas. Findings are most consistent with mild chronic pancreatitis or pancreatic remodeling.
- Occasional prominent cranial abdominal lymph nodes. Findings are most consistent with highly reactive or early metastatic lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver is diffusely abnormal with expansile, poorly defined hypoechoic/mixed echogenicity nodules and some larger mass lesions. These deviate the splenic margins and have a somewhat aggressive appearance. An underlying neoplastic process is favored, although other differentials are possible. Recommend a fine needle aspirate of one of the larger mass lesions (caudate lobe seems most approachable) for cytologic evaluation.

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If a cytologic diagnosis can be obtained, recommend consultation with Veterinary Oncologist



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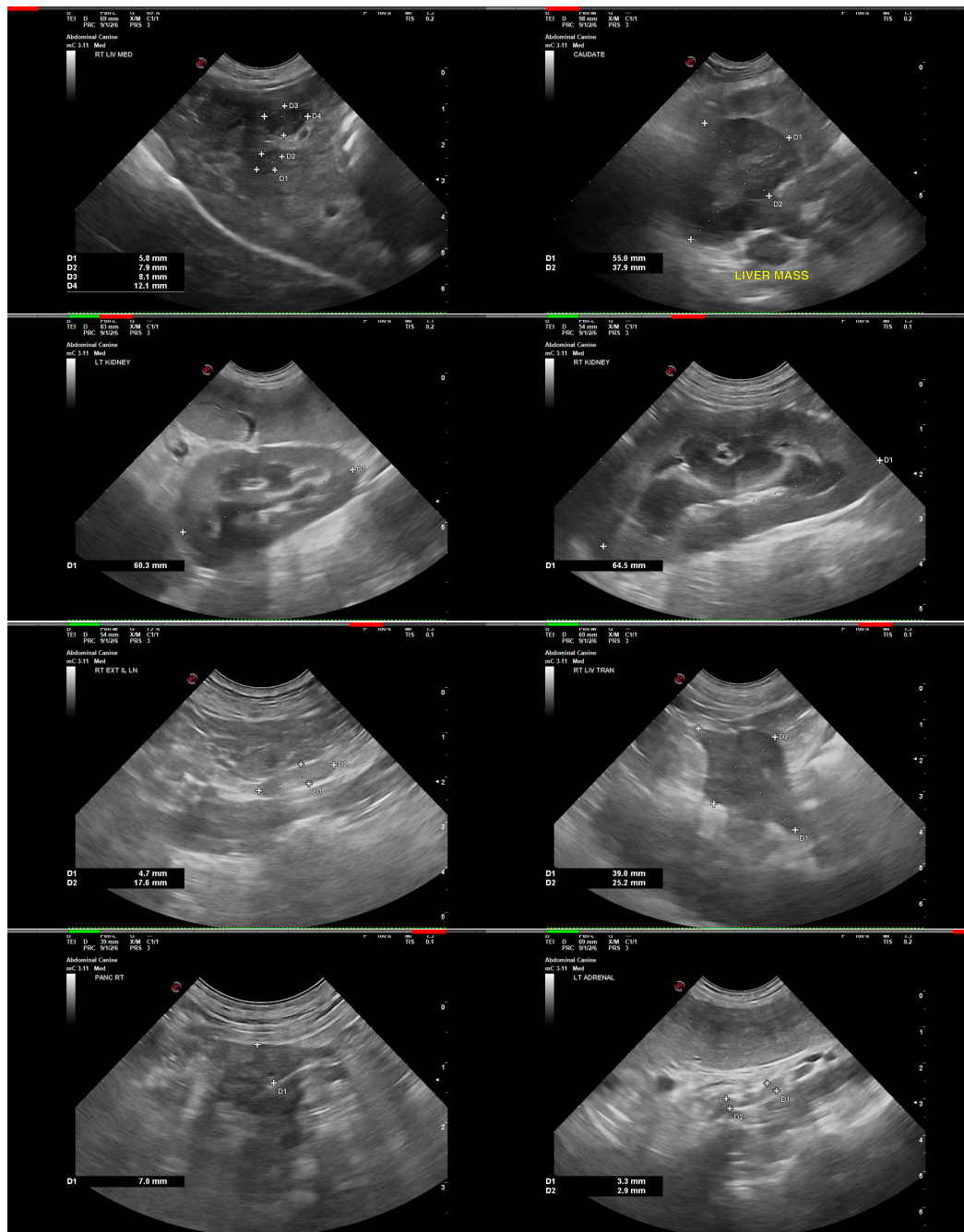
DATE

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regarding the best treatment options and prognosis. Based on the appearance of today's scan, surgical options would be limited.

If a cytologic diagnosis cannot be obtained, biopsies of the liver may be warranted.

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





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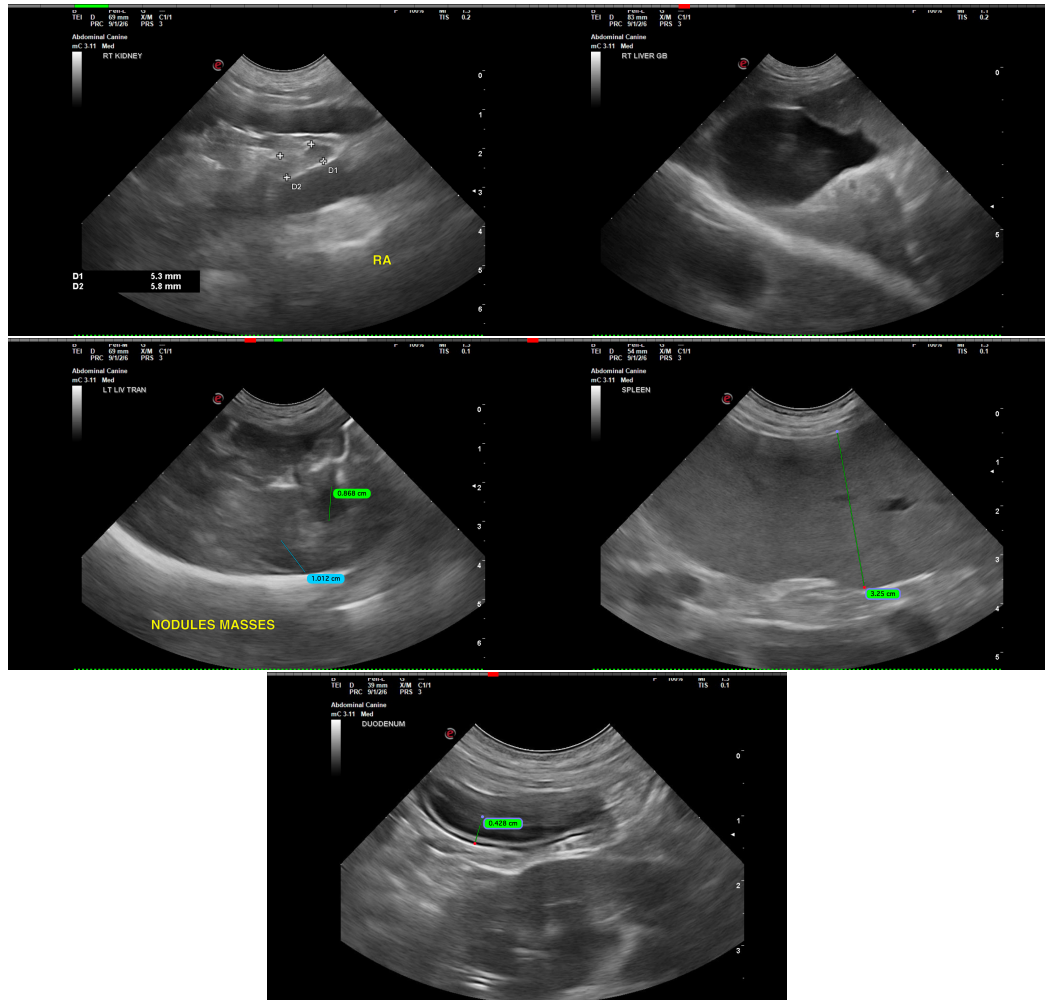
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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