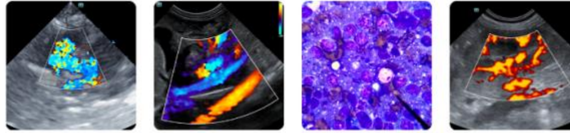


DATE

3/6/26

PATIENT

Coconut Phipps

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed Female

AGE

1/5/14

WEIGHT

22.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

36118

PRESENTING CLINICAL SIGNS

Patient History: Was seen at ER on 03/01/2026 for acute abdomen, pleural effusion with fever. 80 mls of thick
serosanguinous fluid removed via thoracocentesis. Sent off for analysis (pending).

Current Medications: Metronidazole 250 mg 1/2 tab PO BiD, Cerenia 24 mg tab PO QD (these were originally prescribed for colitis type symptoms 6 days prior to winding up at the ER)
Labwork Results: Labwork attached, reported as: 02/23/2026- Alt 215, Alk Phos 990, WBC 28,900. Values at ER on 03/01/2026- Alt 167, Alk Phos 1170
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.94 cm). 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. Small pinpoint mineralizations were noted.

The right kidney has a normal shape and size (5.41 cm). 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. Occasional pinpoint mineralizations were noted.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.55 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 0.64 cm at the cranial pole and 0.5 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 (1.82 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and 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. There are numerous hypoechoic nodules in the parenchyma. Examples on the left side measure 1.08 cm and 1.15 cm in diameter. In the right side of the liver, there is a larger hypoechoic nodule/mass effect measuring 2.91 cm x 1.86 cm.

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. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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.

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 (0.4 cm in wall thickness) and the jejunum measured as normal (0.22 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 region 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, 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 heart is briefly visualized and appears unremarkable with no evidence of pericardial effusion or obvious pathology.

A slightly irregular mixed echogenicity, hypoechoic mass effect, is visualized in the right caudal thorax, measuring 3.19 cm x 3.25 cm.

There is a scant amount of anechoic free fluid and ringdowns visualized at the level of the diaphragm, and there is some scant echogenic fluid visualized in mediastinum near the heart.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with the kidneys

- Heterogenous liver with ill-defined hypoechoic nodules on the left side, and a right sided small mass effect- 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. The smaller hypoechoic nodules are most consistent with benign lesions/regenerative nodules, although early metastatic lesions are possible. The larger lesion could represent a larger benign nodule or an early neoplastic lesion.

- Moderate gallbladder 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.

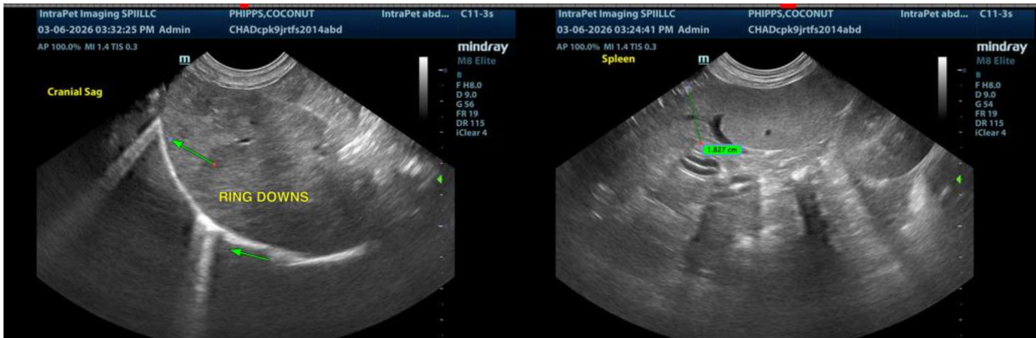
- Scant pleural effusion

- Right caudal thoracic mass lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a well-defined mixed echogenicity hypoechoic mass effect in the right caudal thorax.
This is accompanied by a scant amount of free fluid (which was sampled earlier prior to scanning). If fluid analysis and cytology is not diagnostic, and a safe window for sampling is available, a fine needle aspirate of the mass itself could be considered. Additionally, a contrast CT scan could be considered for assessment of location/distribution and for evaluation for possible surgical planning.

The liver is heterogenous with some small hypoechoic nodules and a larger mass-like lesion on the right side. These could be unrelated to the pulmonary lesion or represent metastatic disease, or less likely represent metastatic disease. If a safe window for sampling is available, a fine needle aspirate could be considered.



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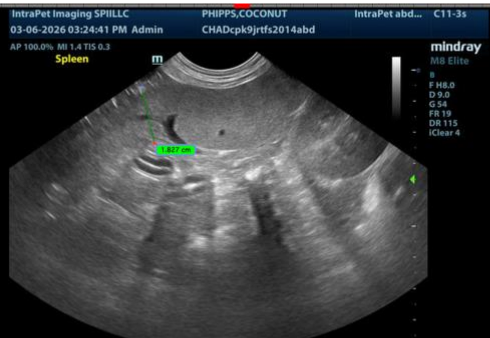

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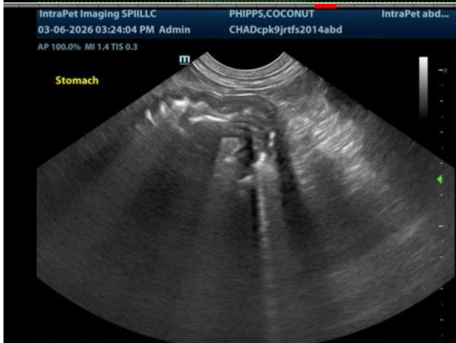

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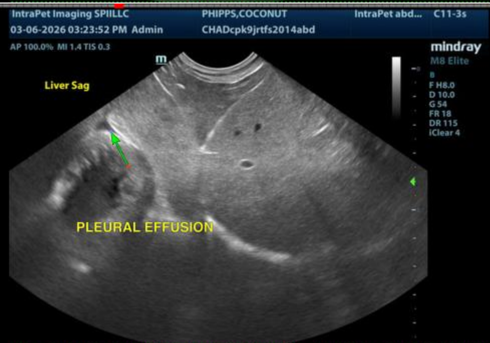

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M8 Elite
Liver Sag
PLEURAL EFFUSION
B
F H8.0
D 10.0
G 54
FR 18
DR 115
iClear 4

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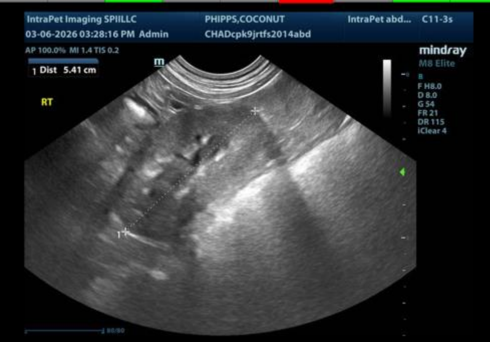
2 Dist 0.50 cm
3 Dist 0.64 cm



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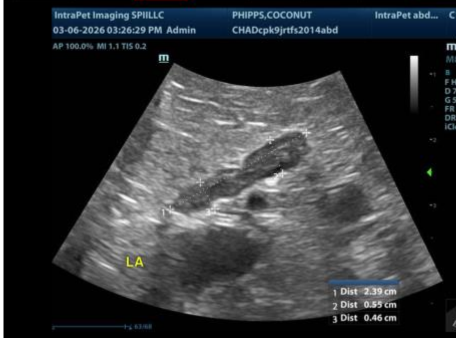

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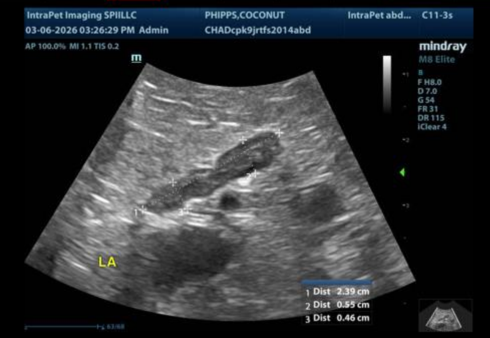
3 Dist 0.46 cm



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mindray
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B
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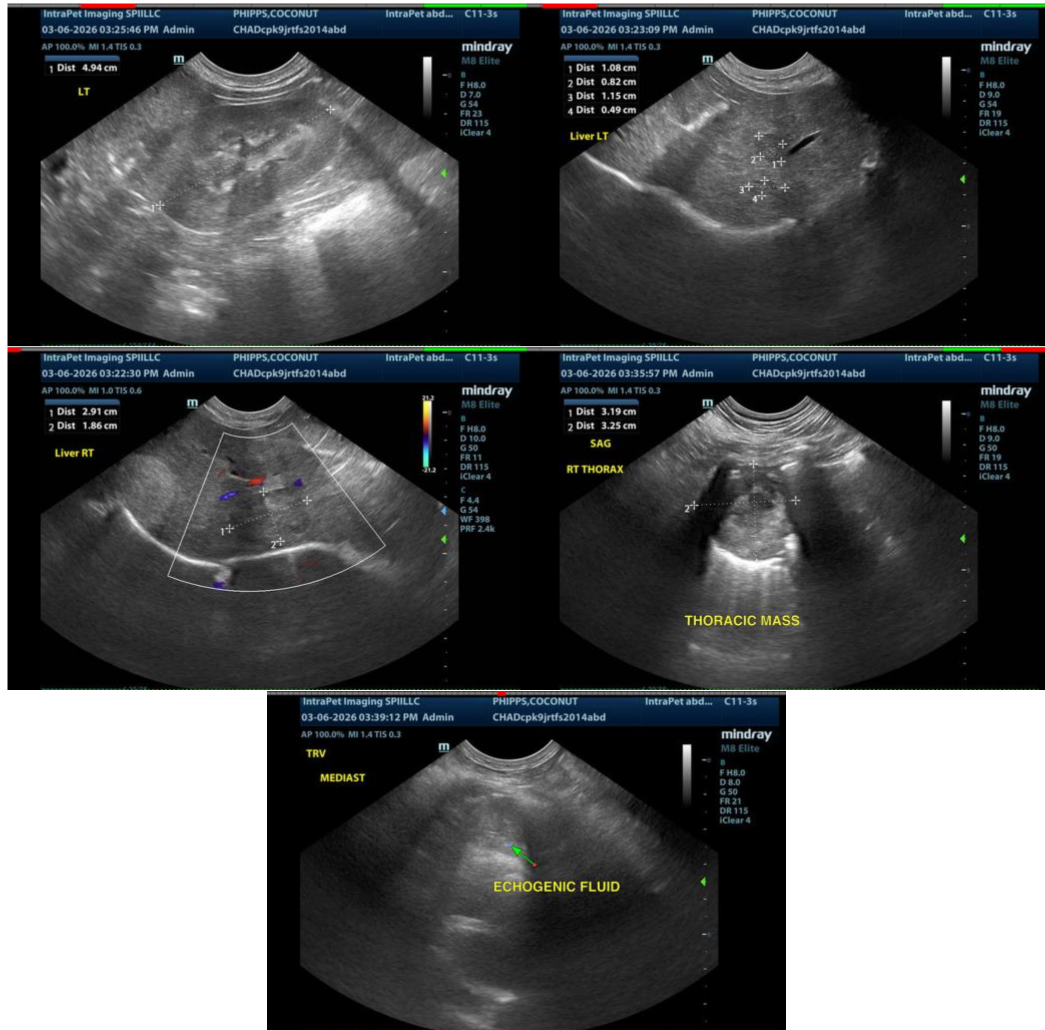
D 7.0
G 54
FR 31
DR 115
iClear 4
1 Dist 2.39 cm
2 Dist 0.55 cm
3 Dist 0.46 cm



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