



**DATE PRESENTING CLINICAL SIGNS**

06/07/26 Patient History: Progressive GI signs, anorexia, exercise intolerance, weight loss. Previous echocardiogram done with NSF in last year (owner does not have report). Recently had bloodwork done with primary vet, NSF per owner, tried to call to get record and left message for vet to send.

**PATIENT**

Xander Sammarco

X-rays done on 6/5/26 (will attach full report):

**SPECIES**

Canine

**BREED**

Great Pyrenees

**SEX**

Neutered Male

**AGE**

06/05/18

**WEIGHT**

43.3 kg

1. Sternal and cranial mediastinal lymph node enlargement. This may be due to the presence of a neoplasia such as lymphoma, or less likely, an unidentified infectious process. A full abdominal ultrasound and regional cytologic sampling of the lymph nodes (or any other peripherally enlarged lymph nodes) may be considered.

2. The appearance of the kidneys is concerning for the presence of an infiltrative disease (with lymphoma being possible); however, the presence of chronic renal degeneration is not entirely excluded (although the nodular finding along the left kidney would be slightly atypical for chronic renal disease). An abdominal ultrasound is recommended for further evaluation, this should be correlated to the patient's renal values.

3. Splenomegaly. This could be due to congestion from sedation (if administered), a benign process such as extra medullary hematopoiesis, or an infiltrative disease. An ultrasound could be considered for full evaluation if the patient was not sedated.

Current Medications: Discontinued sucralfate and azithromycin previously on from primary vet. Continued mirtazapine (unknown dose) and added on ondansetron 8mg 3 tabs PO q8-12 PRN  
Labwork Results: Labwork not submitted. CBC/Chem17 reported to be NSF per owner.  
Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**HOSPITAL NAME**

VEG Pikesville

The sublumbar lymph nodes were enlarged, rounded and hypoechoic measuring up to 2.28 cm.

**REFERRING VET**

Dr. Brough

The **kidneys** were riddled with multiple hypoechoic target lesion, strongly consistent with metastatic disease and disruption of architecture. The left kidney was enlarged and measured 8.55 cm in length. The right kidney was enlarged and measured 9.0 cm in length.

**Adrenal Glands**

**INVOICE**

16413

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.93 cm x 0.66 cm width caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 2.32 cm x 0.56 cm width.

**Spleen**

The **spleen** presented mildly enlarged measuring 3.0 cm. The spleen was heterogenous and hypoechoic with micronodular changes.

### **Liver**

The **liver** was swollen, hypoechoic and irregular. The hepatic lymph nodes were enlarged, rounded and hypoechoic. The gallbladder and common bile duct were unremarkable.

### **Gastrointestinal**

The **gastric wall** was thickened and irregular with loss of mural detail. The small intestine revealed variable thickening.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Free Abdomen**

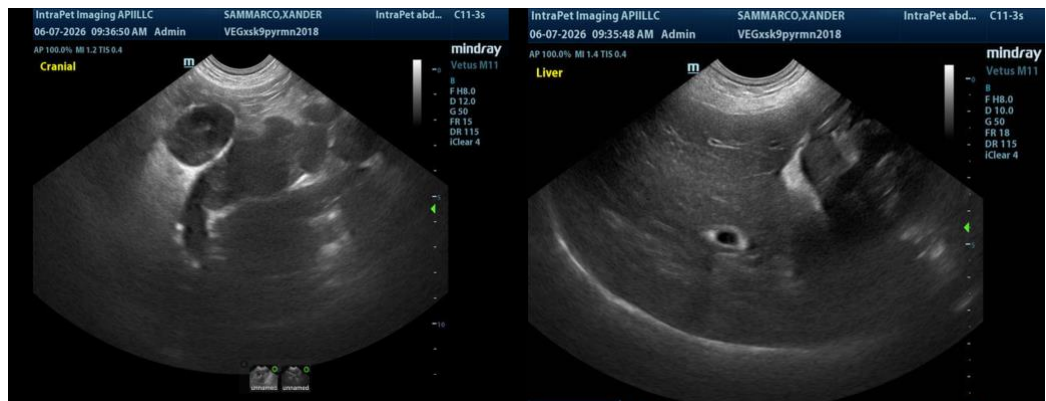
The mesenteric **lymph nodes** were enlarged, irregular and hypoechoic measuring up to 7.0 cm x 3.0 cm  
Rapid view of the **heart** revealed no evident pathology.

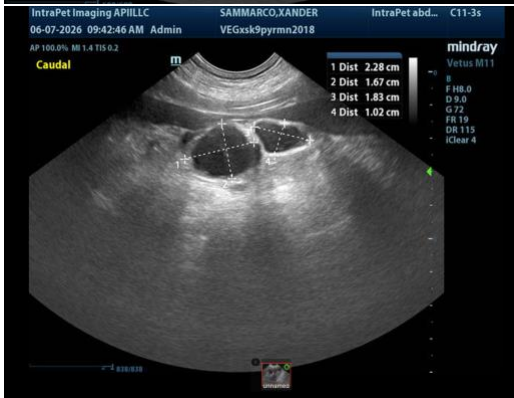
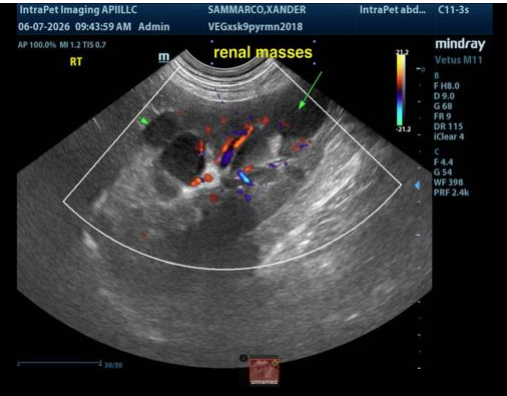
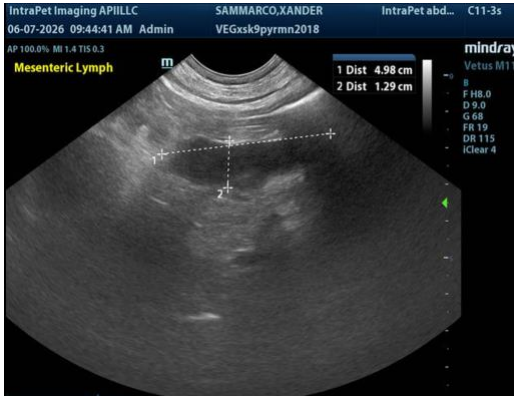
## **ULTRASONOGRAPHIC FINDINGS**

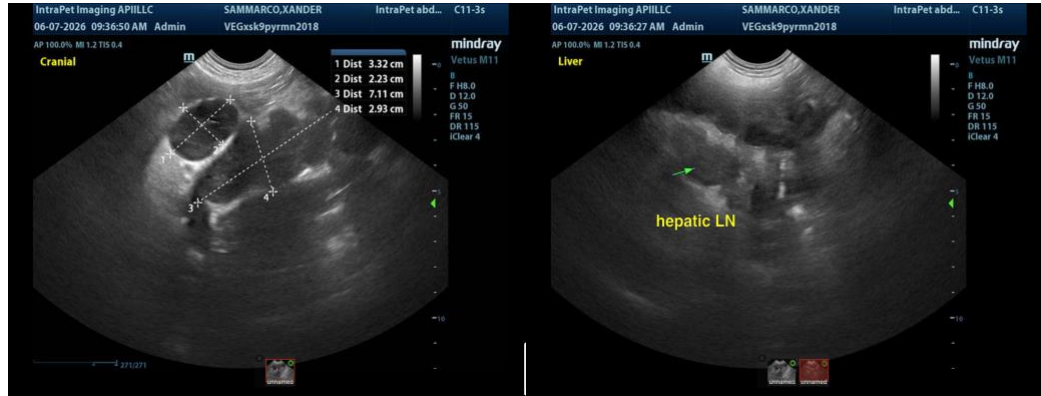
- Multicentric round cell neoplasia involving the GI tract, lymph nodes, spleen, liver and kidneys.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of any of the affected organs are indicated. Immediate chemotherapeutic intervention or hospice management is indicated.







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.

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