



**PATIENT**

Dixie Bustle

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact Female

**AGE**

2 Years 10 Months

**WEIGHT**

66.3 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital  
Newton Conover

**REFERRING VET**

Dr. Sechrist

**INVOICE**

74305

**DATE**

4/8/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to 3 week history of inappetence.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.3 mm and the caudal pole measures 5.7 mm.

The left adrenal gland is potentially mildly small in size, measuring 4.6 mm at the caudal pole and 3.7 mm at the cranial pole. The phrenic vasculature is unremarkable.

**Spleen**

The spleen appears diffusely mildly enlarged, measuring 1.8 cm in width. It has scalloped margins and diffusely hypoechoic echotexture.

**Liver**

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach has normal wall layering and thickness. Diffusely the small bowel is fluid filled. No mechanical obstruction seen. Layering of the small bowel appears to be normal, and thickness appears to be normal. The colon is markedly distended with hypoechoic fluid containing echogenic material. Colon wall appears normal in thickness. The patient appears to have imminent diarrhea pending. No specific cause for diarrhea seen. No obvious evidence of colitis seen on this exam.

**Pancreas**

The visible pancreas is mildly diffusely hypoechoic. No surrounding steatitis.



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**Free Abdomen**

There is marked abdominal lymphadenopathy present. A representative node measures 5.1 cm x 5.8 cm in size. The lymph node is lobulated in shape and has marked surrounding hyperechoic fat.

There is a moderate amount of free fluid found throughout the abdomen.

The uterus is seen and appears quiescent at this time. No evidence of uterine pathology identified.

**ULTRASONOGRAPHIC FINDINGS**

- Marked abdominal lymphadenopathy – Given the appearance of these lymph nodes, they are most consistent with a neoplastic process such as lymphoma.
- Potentially mildly small left adrenal gland.
- Mildly enlarged, scalloped spleen – Possibly due to infiltrative disease such as lymphoma, mast cell disease, less likely an infectious disease such as bartonellosis.
- Functional ileus.
- Mild pancreatic inflammation – most likely reactive to the patient’s inflammatory lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is reported that the patient had one of the abdominal lymph nodes aspirated and aspirate appeared to contain lymphoblast. Recommend submitting for pathology review to confirm. If confirmed, patient would be diagnosed with lymphoblastic lymphoma. If diagnosed, consider referral to a veterinary oncologist to discuss prognosis and treatment options. This disease may be present within the patient’s spleen. Recommend splenic aspirate with submission for cytology. The liver appears normal at this time, infiltrative disease of the liver is not suspected.

If not already performed, recommend fine needle aspirate of the free abdominal fluid with submission for fluid analysis and cytology.

Recommend treating supportively for the functional ileus.

I suspect the patient’s diarrhea is most likely caused by colitis also secondary to patient’s inflammatory lymphadenopathy. Recommend treating the diarrhea supportively. If not improving, consider further workup such as screening for fecal parasites via fecal pathogen PCR.

Consider screening the patient for hypoadrenocorticism.

Prognosis appears guarded at this time pending definitive diagnosis as to cause of the enlarged abdominal lymph nodes and splenic changes.



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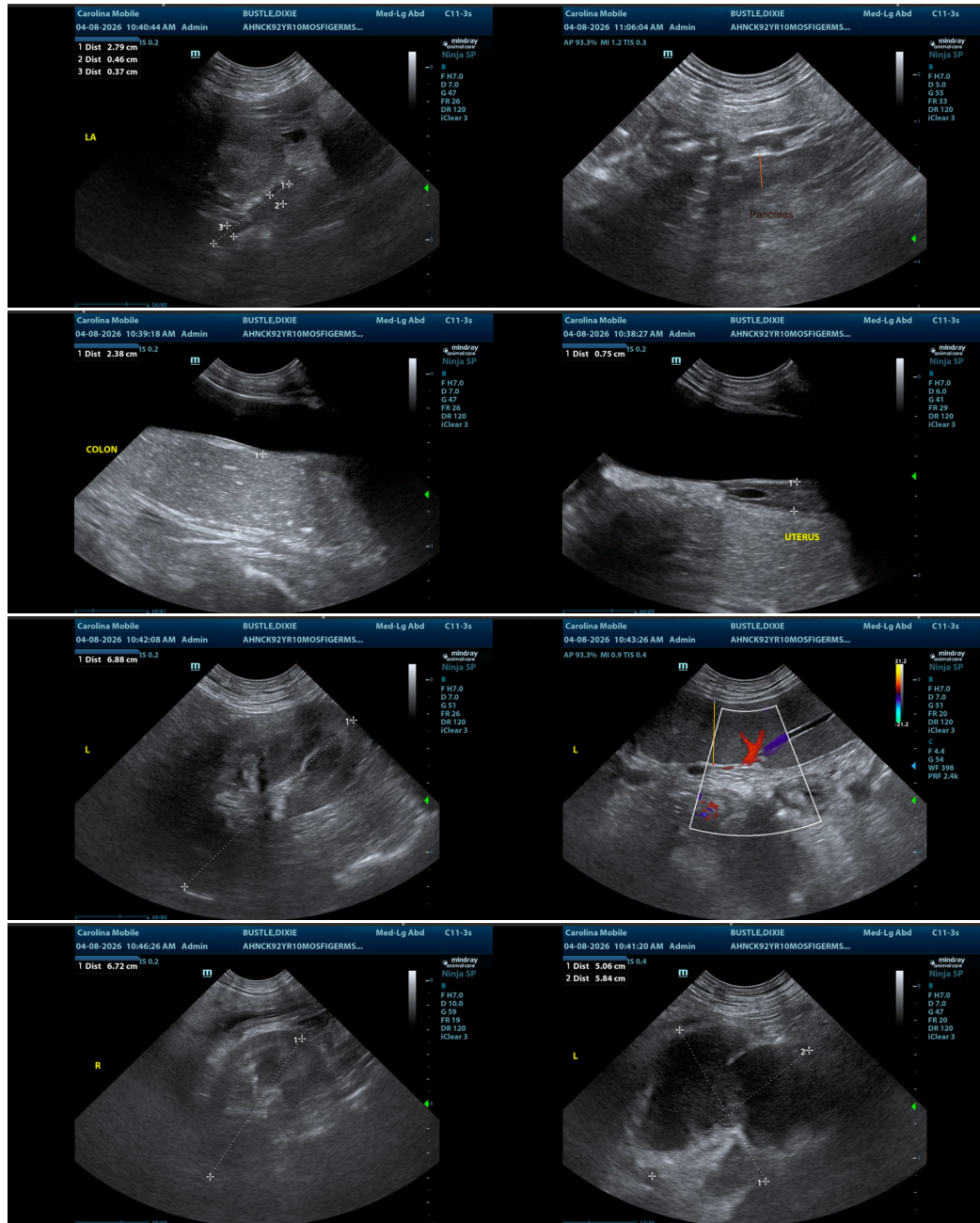
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM) Veterinary Internal Medicine Specialist [info@SonoPath.com](mailto:info@SonoPath.com)