



PATIENT

Addy Goyette

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

68 pounds

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Arms

HOSPITAL NAME

Gilbertsville Veterinary
Hospital

REFERRING VET

Dr. Alivernini

INVOICE

15396

DATE

04/23/26

PRESENTING CLINICAL SIGNS

chronic vomit, weight loss, hyporexia, normal labs. large bowel diarrhea +/- some small bowel.

Abnormal PE/Chem/CBC/UA Results: 4/4/26 normal CBC/SC/UA submitted malabsorption profile (B12/folate/TLI/PLI) today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **right kidney** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The right kidney measured 7.4 cm in length.

The **left kidney** was found to have an abnormal overall architectural appearance with decreased corticomedullary definition and a dilated renal pelvis. There was foci of mineralization present. The left kidney measured 5.93 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were investigated but not specifically identified. There was no obvious evidence of abnormal pathology within these regions.

Spleen

The **spleen** was found to have generalized splenomegaly with a mildly mottled appearance throughout the splenic parenchyma. Within the cranial aspect of the spleen, there was a single hypoechoic nodule present measuring 0.74 by 1.03 cm.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed an intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid. The stomach was found to have mild thickening of the rugal folds but did not show evidence of a discrete mass or obvious loss of wall layering. There was a moderate volume of anechoic fluid within the lumen of the stomach.

Pancreas



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

Free Abdomen

Within the cranial aspect of the abdomen, there were two round hypoechoic enlarged lymph nodes, each surrounded by hypoechoic abdominal fat. They are likely enlarged and abnormal gastric lymph nodes. One measured 2.67 by 4.15 cm and the other measured 1.19 by 1.04 cm in size.

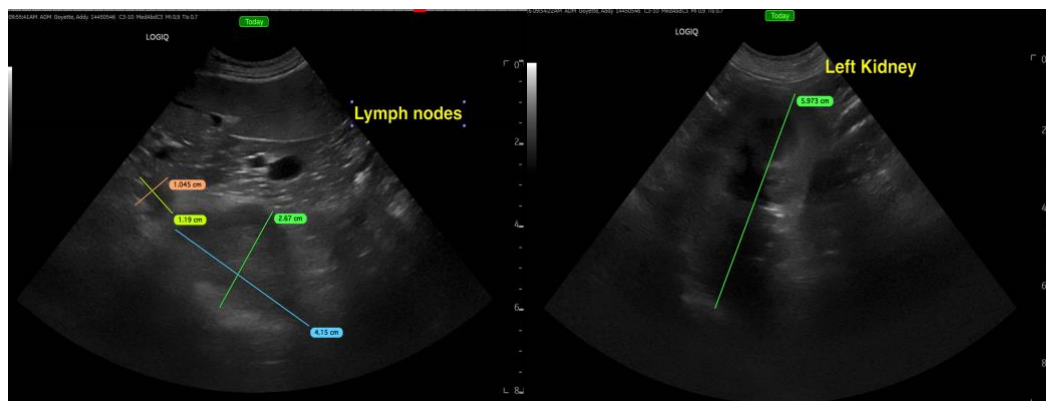
ULTRASONOGRAPHIC FINDINGS

- Nodule within the head of the spleen.
- Mild increased thickening of the rugal folds of the stomach.
- Hypoechoic enlarged cranial abdominal lymph nodes.
- Abnormal appearance of the left kidney with decreased corticomedullary definition and a dilated renal pelvis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have hypoechoic rounded and enlarged cranial abdominal lymph nodes, which are likely abnormal gastric lymph nodes. There were no obvious regions within the gastric wall of loss of normal wall layering or discrete mass. However, this patient was panting throughout the study, decreasing the clarity of some images. It is recommended to perform a sedated fine needle aspirate of the abnormal enlarged cranial abdominal lymph nodes for a cytologic diagnosis.

Further evaluation of the gastric wall layering can be performed while under sedation. A fine needle aspirate of the splenic parenchyma for additional cytologic information should also be considered under the same sedated procedure. Continued supportive and symptomatic therapy should be provided until a cytologic diagnosis has been reached. The information from cytology will provide better information for achievement plan and prognosis.





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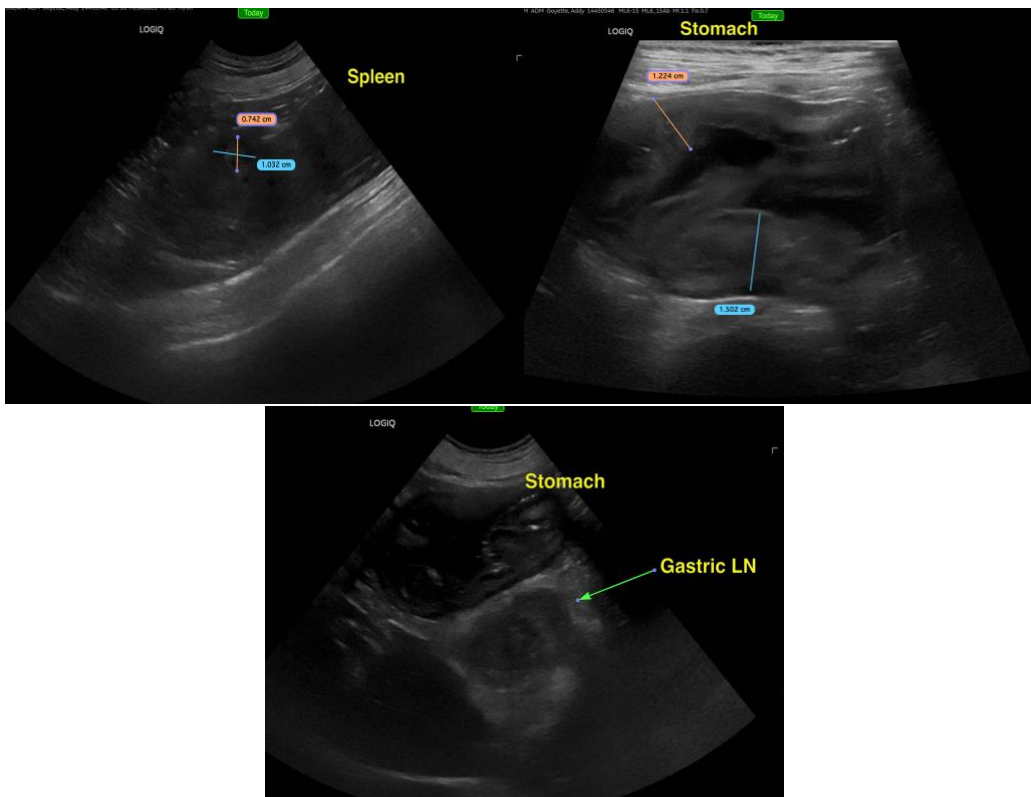
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com