



PATIENT

Hera Thorp

SPECIES

Canine

BREED

Anatolian Shepherd

SEX

Intact Female

AGE

7 Years 7 Months

WEIGHT

122 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Chesnutt

INVOICE

72169

DATE

1/13/26

PRESENTING CLINICAL SIGNS

P presented laterally recumbent, on the R side the mandibular, prescap, and popliteal LN enlarged, large firm mammary mass R caudal, R leg swollen and painful. Lyme Positive. P started on IV fluids and Carprofen- improved and more alert throughout the day. FNA mandibular LN- large lymphocytes appear to be uniform population. Chest rads no obvious mets

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. 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 (8.19 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. Left measures 8.24 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.69 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 1.48 cm at the cranial pole and 0.58 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 large and mottled, measuring 2.47 cm. The blood flow through the hilus and splenic parenchyma appears normal. There is a diffuse micronodular reticulated pattern throughout the spleen.

Liver

The liver is large in size, and hypoechoic 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. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is thickened, measuring at 0.41 cm. 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 fluid. It measures at a normal thickness of 0.68 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. Jejunum wall measures 0.34 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 area 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. There is a significant diffuse lymphadenopathy with large, hypoechoic, rounded lymph nodes. A sublumbar lymph node is visualized measuring 4.21 cm x 4.16 cm. There is a cluster of mesenteric lymph nodes measuring 2.39 cm x 4.56, and 3.03 cm x 2.09 cm and a gastric lymph node measures 1.49 cm x 2.64 cm. The portal lymph nodes appear enlarged. The omentum is diffusely hyperechoic.

Other

The uterus is visualized and appears within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled/reticulated spleen – Findings are concerning for infiltrative neoplasia (round cell neoplasia). Severe lymphoid hyperplasia or similar is possible.
- Large, heterogeneous, hypoechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Severe diffuse lymphadenopathy – Primary differential would be round cell neoplasia. Other differentials such as severe inflammatory disease, pyogranulomatous disease, etc. are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen and the large, hypoechoic lymph nodes are highly concerning for multicentric lymphoma. Recommend a fine needle aspirate of the spleen and mesenteric lymph nodes for cytologic evaluation. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis.



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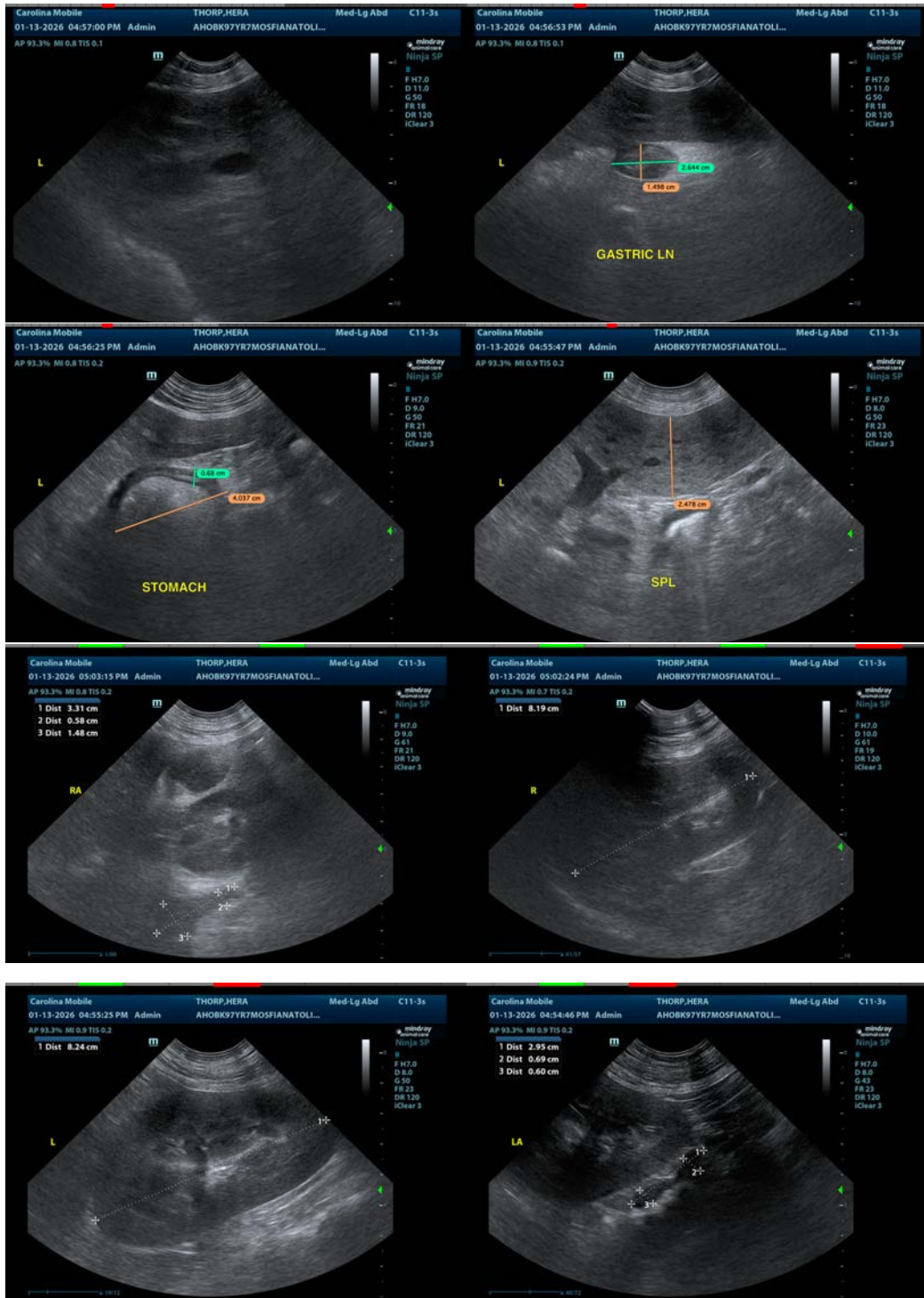
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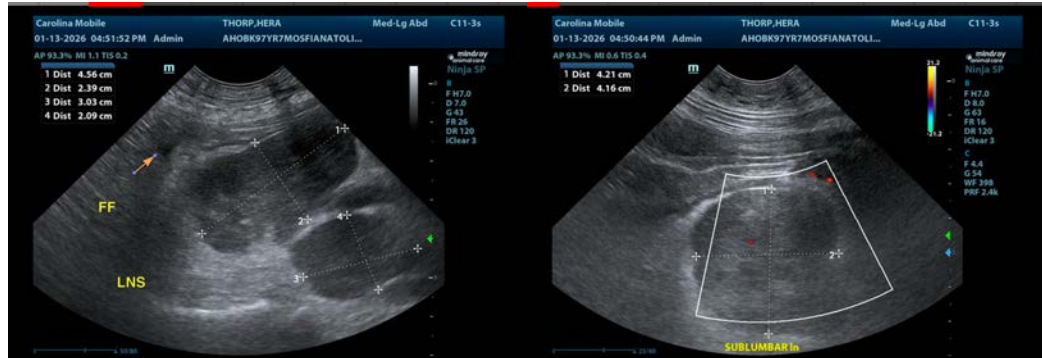
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com