

**PATIENT**

Bryda Forman

SPECIES

Canine

BREED

Great Pyrenees x

SEX

Spayed Female

AGE

7/21/19

WEIGHT

40.68 kg

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**Peavine Animal
Hospital**REFERRING VET**

Dr. Morford

INVOICE

71652

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Pt came in for urgent care on 11-03-25 HISTORY on 11-03-25 - Yesterday after returning from town, noticed facial swelling and left lymph node enlargement - Client administered diphenhydramine for facial swelling, which resolved - Left lymph node swelling persisted - Not eating since yesterday but drinking water normally EXAM notes from 11-03-25 - Left submandibular lymphadenopathy - r/o reactive lymph node, lymphoma, infectious disease - Possible splenomegaly - r/o normal variation, lymphoma, splenic mass - Elevated Temp - r/opresume stress - Inappetence - r/o systemic illness, lymphadenopathy-related discomfort EMAIL to owner after bw results came in We received Bryda's blood work results, and I need to share some concerning findings with you. Her white blood cell count is significantly lower than normal, which means her body's ability to fight off infections is compromised right now. Specifically, her neutrophils (the main infection-fighting cells) are very low at 0.646 when they should be at least 3.004. This condition, called severe leukopenia with marked neutropenia, requires our immediate attention. Patient did end up going to AEC for further care will attach their records below. Pt temp at home rectally was 103.8 and today (11-06-25) was 103.9. pt now has a limp and is very nauseous and is drooling lots in hospital.

Abnormal PE/Chem/CBC/UA Results: Oral exam under sedation will be done and XRays of limb declined. 11-03-25 WBC 1.9 -normal (5.8-16.2) Neutrophils 0.646- normal(3.004-9.741) Lymphocytes 0.912 - normal (0.98-4.2) Eosinophils 0.038 - normal (0.141-1.927) 11-06-25 RETIC 7.9 -normal(10.0-11.0) NEU *suspected band* MONO 1.79 - normal(0.16-1.12) EOS 0.03- normal (0.06-1.23)

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 (7.59 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.

The right kidney has a normal shape and size. (7.98 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.66 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 0.74 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.



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Spleen

The spleen is subjectively normal in size (2.92 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 homogenous echotexture. 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 not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid and ingesta. It measures at a normal thickness of 0.65 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 are occasional visible/slightly prominent mesenteric lymph nodes. Examples measure 0.52 cm x 1.64 cm. A portal lymph node is prominent measuring 0.69 cm x 1.91 cm. The left iliac lymph node is prominent at 0.93 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Occasional prominent reactive lymph nodes – This is likely incidental at this time. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is within normal limits for this individual. No focal mass lesions, significant lymphadenopathy, etc. is noted. Consider infectious causes (increased use), autoimmune disease (increased destruction) or lack of production (bone marrow disease).



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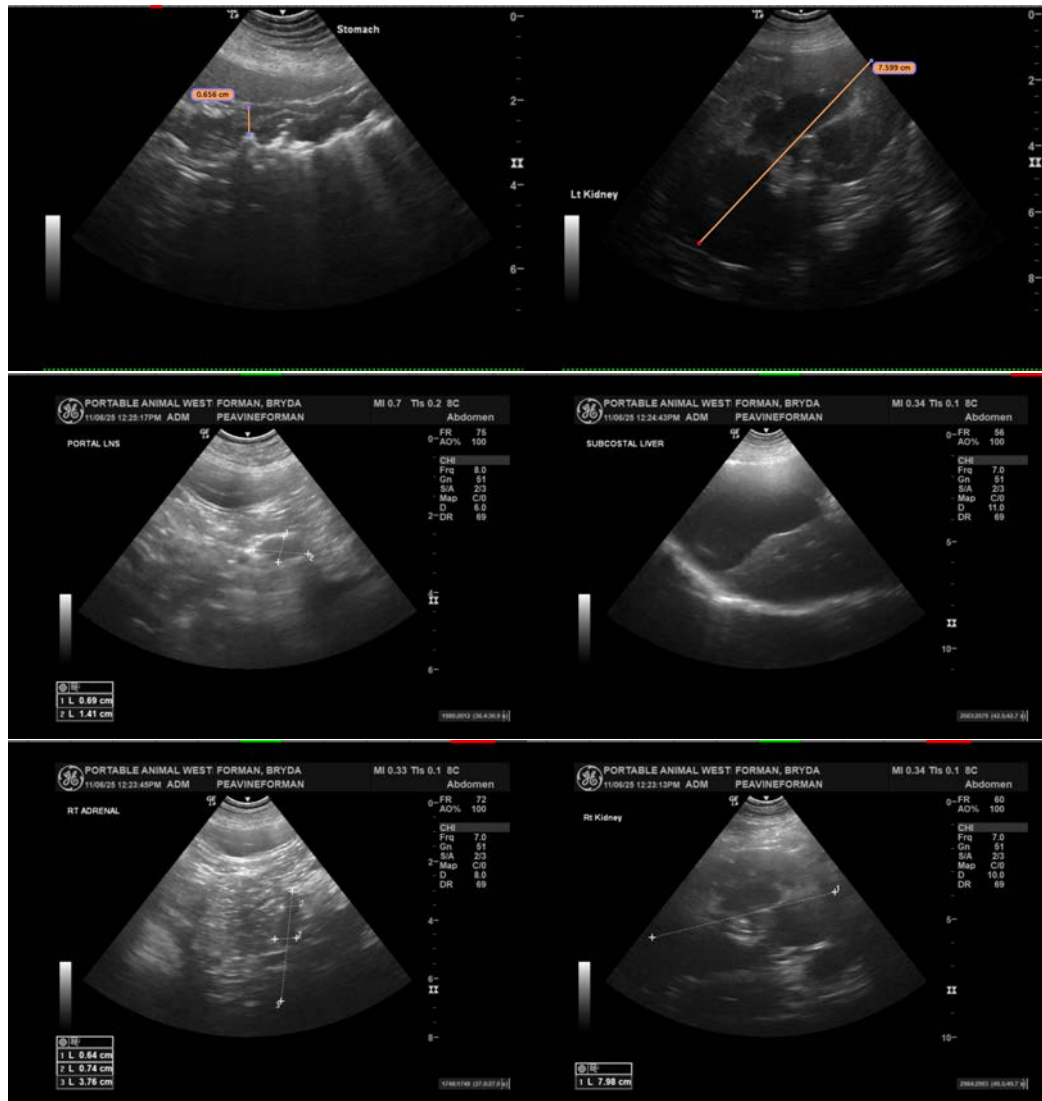
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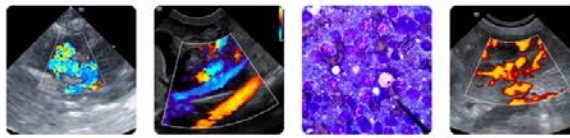
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Consider screening for tick borne diseases, and if not already done recommend a pathologist review of a blood smear as well as a fine needle aspirate of the enlarged submandibular lymph node and further evaluation for a source of infection (is the pet still limping?). If no source is identified, you could consider bone marrow aspirates, looking for evidence of decreased production, neoplastic involvement, etc.





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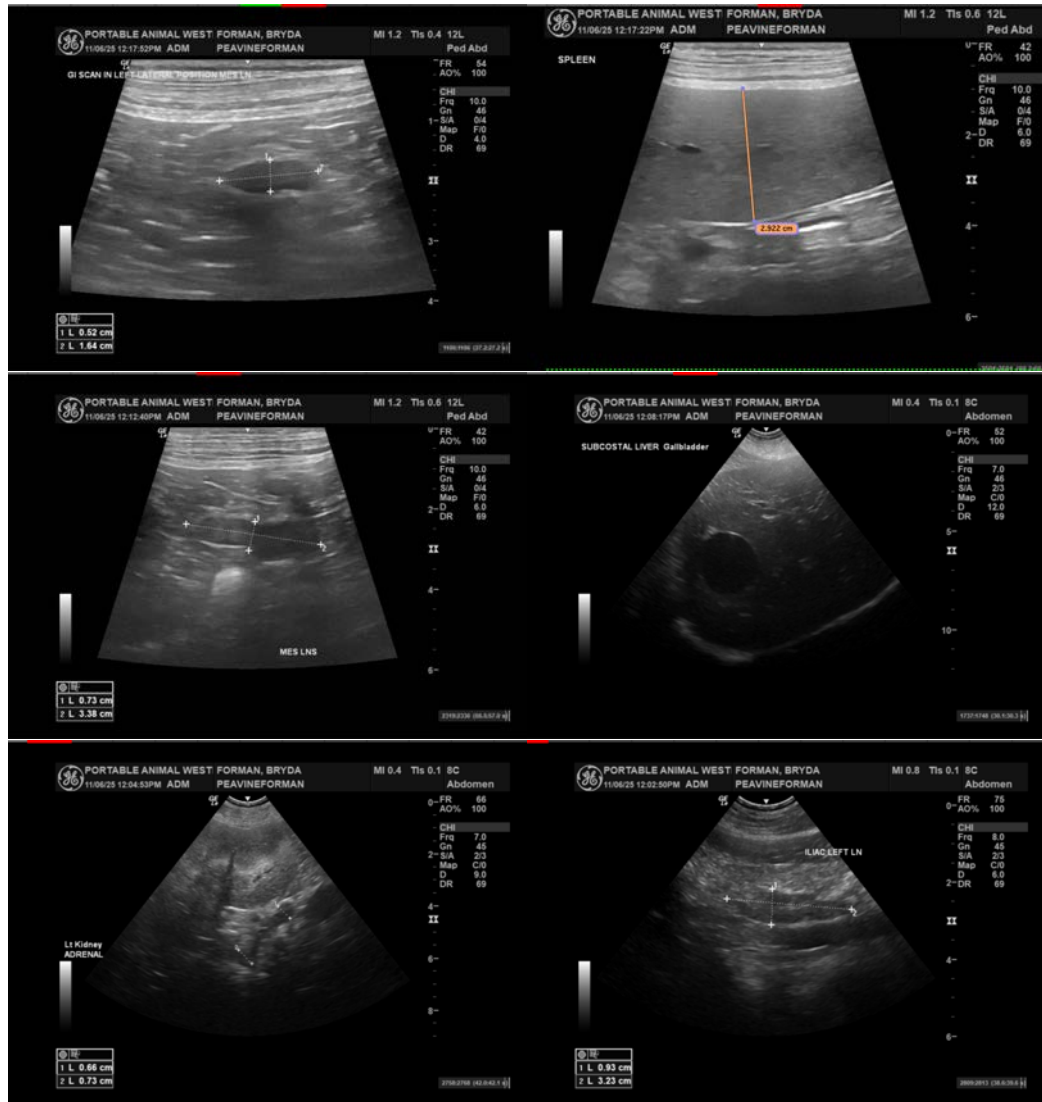
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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