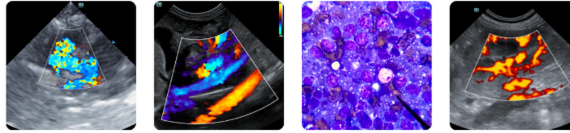


DATE

2/13/2026

PATIENT

Jack Loftus

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

8 years

WEIGHT

78 lbs

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River Veterinary Center

REFERRING VET

Dr. Franchini

INVOICE

11298

PRESENTING CLINICAL SIGNS

Patient History: Presents for worsening of increased respiratory rate while resting. Started a few weeks ago but worse the past few days. Increased respiratory effort with abdominal component on PE. No obvious murmur.

Current Medications: None yet.

Labwork Results: Diagnostics attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic.

Stat Report: Requested.

Imaging Performed by: Andi Parkinson, RDMS.

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 prostate is difficult to visualized amongst the large caudal abdominal lymph nodes (patient is very painful-would not tolerate deep pressure) . A large prostate is suspected measuring 2.92 cm in height in the sagittal view but this is difficult to differentiate from large lymph nodes in the area.

The left kidney has a normal shape and size (6.53 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 (6.49 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect. * **Patient discomfort and lack of sedation (due to critical condition) prevents adequate evaluation of this area**

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect. * **Patient discomfort and lack of sedation (due to critical condition) prevents adequate evaluation of this area**

Spleen

The spleen is subjectively normal in size (2.44 cm), and normal in shape, and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The parenchyma is diffusely micronodular with a reticulated pattern.

Liver

The liver is hyperechoic with prominent portal markings. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with sandy debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 severe caudal abdominal lymphadenopathy with large, hypoechoic irregular lymph nodes. Examples measure 6.8 cm x 3.19 cm, and 3.19 cm x 4.06 cm. The omentum is hyperechoic in the caudal abdomen.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is a poorly defined mass effect visualized associated with the right body wall measuring 4.9 cm x 4.88 cm with focal inflammation, edema, and abnormal hypoechoic tissue.

There's a large hypoechoic irregular mass effect visualized in the left cranial thorax measuring 9.8 cm x 3.84 cm.

PRIMARY FINDINGS

- Reticulated spleen. Primary differential – round cell neoplasia. Other differentials (lymphoid hyperplasia, other types of neoplasia, etc.) are possible.

- Severe caudal abdominal lymphadenopathy. The severe mesenteric lymphadenopathy is concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonealla, fungal infections etc.... A fine needle aspirate with cytology is needed for further evaluation.

- Right sided body wall mass – likely subcutaneous? Possible differentials include a metastatic lesion, primary neoplastic lesion, hematoma, other.

- Cranial thoracic mass lesion. Findings could be consistent with a benign or neoplastic lesion.

- Suspect large prostate versus lymph node. Findings could be consistent with an enlarged lymph node or an abnormal prostate (neoplasia would be the primary differential.)

SECONDARY FINDINGS

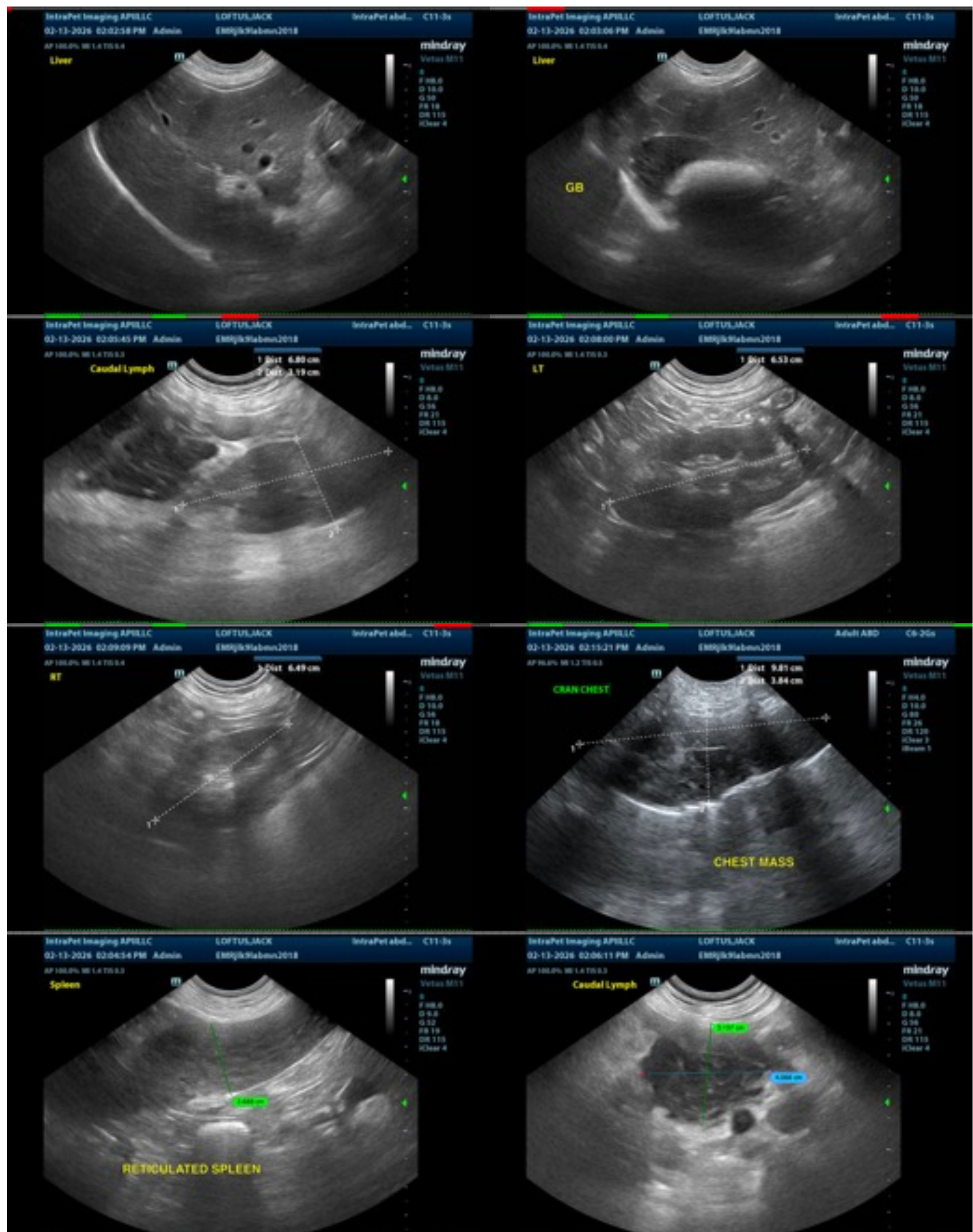
- Sandy debris visualized in the gallbladder. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

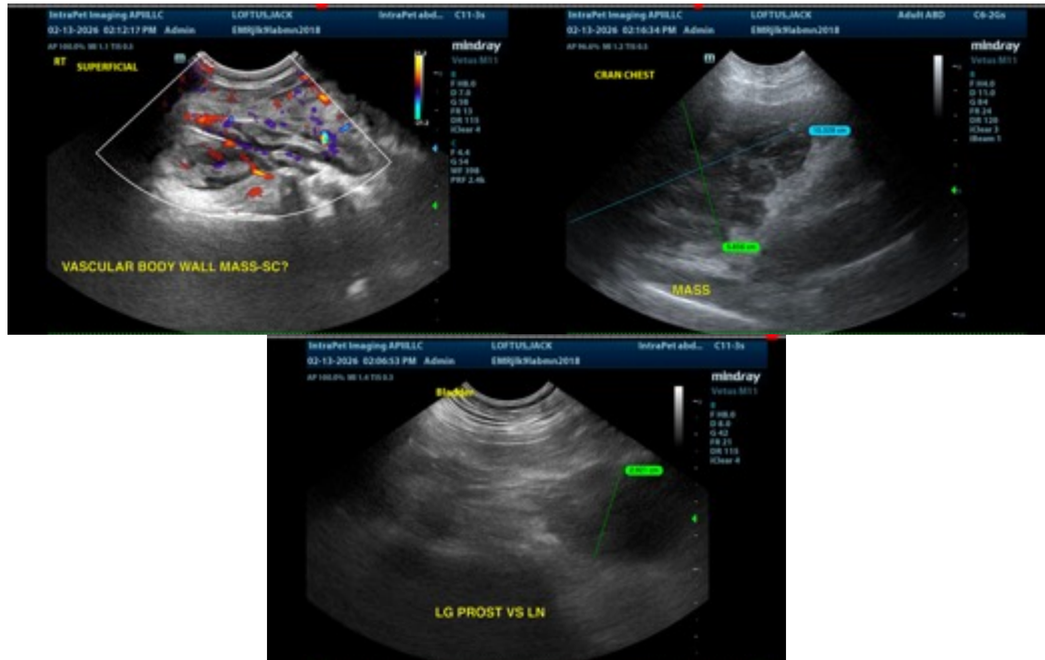
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is abnormal with a significant reticulated pattern with concern for underlying round cell neoplasia or other neoplasia. Recommend a fine needle aspirate of the spleen.
Additionally, there are large hypoechoic, irregular caudal abdominal/sub lumbar lymph nodes. Concerning for possible metastatic lymph nodes. If a safe window for sampling is available, consider a fine needle aspirate.

There is a large hypoechoic mass effect in the cranial thorax as well as a hypoechoic, irregular subcutaneous vascular body wall lesion. Both of these lesions are concerning for a metastatic/neoplastic process. If a cytologic diagnosis can be obtained based on sampling of the spleen, and abdominal lymph nodes, recommend consultation with a Veterinary Oncologist regarding best treatment options and prognosis.

Based on the suspected multicentric nature of this process, surgical options may be limited.


Liver
Liver
GB
Caudal Lymph
1 Dist 6.80 cm
2 Dist 3.19 cm
LT
1 Dist 6.53 cm
RT
1 Dist 6.49 cm
CRAN CHEST
1 Dist 9.81 cm
2 Dist 3.84 cm
CHEST MASS
Spleen
RETICULATED SPLEEN
Caudal Lymph
mindray



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)
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