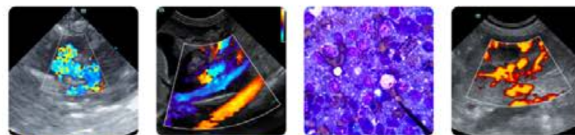

PATIENT

Luna Coggins

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

7 Years

WEIGHT

170 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

73273

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Patient presented for hyporexia x 3 weeks and anorexia x 1 week. Acute vomiting started last night. Concern for palpable liver mass. No significant pain on deep abdominal palpation. Patient dehydrated (tacky MM, slightly sunken eyes) and lethargic. Normal body temperature. Weight loss.

Abnormal PE/Chem/CBC/UA Results: Moderate severe leukocytosis (40.2K) characterized by a neutrophilia (24.K) with a left shift, monocytosis (10.19K) and lymphocytosis ----- as compared to Friday 18K, 12.7K, 2.0K, 2.8K - Elevated ALT (230 U/L) -- Friday 48 U/L - Elevated ALP (760 U/L) -- Friday 146 U/L - Hyperbilirubinemia (2.3 mg/dL) -- Friday 0.2 mg/dL - Hyperbilirubinuria 2+, proteinuria 2+ - Isosthenuria (1.014)

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 (7.49 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.

The right kidney has a normal shape and size (8.74 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 large, measuring 0.85 cm at the cranial pole and 1.56 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. In the mid body region of the adrenal there is a poorly defined hypoechoic nodule measuring 0.97 cm x 0.67 cm, which does not deform the capsule.

The right adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.47 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 subjectively normal in size (2.84 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.

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Liver

The liver is large in size, and normal in echogenicity 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 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 gas. In some views the gastric wall appears thickened and slightly irregular measuring at 0.83 cm. 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.

Most of 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 0.35 cm. Visualized peristalsis appears appropriate. On the mid abdominal view there is a hypoechoic structure that has the appearance most consistent with a section of thickened small intestine with loss of layering. In this area the bowel wall measured 0.96 cm.

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

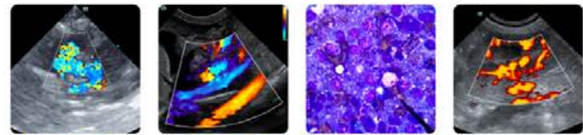
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe diffuse lymphadenopathy with large, hypoechoic rounded lymph nodes visualized. In the cranial abdomen/mesenteric root there is a group measuring 4.84 cm x 3.64 cm and 5.29 cm x 7.04 cm. Additionally, there is a lymph node near the stomach measuring 3.59 cm x 2.65 cm. The omentum is diffusely hyperechoic around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal gland with a hypoechoic nodule – Possible differentials include hyperplasia, adenoma, carcinoma, infiltrative round cell neoplasia, etc.

- Large, heterogeneous 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.

- Thickened, slightly irregular gastric wall – The gastric wall thickening could be consistent with edema, gastritis, early infiltrative neoplasia, etc.



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- Suspect focal thickened small intestine with loss of layering – Findings are suspicious for a focal bowel mass.

- Severe diffuse lymphadenopathy – The severe mesenteric lymphadenopathy is most 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 bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous clusters of large hyperechoic rounded lymph nodes in the abdomen. These areas are surrounded by highly reactive mesentery. The primary differential for these changes would be round cell neoplasia, although other differentials are possible. Recommend a fine needle aspirate.

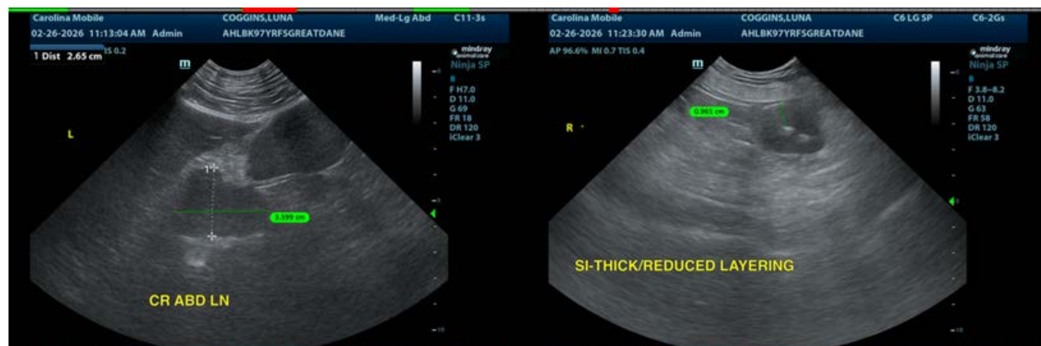
In the region of the enlarged lymph nodes there is a hypoechoic structure that has the appearance of a focally thickened bowel loop with loss of wall layering. This is concerning for a possible small intestinal mass lesion, although no evidence of an obstructive pattern is visualized, and a lymph node overlapping the bowel in that region cannot be ruled out.

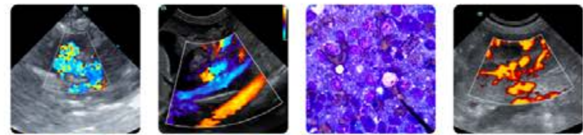
The liver is large and heterogeneous. Findings could be consistent with a primary hepatopathy, although infiltrative neoplasia (round cell neoplasia) should be a consideration.

The left adrenal gland is large with a small, hypoechoic nodule. The significance of this is uncertain. This could represent focal hyperplasia, an adenoma, an early carcinoma, pheochromocytoma, or even neoplastic infiltration into the adrenal.

Strongly recommend sedation for future imaging and for aspirates to obtain cytologic samples. Additionally, careful palpation of peripheral lymph nodes is recommended. If any are firm or enlarged, sampling one of these areas may be rewarding.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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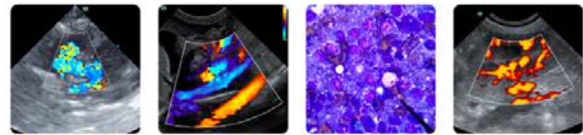

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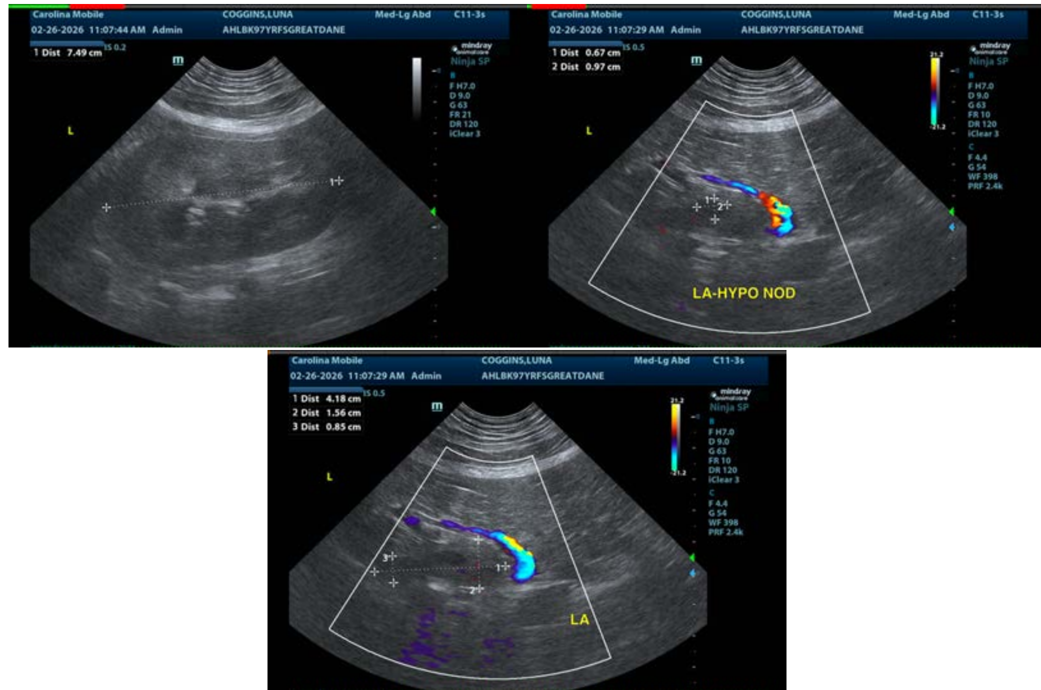

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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