

**PATIENT**

Groot Bravo/Gonzalez

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

7 Years

WEIGHT

70.4

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Dr. Gavin Casper

HOSPITAL NAMEHometown Animal
Hospital (Florida)**REFERRING VET**

Dr. Gavin Casper

INVOICE

73543

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Lethargy, not eating, vocalization, for approximately 1 week

Abnormal PE/Chem/CBC/UA Results: Enlarged peripheral lymph nodes - Senior Panel: Cbc-thrombocytopenia 81 (r/o artifact). Chem- mild inc SDMA 16, mild inc ALT 203, dec chol and lipase; UA: SG 1040, ph 7, mild proteinuria, mild hematuria, mild bilirubinuria, mild urobilinogen. Tt4: 1.3 - Cancer DX test: PENDING - Radiographs: Probable cranial mediastinal, sublumbar, and inguinal lymphadenopathy; this is most concerning for multicentric neoplasia, mild bronchial pattern, mod hepatomegaly, mild prostatomegaly - VetScan cytology with FNA of lymph nodes - consistent with lymphoma

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 large and hyperechoic, measuring 3.03 cm in height.

The left kidney has a normal shape and size (7.76 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 (7.6 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 is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is mildly mottled, 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 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.



PATIENT	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.
Groot Bravo/Gonzalez	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach contains mild fluid/ingesta. 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.
BREED	
Golden Retriever	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 0.37 cm. Visualized peristalsis appears appropriate. There are some still images of bowel that appear suspicious for wall thickening and reduced detail of wall layering. This section of bowel measures at 0.47 cm.
SEX	
Male	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.
AGE	
7 Years	<i>Pancreas</i>
WEIGHT	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.
70.4	<i>Free Abdomen</i>
INTERPRETED BY	There is scant free fluid. There is a severe diffuse lymphadenopathy with large, hypoechoic abdominal lymph nodes. An example of a mesenteric lymph node measures 3.17 cm x 6.13 cm. Additionally, the inguinal lymph nodes are visualized measuring 0.94 cm x 3.17 cm and 0.64 cm x 0.84 cm. The omentum is diffusely hyperechoic, particularly around the enlarged lymph nodes.
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy. • Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. • 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. • Questionable areas of bowel wall thickening with reduced detail of wall layering- Possible differentials could include imaging artifact, inflammation or infiltrative neoplasia. • Scant free fluid and severe diffuse abdominal and inguinal 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.
Dr. Gavin Casper	
HOSPITAL NAME	
Hometown Animal Hospital (Florida)	
REFERRING VET	
Dr. Gavin Casper	
INVOICE	
73543	
DATE	
3/10/26	



PATIENT

Groot Bravo/Gonzalez

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

7 Years

WEIGHT

70.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal
Hospital (Florida)

REFERRING VET

Dr. Gavin Casper

INVOICE

73543

DATE

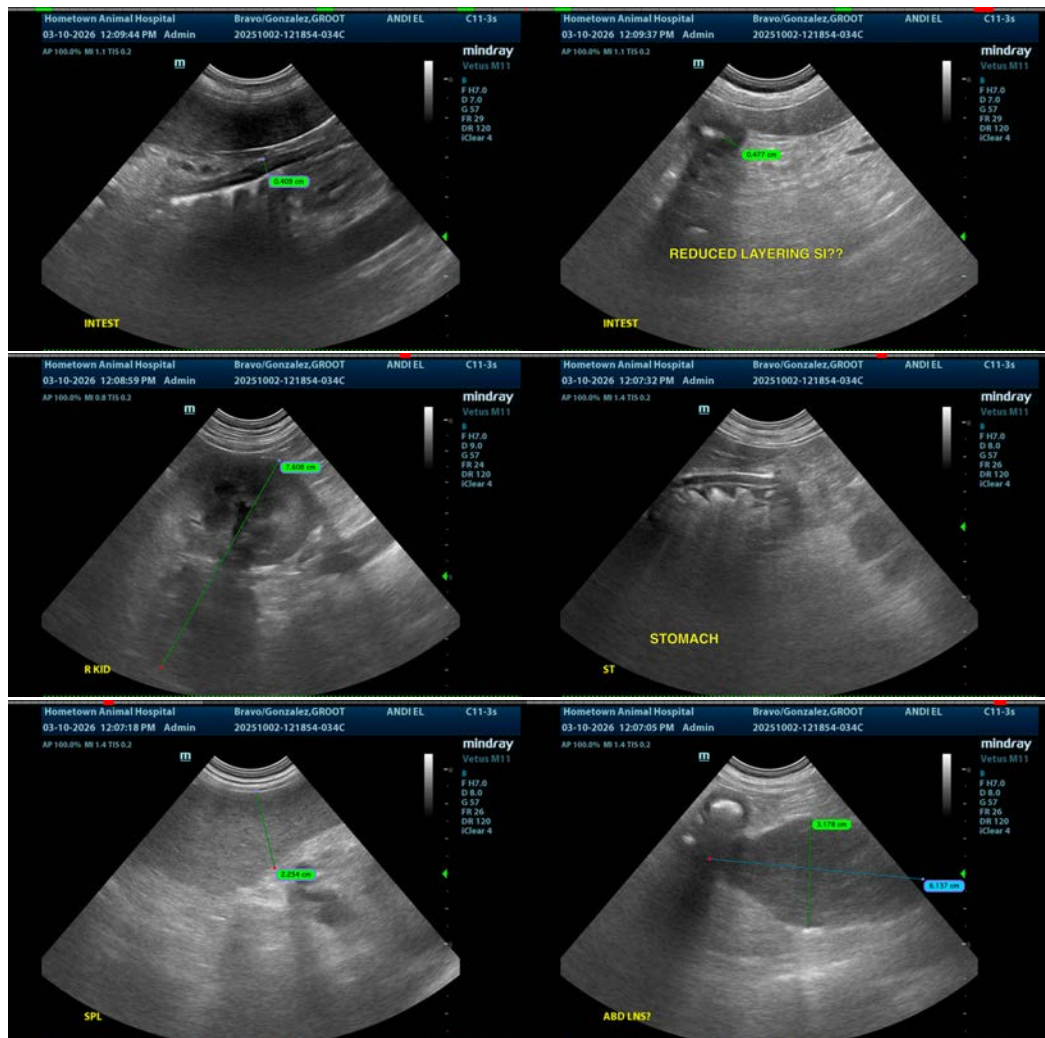
3/10/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significant diffuse lymphadenopathy is highly suspicious for round cell neoplasia, although other differentials are possible. Recommend a fine needle aspirate of peripheral or inguinal lymph nodes for cytologic evaluation.

The spleen appears somewhat mottled, and the liver is mildly heterogeneous. These could represent early neoplastic infiltration, but this is not definitive. Consider a fine needle aspirate of the spleen for further evaluation.

On some of the still images provided there is the suspicion of mildly thickened bowel wall with reduced detail of wall layering. This was not appreciated on the videos provided. Findings could be consistent with early infiltrative neoplasia, inflammation, or imaging artifact. If GI signs develop, reevaluation would be warranted.





PATIENT

Groot Bravo/Gonzalez

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

7 Years

WEIGHT

70.4

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal
Hospital (Florida)

REFERRING VET

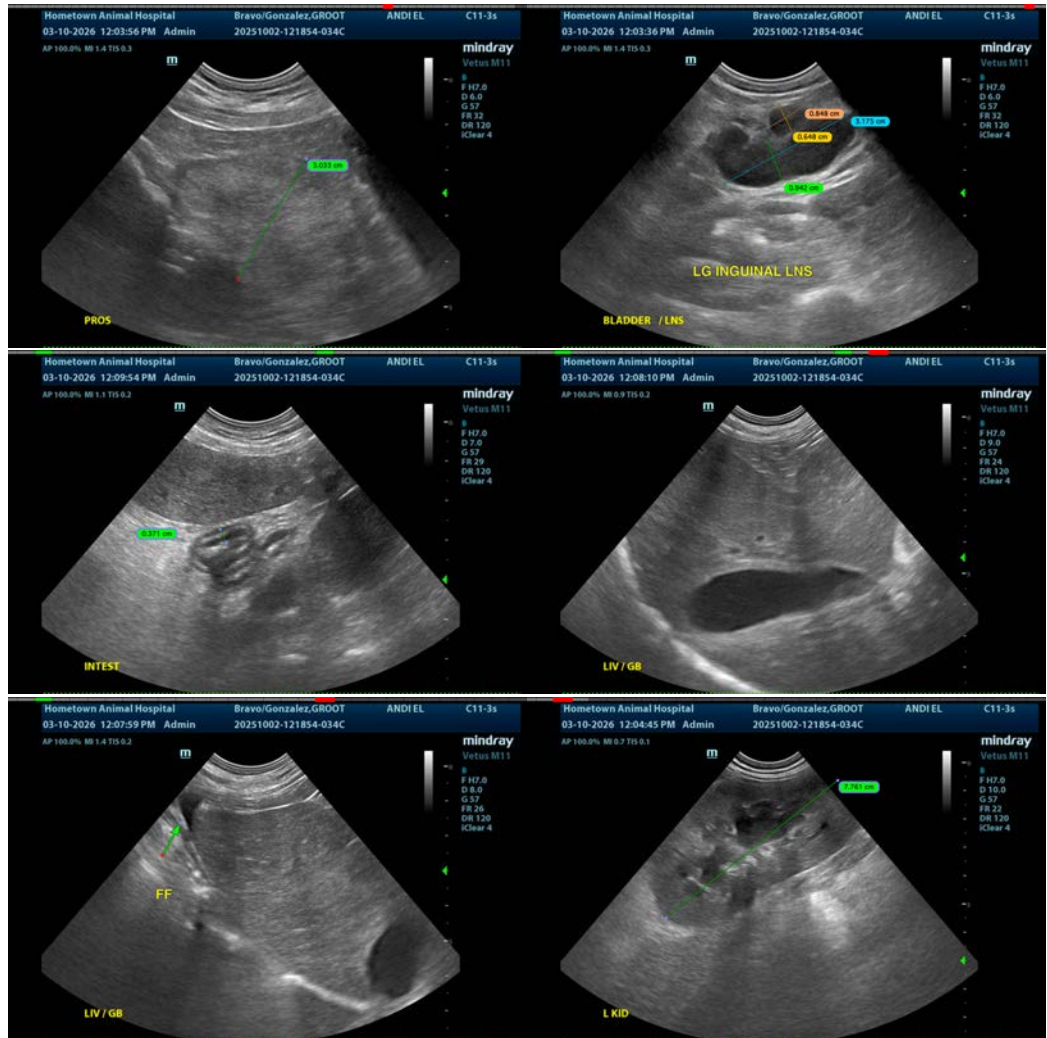
Dr. Gavin Casper

INVOICE

73543

DATE

3/10/26



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