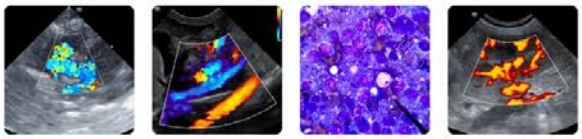


PATIENT

Legend Reightler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2016

WEIGHT

80.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Kubala

INVOICE

73637

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Several week duration of decreased appetite. Peripheral lymph node enlargement

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 (7.17 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 (7.37 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 0.37 cm at the cranial pole and 0.48 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 0.38 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.

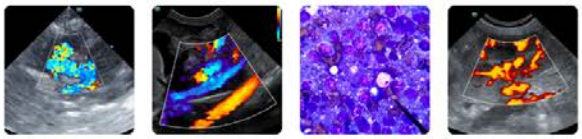
Spleen

The spleen is borderline large and mottled, measuring 2.77 cm at the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized near the hilus measuring 0.77 cm x 1.24 cm. Another hypoechoic, mixed echogenicity nodule is visualized measuring 1.12 cm x 1.02 cm.

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. There is a moderate amount of debris present. The wall of the gall bladder appears slightly hyperechoic and thickened, and some of the debris appears mineralized, most consistent with mineralized, sandy debris/small choleliths. The cystic and common bile ducts are normal/not visible.



PATIENT

Legend Reightler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2016

WEIGHT

80.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Kubala

INVOICE

73637

DATE

3/12/26

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is prominent, measuring 1.04 cm with intact wall layering. 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 0.46 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized. It appears somewhat thickened. Ascending colon wall measures 0.46 cm with mildly reduced detail of wall layering. There appears to be a hypoechoic nodule/mass effect within the lumen measuring at 0.94 cm in diameter. No evidence of an obstruction is visualized. The descending colon wall appears normal.

Pancreas

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. Lymph nodes at the mesenteric root measure 1.84 cm x 2.55 cm. Additional mesenteric lymph nodes measure 1.1, 1.21, and 0.50 cm in diameter. A cranial abdominal lymph node is visualized measuring 1.96 cm x 1.13 cm. The omentum is hyperechoic around the prominent lymph nodes and particularly in the cranial abdomen caudal to the stomach.

ULTRASONOGRAPHIC FINDINGS

- Borderline large, mottled spleen with two hypoechoic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include 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.

- Moderate gallbladder debris with some mineralized debris and a prominent gallbladder wall – 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.

- Subjectively thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

PATIENT

Legend Reightler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2016

WEIGHT

80.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Kubala

INVOICE

73637

DATE

3/12/26

- Thickened ascending colon with suspected intraluminal polypoid lesion/mass – The wall changes could be consistent with severe inflammation or early neoplastic change. The focal lesion could represent a benign or neoplastic lesion.

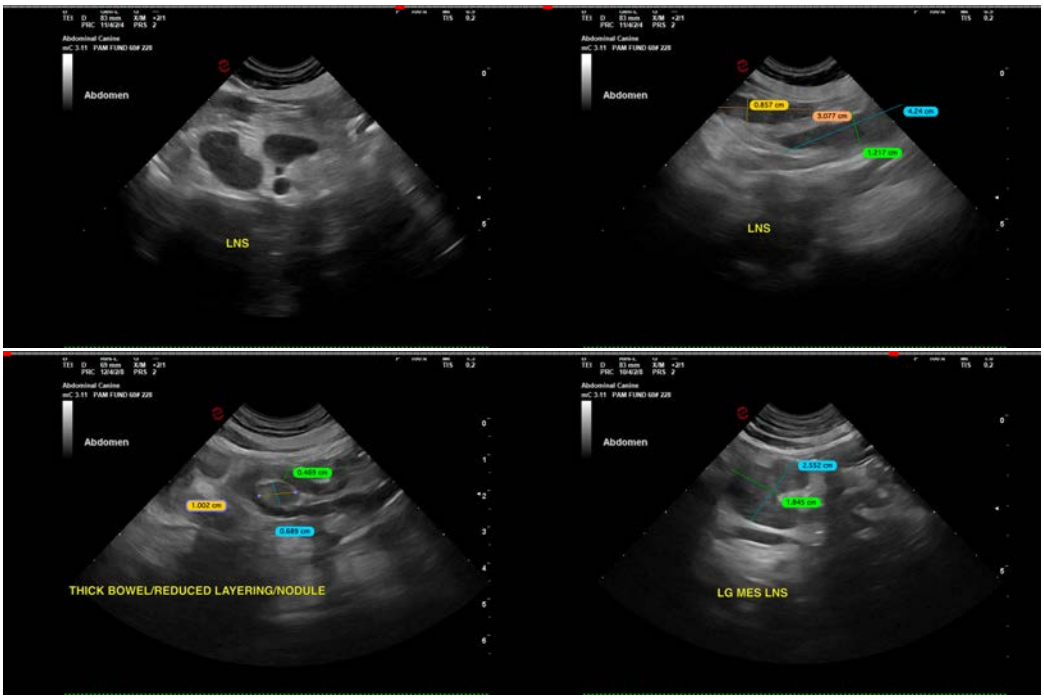
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant diffuse lymphadenopathy visualized with large, hypoechoic, rounded lymph nodes throughout the abdomen. Recommend a fine needle aspirate for cytologic evaluation (I believe this was done during today's exam). Some areas of the bowel appear slightly prominent. There is some thickening involving the ileocecal junction, primarily at the ascending colon, and there is a loop of bowel that I suspect is ascending colon with what appears to be a soft tissue intraluminal structure possibly consistent with a polypoid lesion or mass effect. It does not appear obstructive at this time. A fine needle aspirate of the ascending colon wall could be considered.

The spleen is subjectively large and mottled with two hypoechoic nodules. Further evaluation could include cytologic sampling in these areas.

Similarly, the liver is large, heterogeneous, and hypoechoic. This is a non-specific finding but there could be concern for possible neoplastic infiltration given the other changes observed.



PATIENT

Legend Reightler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2016

WEIGHT

80.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

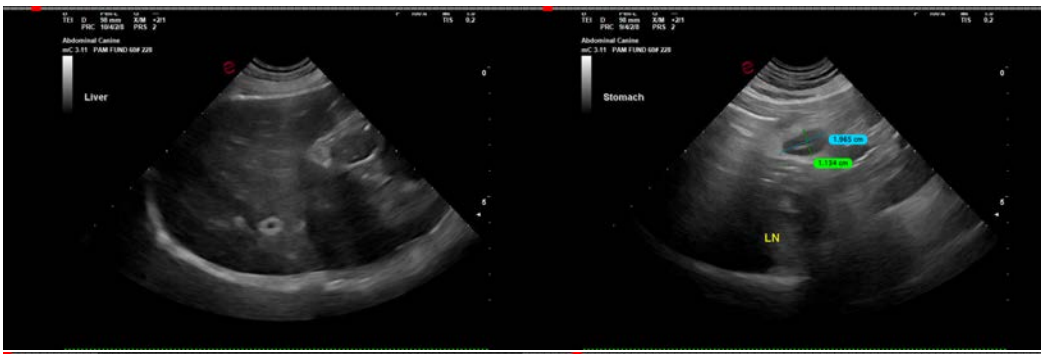
Dr. Kubala

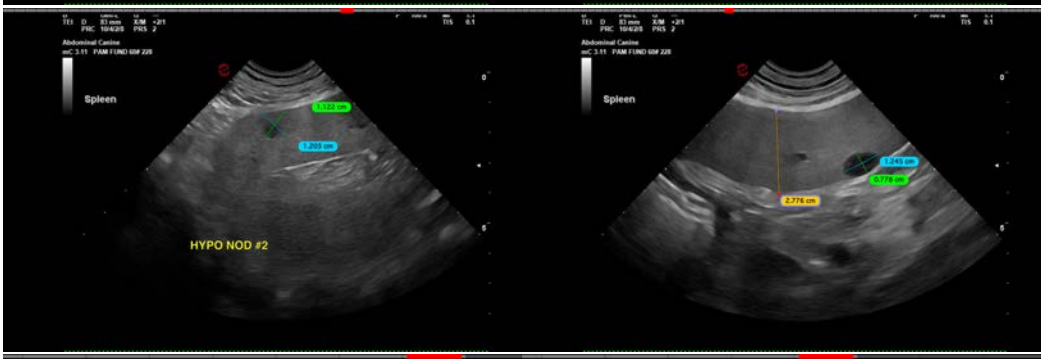
INVOICE

73637

DATE

3/12/26





PATIENT

Legend Reightler

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2016

WEIGHT

80.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Kubala

INVOICE

73637

DATE

3/12/26

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