



PATIENT

Lena Constantine

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

3 Years

WEIGHT

43.2 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM (Internal
Medicine)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

16020

DATE

05/09/26

PRESENTING CLINICAL SIGNS

*P presented for listless, panting, and possible distended abdomen. Normal activity and appetite until Wednesday 5/6. P then noted as lethargic, refused afternoon walk, and abnormal panting. P ate well 5/6 in the morning. P continued lethargy, listless, and then anorexia. presented to Shores morning of 5/8. History of Lyme disease. admitted for supportive care. *Concern for Significant Generalized Lymphadenopathy: Neoplasia (Lymphoma vs. Histiocytic Sarcoma vs. Other Round Cell Neoplasia vs. Other) vs. Infectious (Lyme Disease vs. Other Tick-Borne Illness vs. Other) vs. Inflammatory vs. Combination vs. Other.; Anorexia, Lethargy, ADR: Secondary to underlying cause for lymphadenopathy deemed most likely; Tachypnea: Pain vs. Pyrexia vs. Nausea vs. Lymphadenopathy impacting the ability to ventilate vs. Pulmonary neoplasia vs. Methadone administration vs. combination vs. other.

PE: dull, depressed; subtle pain 1/4; Lymphadenopathy appreciated, Mandibular, Pre-scapular, Axillary, Inguinal, Popliteal nodes are all significantly enlarged. Atrophy of the Epaxial Musculature. 5/8: CBC HCT 48.4%, Other values WNL. Chemistry WNL. EPOC: normal ica++. rads thorax, abd: Thoracic and abdominal lymphadenopathy: There is evidence of enlargement of the tracheobronchial, external and iliac/sublumbar LNs. Unremarkable GI tract: There is no evidence of foreign material, segmental SI dilation, plication or pyloric outflow obstruction. u/a: USG 1.060, pH 7.0; Urine Sediment: Unremarkable and inactive. cytology LN aspirate (in house): Noted uniform population of similar appearing large lymphoblasts. High nuclear: cytoplasmic ratio, dense and coarse chromatin, prominent nucleoli.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph nodes, measuring approximately 1.5 cm x 4.0 cm in size, with a hyperechogenic appearance but maintaining a normal shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 8.8 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.74 cm in width. The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Diffusely enlarged, measuring up to 5.0 cm in width, with a mottled echogenic, coarse and fine nodular appearance, and a regular curvilinear capsule. Normal volume of the splenic vasculature, without any overt congestion or thrombosis evident.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Enlarged caudal abdominal lymph nodes measuring up to 2.5 cm x 4.5 cm in size with a hyperechogenic appearance and a rounded shape.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology.
- Iliac and caudal abdominal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the appearance of the spleen and the lymphadenomegaly is consistent with lymphoma.

Further assessment that could be considered would be FNA cytology of the spleen and the iliac and caudal abdominal lymph nodes.

Consultation with an oncologist would be recommended, as management would either be chemotherapy or palliative cortisone therapy.



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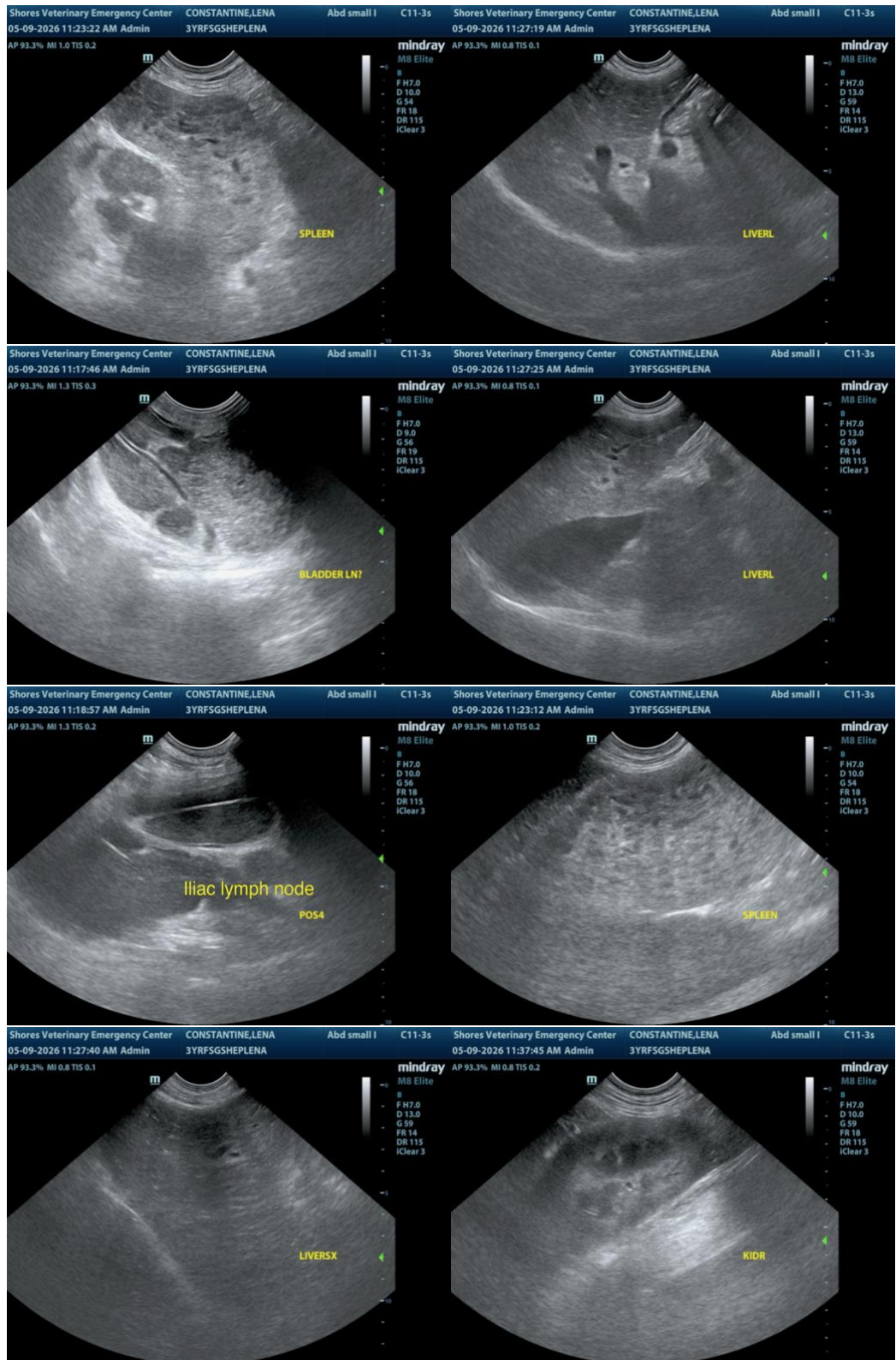
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com