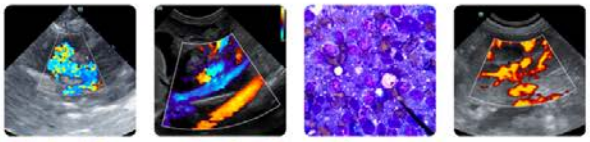

PATIENT

Linus Shannon

SPECIES

Canine

BREED

Rat Terrier x

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

72557

DATE

12/14/25

PRESENTING CLINICAL SIGNS

~2 week history decreased appetite, lethargy, episode of fever. Diagnosed with large mid abdominal mass with suspect peritoneal effusion at rDVM.

Abnormal PE/Chem/CBC/UA Results: Est 5-6% dehydration. Tense on abdominal palpation Mild dental disease CBC -- Neut 13.02K (H), Mono 1.55K (H) EPOC -- BUN 6 (L), HCT 46% PCV/TS -- 56%/5.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a slight decrease in corticomedullary distinction. The cortex to medulla ratio is appropriate with no evidence of pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 5.03 cm. Right kidney measures 5.34 cm.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen measures 1.64 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach contains a mild amount of normal echogenic ingesta. The pylorus and pyloroduodenal junction appear patent. The majority of the small intestine has normal wall thickness with maintenance of normal wall layering. However, in the mid cranial abdomen there is a focal segment of small intestine that is severely thickened and hypoechoic with obliteration of normal wall layering. The remainder of the small intestine is non-distended with no evidence of mechanical obstruction. The colon contains normal shadowing feces.

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Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There are several enlarged, hypoechoic mesenteric and sublumbar lymph nodes with distorted length to width ratio and lack of normal discernable parenchymal detail. There is no significant free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

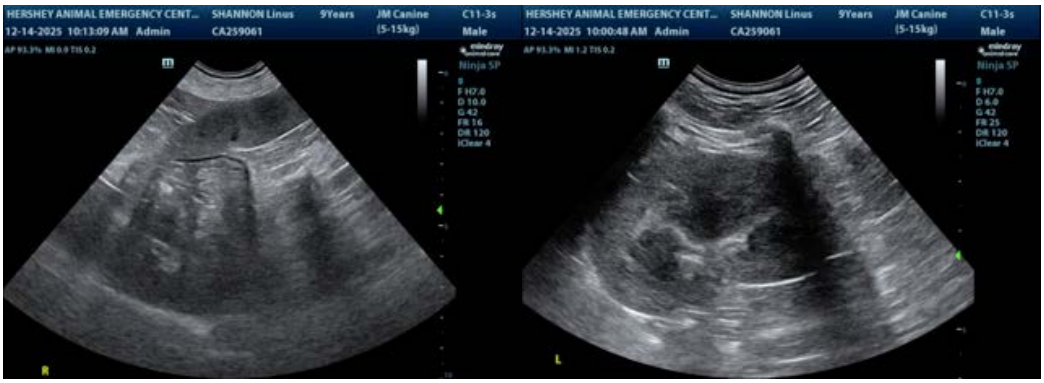
- The mesenteric and sublumbar lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

- The large mid abdominal small intestinal mass appears to be non-obstructive at this time and is concerning for infiltrative neoplastic disease. Round cell neoplasia or lymphoma are primary concerns.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the enlarged lymph nodes and small intestinal mass with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.



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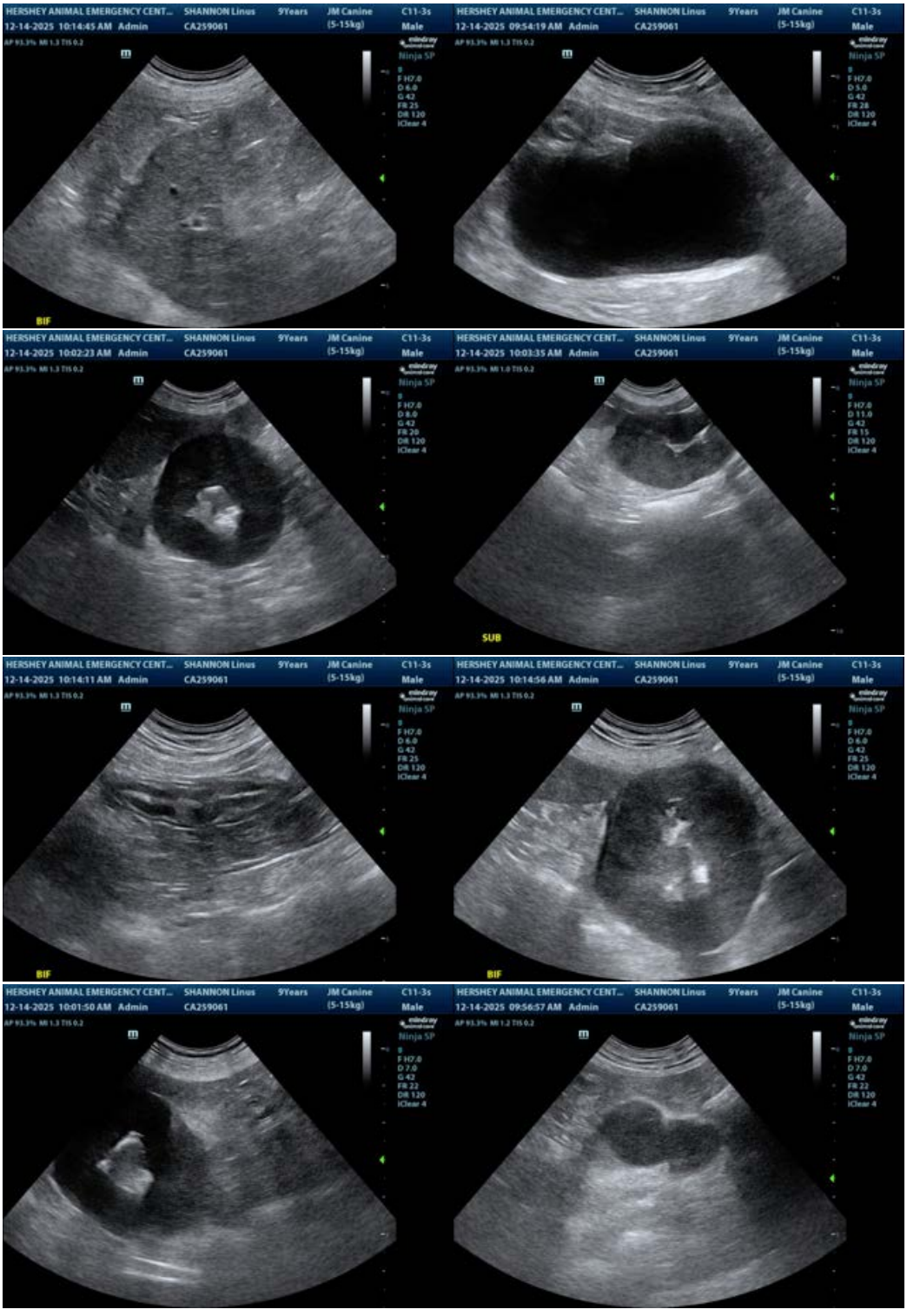

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com