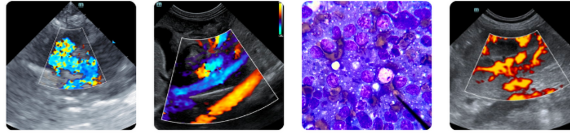
Imaging performed by

IntraPet Imaging

IntraPet.com



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

DATE

11/21/2025

PATIENT

Ruger Joyner

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

10 years

WEIGHT

79 lbs

INTERPRETED BY

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

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Repsher

INVOICE

10795

PRESENTING CLINICAL SIGNS

Patient History: Presented for lethargy and decreased appetite over the last several days, has had intermittent vomiting, and O feels there has been a slight increase in thirst as well. P has history of having peri-anal fistulae and has been controlled on Cyclosporin and topical tacrolimus during flare ups. AO to stop cyclosporine and offer bland diet but P has not responded / not wanted to eat. PE - mostly unremarkable - MM slightly tachy, dull / lethargic, more quiet than typical. slight discomfort on palpation of cranial abdomen. Radiographs - suspicious for mass in cranial abdomen, brief US scan shows suspicious mass in cranial. Right quadrant - kidney appeared WNL, what could be seen of spleen and liver appeared normal.

Current Medications: Cyclosporin 100 mg SID during (had been stopped 11/18)

Labwork Results: Labwork attached, reported as: Radiographs - Abdomen: suspicious for mass in cranial abdomen, gas throughout intestines, Thorax: possible lymphadenopathy in cranial mediastinum but overall chest rads clear of evident pathology. US scan (brief in house) shows suspicious mass in cranial Right quadrant irregular contours some cavitation. kidney appeared WNL, what could be seen of spleen and liver appeared normal. CBC - Leukocytosis: increased Neutrophils, Monocytes, and basophils. Chem - BUN Low and cholesterol, ALT, ALP, GGT. TBILI - mild / moderate elevation, pancreatic Lipase elevated

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.61 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 (7.73 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 0.48 cm at the cranial pole and 0.58 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 0.64 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 in size (2.11 cm) and mildly mottled with slightly irregular margins. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. 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 minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.44 cm, and jejunum measures 0.37 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a focal section of jejunum with severe wall thickening and complete loss of layering. In this area the bowel wall measures 0.79 cm in thickness. The abnormal area extends for greater than 8.0 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. An example of a portal lymph node visualized measures 2.14 cm x 4.27 cm. Mesenteric lymph nodes measures 2.23 cm x 6.56 cm, and 1.31 cm

x 2.10 cm. The omentum is diffusely hyperechoic, particularly around the abnormal bowel and the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, mildly mottled spleen with slightly irregular margins. 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, hyperechoic liver. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

- Focal section of jejunum with severe thickening and complete loss of layering. Findings are concerning for infiltrative neoplasia (round cell neoplasia, carcinoma, other.) Other differentials are possible.

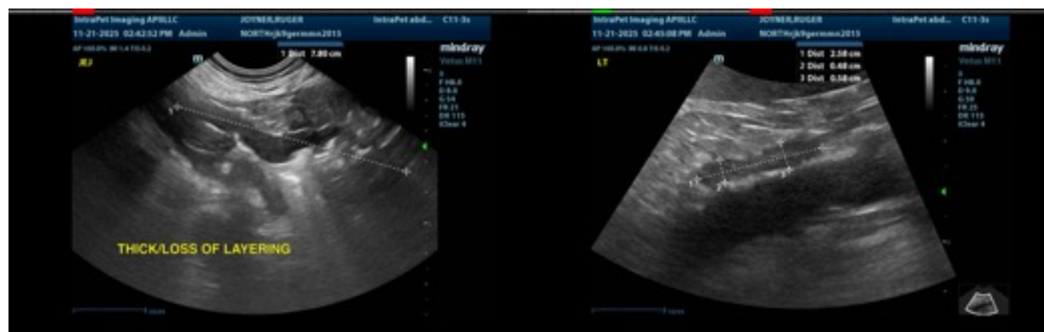
- Severe mesenteric lymphdadenopathy. Findings are most consistent with metastatic lymph nodes. Other differentials are possible.

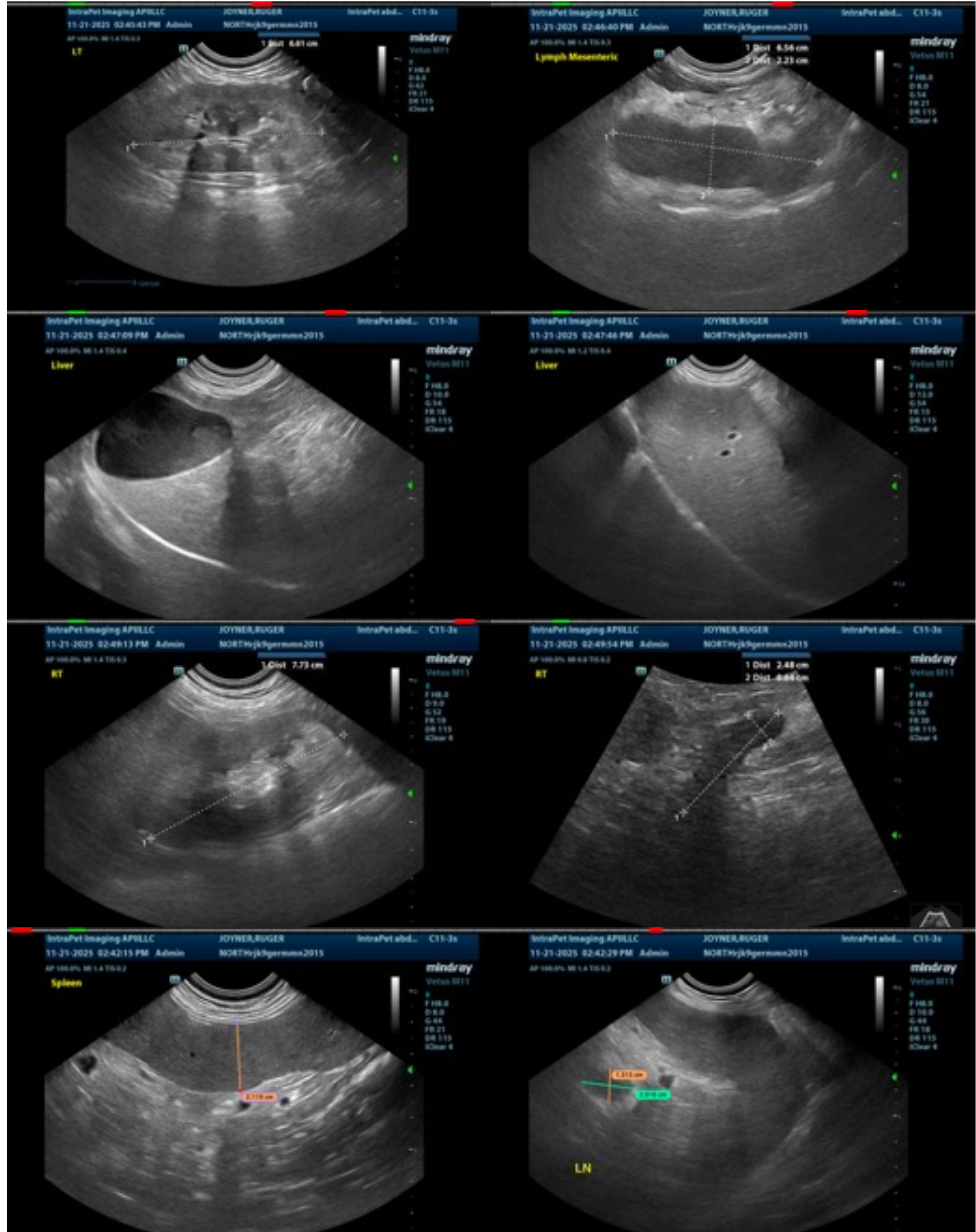
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of jejunum which appears severely thickened with complete loss of layering. Additionally, there are clusters of mesenteric lymph nodes and portal lymph nodes which are severely enlarged, rounded, and hypoechoic. The changes to the bowel are concerning for infiltrative neoplasia such as round cell neoplasia, carcinoma, other. Other differentials such as fungal disease, eosinophilic infiltrates, etc., are possible. Recommend a fine needle aspirate of an enlarged mesenteric lymph node. If a cytologic diagnosis cannot be obtained based on this, you could consider a fine needle aspirate of the thickened hypoechoic bowel wall.

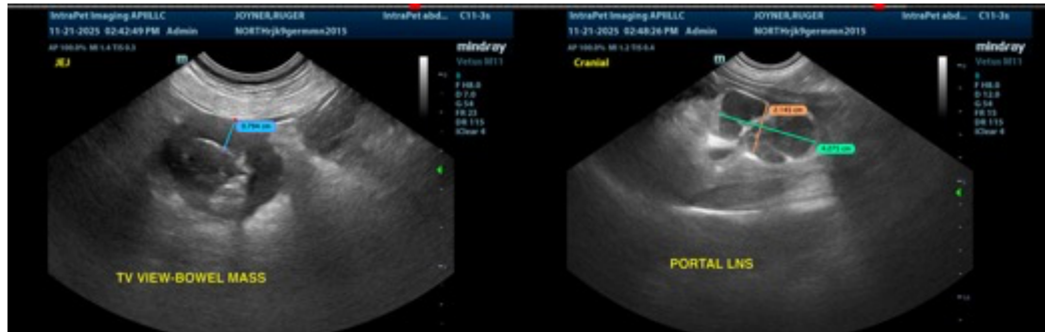
The liver is large and hyperechoic. Given the liver enzyme elevations reported, there is concern for possible neoplastic infiltration to the liver. A fine needle aspirate of the liver could be considered (provided coagulation parameters are normal.)

Additionally, the spleen is lightly irregular and mildly mottled. These changes are relatively mild but given the possibility for multicentric neoplasia, a fine needle aspirate could be considered. Once a cytologic diagnosis is obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis.





IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:45:43 PM Admin
NORTHrjk9germmn2015
mindray
LT
1 Dist 6.61 cm
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:46:40 PM Admin
NORTHrjk9germmn2015
mindray
Lymph Mesenteric
1 Dist 6.56 cm
2 Dist 2.23 cm
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:47:09 PM Admin
NORTHrjk9germmn2015
mindray
Liver
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:47:46 PM Admin
NORTHrjk9germmn2015
mindray
Liver
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:49:13 PM Admin
NORTHrjk9germmn2015
mindray
RT
1 Dist 7.73 cm
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:49:54 PM Admin
NORTHrjk9germmn2015
mindray
RT
1 Dist 2.48 cm
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:42:15 PM Admin
NORTHrjk9germmn2015
mindray
Spleen
IntraPet Imaging APIILLC
JOYNER,RUGER
IntraPet abd...
C11-3s
11-21-2025 02:42:29 PM Admin
NORTHrjk9germmn2015
mindray
LN



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