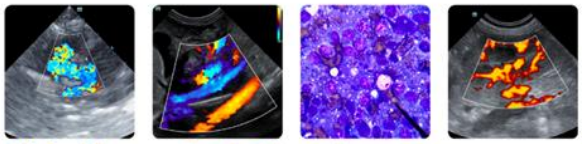


PATIENT

Penny Roden

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

12yr

WEIGHT

29.1kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE
23694

DATE
01/28/2026

PRESENTING CLINICAL SIGNS

- Recent weight loss: 2 lb since last laser therapy
- Appetite: decreased, selective eating; accepted Pepcid in Cheerios this morning
- Vomiting: episode yesterday morning; no food intake after
- Gums: noted to be slightly pale this morning
- Previous diagnostics: mild anemia on recent lab results (Wags and Whiskers)
- No history of coughing, sneezing, diarrhea, abnormal urination or defecation
- Oral Cavity: Mucous membranes slightly pale, CRT <2s, minimal tartar/gingival erythema, sublingual clear
- Mentation: Dull
- Dehydration Assessment: 5-6%; tacky mm +/- some change in skin turgor
- Cranial organomegaly noted
- Abnormal PE/Chem/CBC/UA Results: HAEC: CBC: HCT 29% (L), Hgb 9.9 (L), MCV 51.1 (L), MCH 17.5 (L), RDW 22.9 (H), Retic Hgb 17.3 (L), WBC 28.56 (H), Neut 24.72 (H), suspect bands, Monos 2 (H), Plt 507 (H) Chem: ALP 232 (H) EPOC: BE -5.6 (L), HCT 31 (L) Rad: caudal lung lobe of left cranial lung alveolar pattern, large irregular soft tissue mass cranial abdomen with mineralization towards center

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Isochoric medial left kidney nodule with a minor associated medial subcapsular to perinephric effusion present measuring 2.0 cm in diameter. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

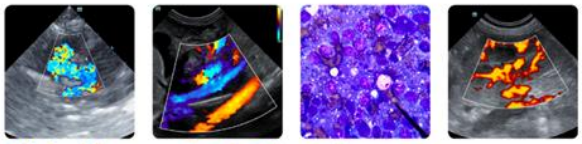
The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.8 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.7 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



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Liver/Gallbladder

Generalized mild hepatomegaly with areas of mild asymmetrical hepatic capsule contour. Mild to variable non-homogenous parenchyma with isoechoic to mild heterogeneous intraparenchymal macronodule to small mass in the left liver measuring 3.5 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

Mid to cranial abdomen intestinal mass exhibiting variable to significant thickened hypoechoic wall with loss of intestinal mural detail measuring 8-9 cm in length with wall width measuring 1.2 cm. Distally the small intestine was visualized going into the mass most consistent with jejunal location. Concurrent intact, mildly thickened segmental small intestine wall owing to subjective propensity for thickened intestine mucosal layer noted in the duodenum and adjacent jejunal segments. No evidence of intestinal obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of peritoneal effusion was present.

Mildly enlarged to swollen hypoechoic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant intestinal mural mass most consistent with jejunal involvement.
- Enlarged non-homogenous liver with intraparenchymal macronodule / small mass.
- Age-related renal changes with discrete left kidney nodule and associated minor subcapsular to perinephric effusion.
- Mild hypoechoic to swollen mesenteric lymphadenopathy.
- Minor transdiaphragmatic comet tail artifact.

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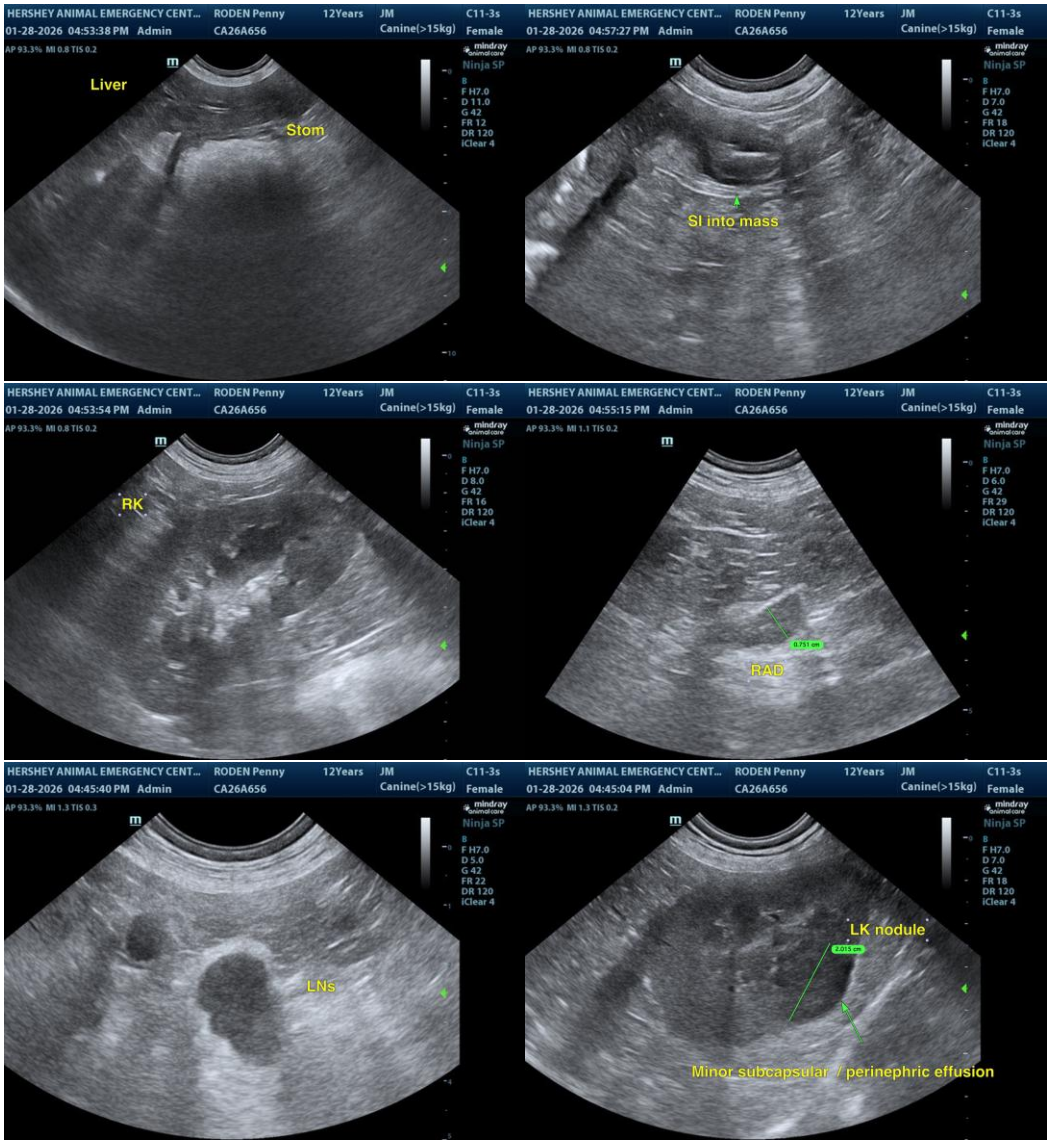
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is consistent with neoplastic criteria with unfortunately evidence of hepatorenal and lymphatic metastasis. Further assessment may include intestinal mass and if accessible hepatic parenchyma/ macronodule to small mass FNA cytology with potential for oncology consult.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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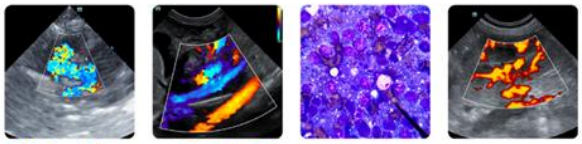

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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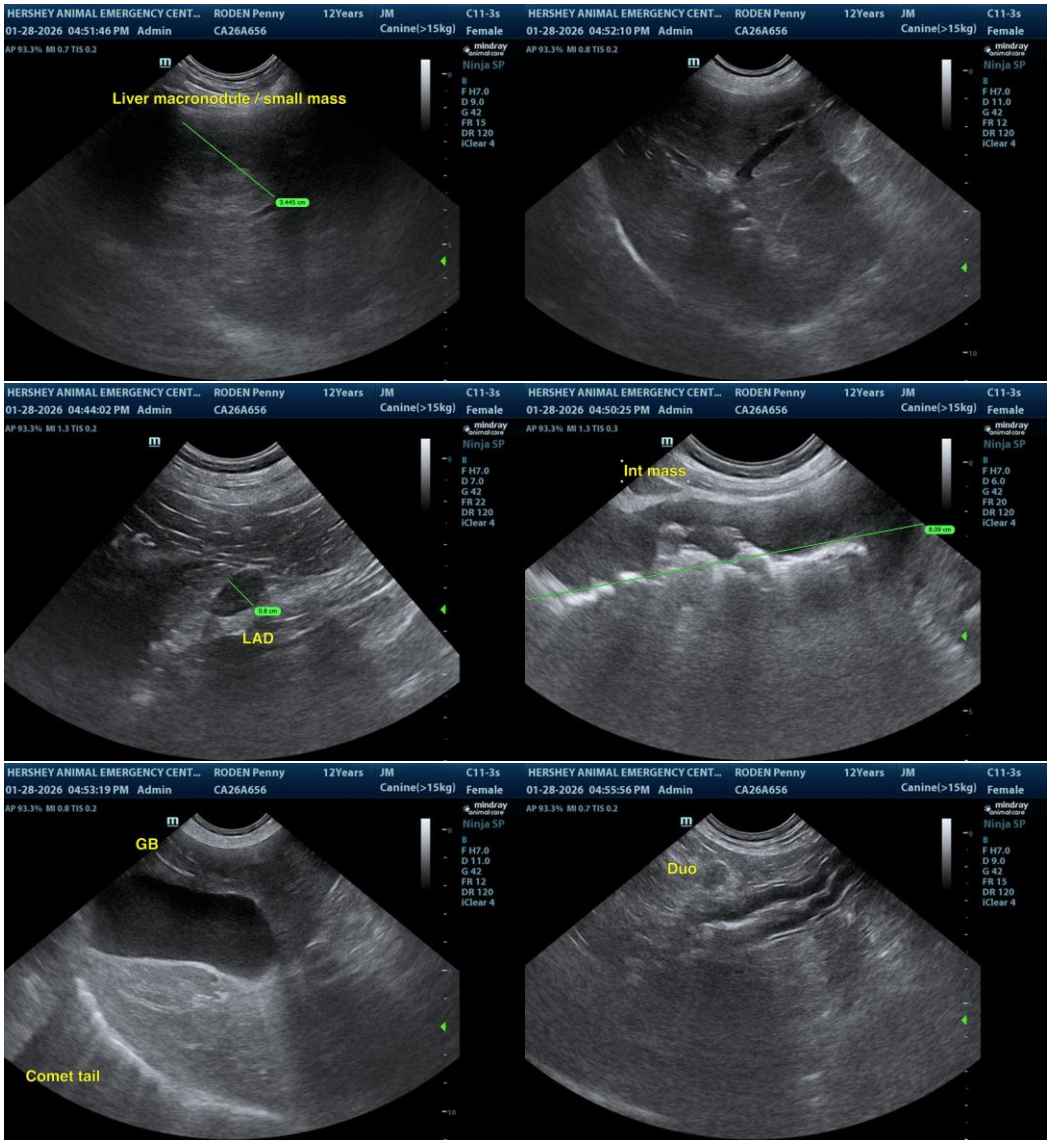

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com