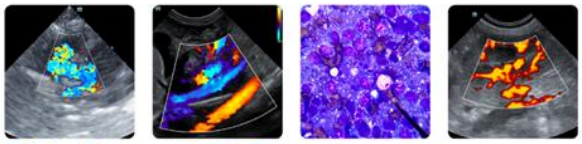


PATIENT
Tyrion Ennist

SPECIES
Canine

BREED
Husky

SEX
MN

AGE
9yr

WEIGHT
26.2kg

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Cara Sinopoli

INVOICE
23716

DATE
01/29/2026

PRESENTING CLINICAL SIGNS

- HX of IVDD diagnosed about 1.5 weeks ago. Treated with carprofen, methocarbamol and gabapentin. Started vomiting with small amount of blood, decreased appetite and bloody diarrhea yesterday. Last dose of carprofen and gabapentin Tues. 1/27. Owner reports recent within the past few years of intermittent GI issues (mostly diarrhea).
- PEOral Cavity: Mucous membranes slightly pale pink/tacky
- Abdominal: Tense, slightly nauseous (lip licking) on cranial abdominal palpation, mildly uncomfortable on palpation, rectal: small amount of liquid stool on glove, but no blood

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 31.2% L, non-regenerative, eosin 4.54K H Chem: glu 77 low normal, alb 2.4 low normal EPOC: HCT 30% L Pancreatic lipase: <30 Cortisol: 2.89

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

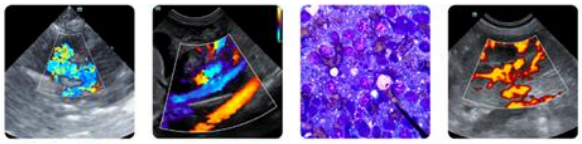
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width 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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized without overt evidence of gastric distension secondary to retained ingesta, fluid or foreign material.

Segmental moderate wall thickening with loss of wall layering was present subjectively involving the jejunum. The intestinal lumen was empty without obstructive pattern. Mild paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Concurrent intact, mildly thickened intestinal segments exhibiting mild altered wall layer ratio were present. The intestinal wall measured 1.4 cm in width. By comparison, intact yet mild abnormal adjacent intestinal wall measured 0.45 cm wall width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The colon wall measured 0.3 cm in width.

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

Mild volume peritoneal effusion and peri-intestinal to perilymphatic hyperechoic omentum.

Enlarged, hypoechoic peri intestinal mesenteric 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. An example of a lymph node measured 4.0 cm length and 1.5 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal mass with associated regional hypoechoic to swollen mesenteric lymphadenopathy, peri-intestinal / perilymphatic hyperechoic omentum and mild volume effusion
- Adjacent intact mildly thickened intestine with mild altered wall layer ratio
- Borderline to mild thickened colon containing semi-formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass and associated lymphadenopathy consistent with potentially high-grade neoplastic criteria i.e. lymphoma, carcinoma or other with strong concern for regional omental seeding is indicated. The intact mild abnormal adjacent intestinal segments may indicate more diffuse intestinal neoplastic criteria. Assuming normal clotting status, FNA cytology of the thickened intestine wall as well as accessible lymph nodes for further clarification and potential for oncology or surgical consult could be considered.

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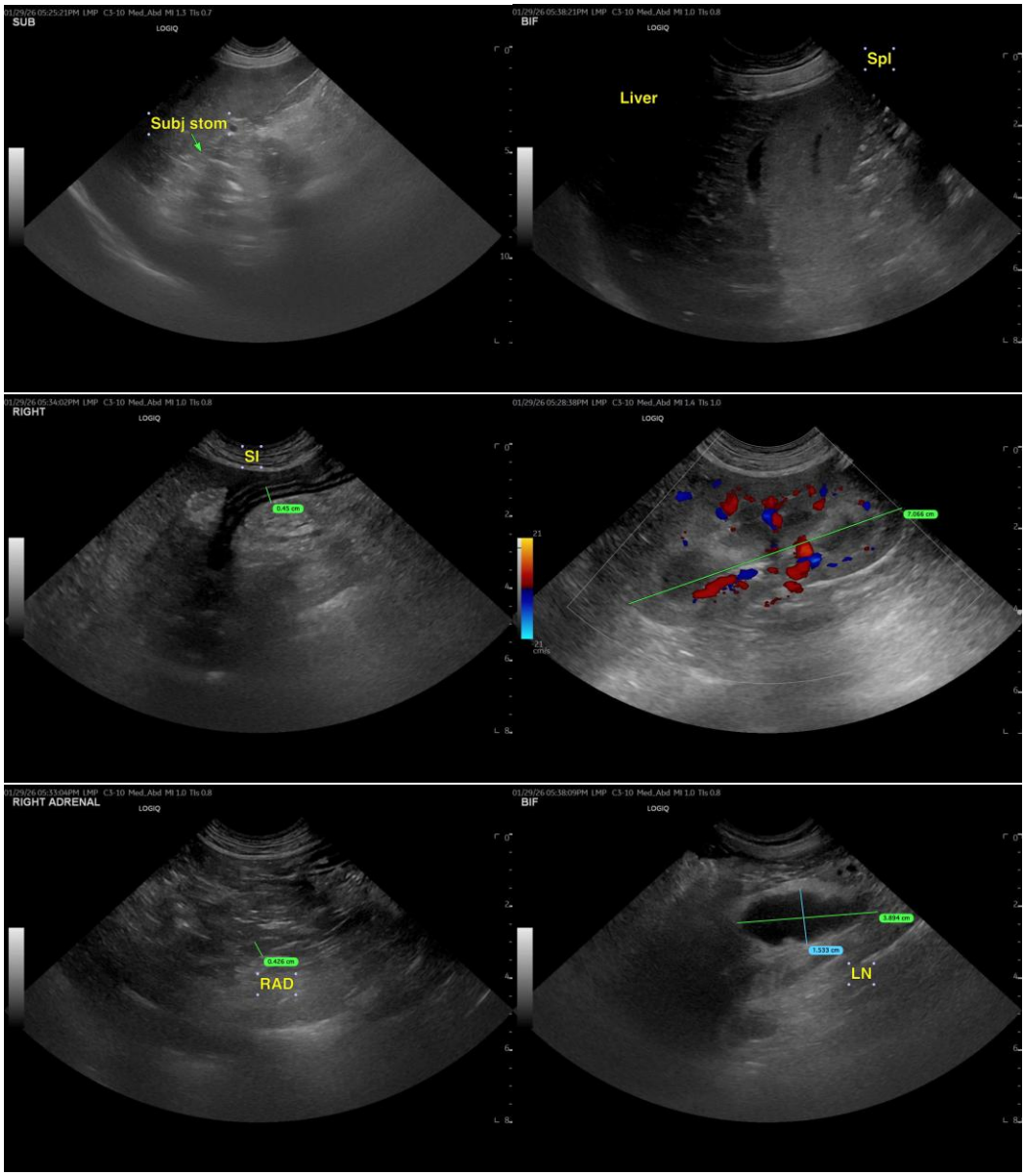

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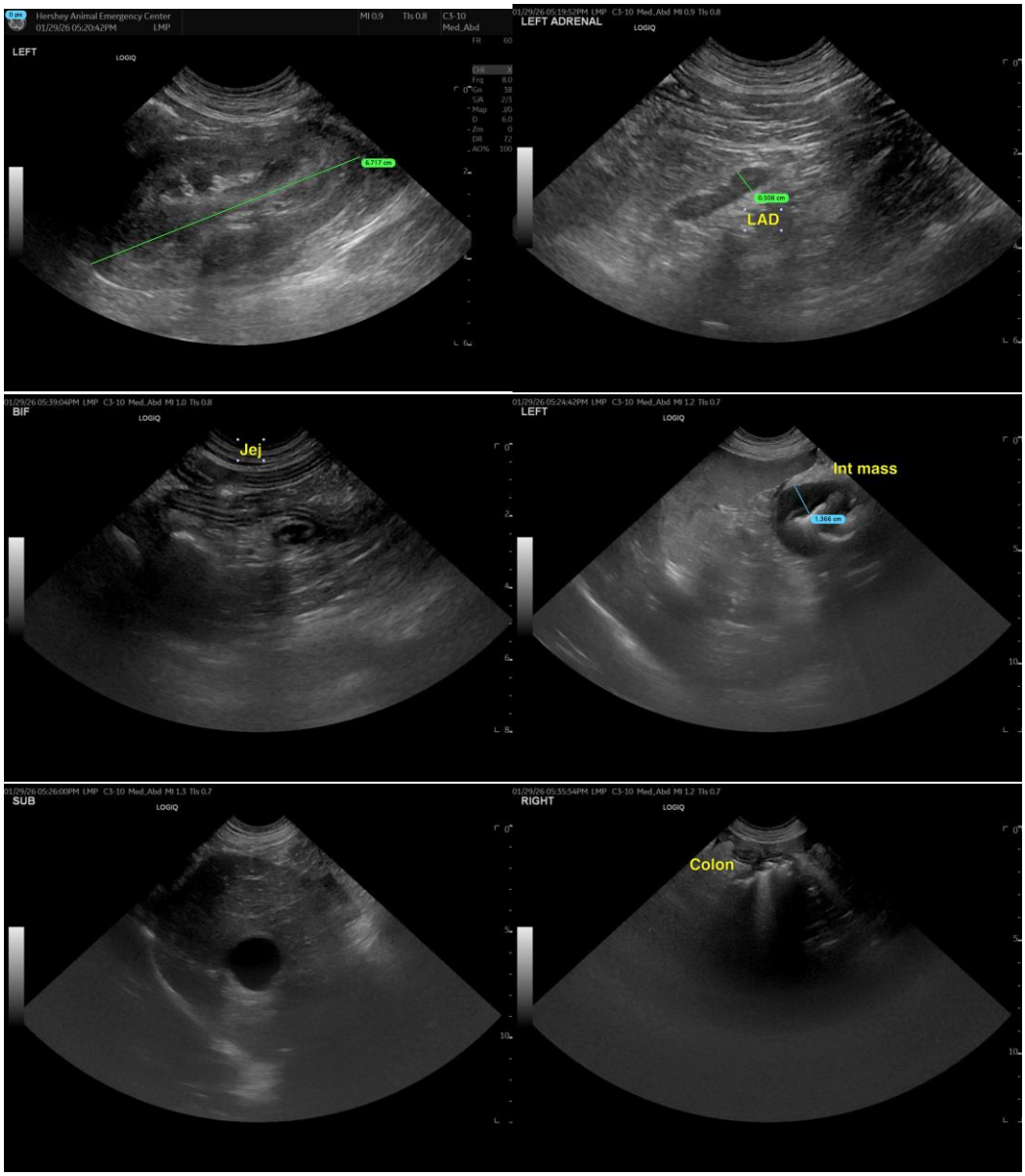

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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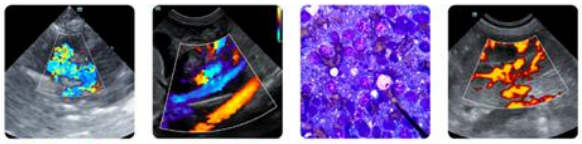

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Educational Teleconsultation Services™

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