



PATIENT

Roxy Park

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11yr

WEIGHT

13kg

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. Cara Sinopoli

INVOICE

24198

DATE

03/14/2026

PRESENTING CLINICAL SIGNS

- 2 week history of decreased appetite and at times anorexia, weight loss and ADR
- Oral Cavity: Mucous membranes pink/moist, CRT 3s, minimal tartar/gingival erythema, sublingual clear
- Abdominal: Soft and compliant with no abnormalities or pain on palpation; guarded, abdomen drawn up.

Abnormal PE/Chem/CBC/UA Results: cbc/chem/lytes unremarkable pancreatic lipase wnl
Abdomen The stomach contains a tiny amount of mineral specks and opaque foreign material. There are 2 focal, severely distended gas-filled loops of bowel in the caudal abdomen, which may indicate small intestinal ileus but cannot be differentiated from the colon. A large foreign body that could be causing obstruction is not really visible The remainder of the abdomen is normal. Conclusions: Suspected Segmental bowel dilation is most concerning for a mechanical obstruction. This could be due to a radiolucent/poorly radiopaque foreign body or luminal narrowing, such as with infiltrative neoplasia. The small mineral specks, opaque foreign material, could reflect a gravel sign, which could be causing intestinal mucosa irritation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. The left kidney measured 5.2 cm in length. The right kidney measured 5.1 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 0.7 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 0.49 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma. A solitary discrete non-capsule deforming hypoechoic splenic nodule measuring 0.85 cm in diameter was present.

Liver/Gallbladder



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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 non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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

Jejunal mass exhibiting thickened wall with heterogeneous mural echogenicity and associated loss of mural detail, present in the subjective mid abdomen measuring 2.5 by 2.2 cm. Variable ingesta and chyme distended intestine proximal with empty intestine distal. The remainder of the small intestine presented intact wall layering and maintained wall layer ratio.

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

Mild peri-intestinal hyperechoic omentum and minor effusion adjacent to the jejunal mass.

A solitary visualized asymmetrically enlarged mesenteric lymph node measuring 1.8 by 2.2 cm was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Jejunal mass with obstructive intestinal pattern proximal, empty intestinal distal
- Peri-intestinal hyperechoic omentum, minor effusion and asymmetrical lymphadenopathy

Secondary

- Mild age related kidneys
- Mild gallbladder debris (non-mucocele)
- Discrete splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mass and lymphadenopathy is most suggestive of neoplastic / metastatic criteria with inflammatory, infectious or granulomatous etiologies thought less likely. Mild peri-intestinal peritonitis is likely. A more diffuse enteropathy or regional jejunal neoplasia cannot be excluded although the remainder of the intestine appeared to maintain wall layering. Assuming to pathology on thoracic radiographs, laparotomy with jejunal mass / lymph node resection and intestinal biopsies is recommended. No overt GI foreign body.



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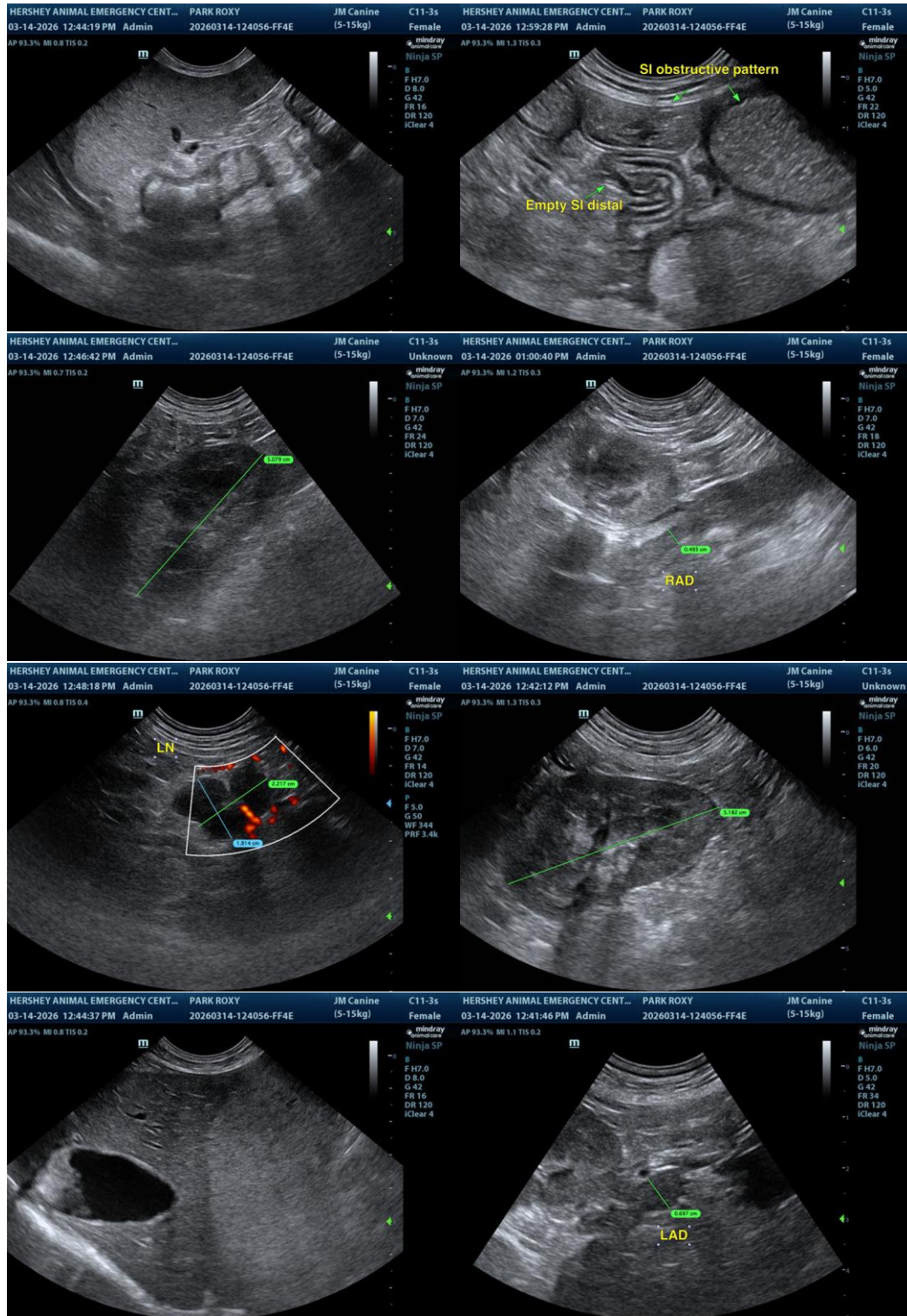
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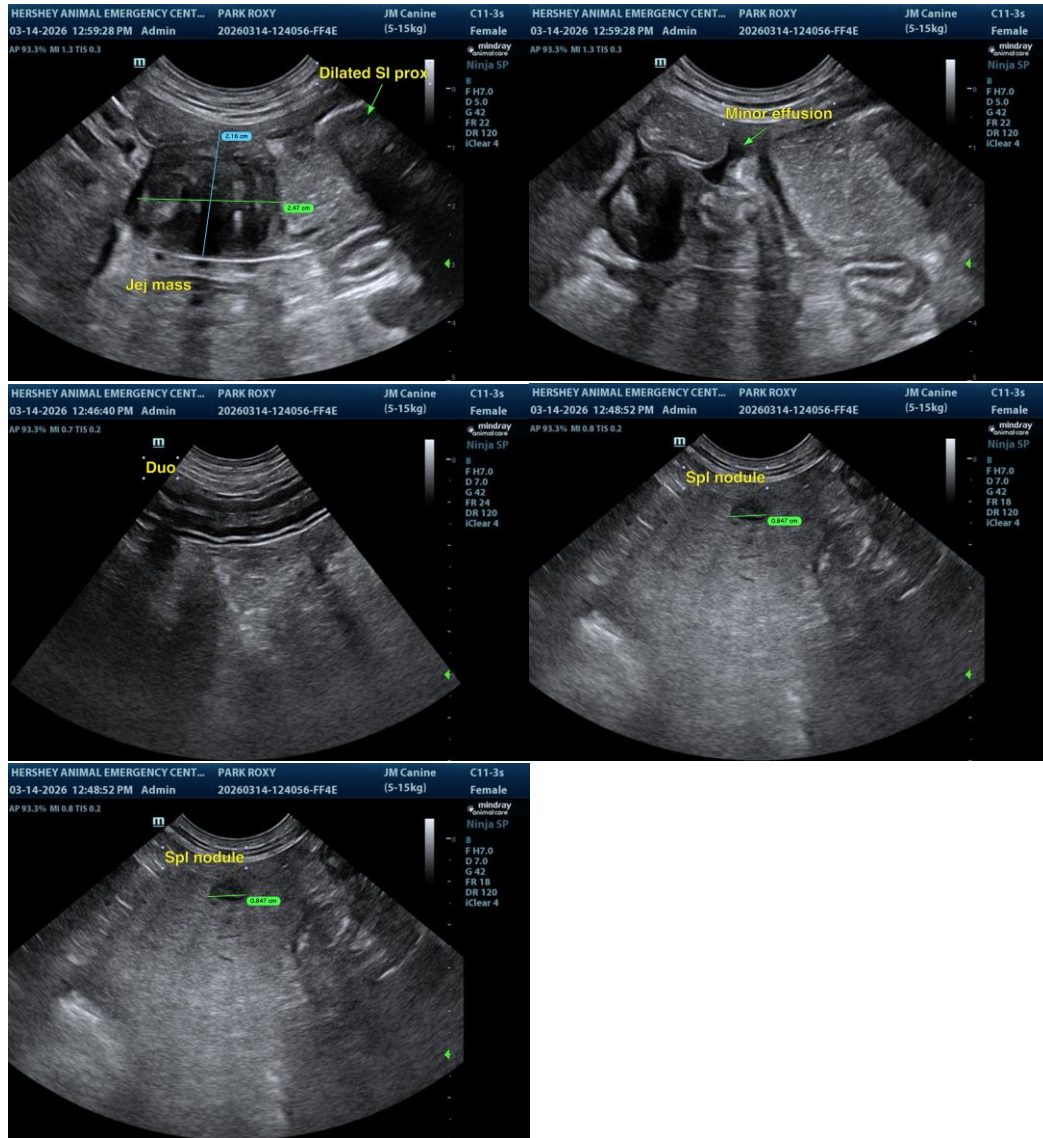
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com