



PATIENT

Shiloh Snyder

SPECIES

Canine

BREED

GSD

SEX

MN

AGE

3yr

WEIGHT

92lb

PRESENTING CLINICAL SIGNS

P presented to local ER last night for anorexia x3days and no BM for 3 days. ER did full BW and abdominal rads and were concerned about a potential FB. Follow up here today, repeat rads were not convincing for FB at this time. Mass effect in caudal abdomen on fast scan. Abnormal PE/Chem/CBC/UA Results: Last PM Temp 106.1 Temp today 104.8 Bloodwork: The CBC showed MCV (61.4 fL), WBCs (19.20 K/uL), Neuts (12.21 K/uL), Mono (4.66 K/uL), PLT (106 K/uL), and MPV (15.0 fL). The chemistry showed BUN (6 mg/dL), and Glob (5.2 g/dL) Blood Smear: 90,000-120,000. Frequent large platelet clumps, adequate platelet count. PL: 67 U/L

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 left kidney. 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 8.6 cm in length. The right kidney was indistinctly visualized.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was subjectively mildly enlarged with symmetrical to mildly rounded contour and mild heterogeneous splenic parenchyma. No visualized masses or nodules were present.

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

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of anechoic fluid. No obstruction to pyloric outflow.

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr Jonathan Gibson

INVOICE 24558

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Overall intact small intestine wall exhibiting decreased mucosa echogenicity with mildly prominent hyperechoic submucosa layer. Mild segmental non-obstructive intestinal ileus was present. The small intestinal wall measured 0.48 cm in width.

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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.

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Free Abdomen

Minor perihepatic / perisplenic effusion.

SEX

MN

Intermittent mildly prominent to enlarged mesenteric and mesenteric root lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Examples measure 4.6 cm x 2.4 cm and 7.2 cm x 3.0 cm.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary

- Hypoechoic swollen mesenteric / mesenteric root lymphadenopathy with perilymphatic hyperechoic omentum
- Non-specific gastroenteropathy exhibiting non-obstructive gastric and segmental intestinal ileus
- Mildly enlarged non-homogenous spleen
- Mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesenteric lymphadenopathy meets neoplastic criteria with considerations including favored lymphoma or other. Significant lymphadenitis felt less likely. High suspicion for multicentric neoplasia with early gastrointestinal and splenic involvement warranted.

IMAGING PERFORMED BY

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Assuming normal clotting status, using 25ga needle, accessible lymph node and screening splenic FNA cytology, +/- C/S recommended for further clarification with potential for oncology consult.

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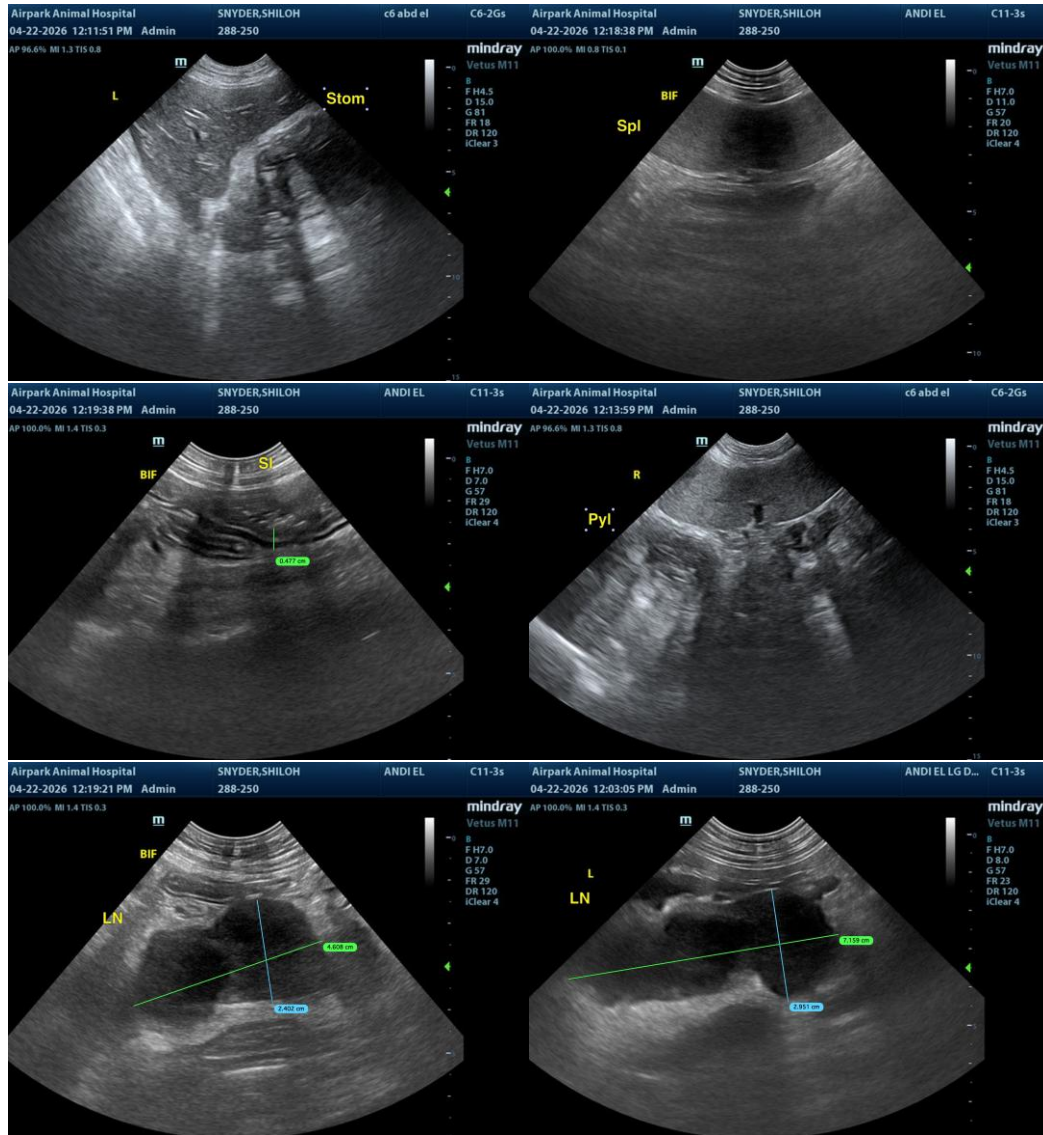
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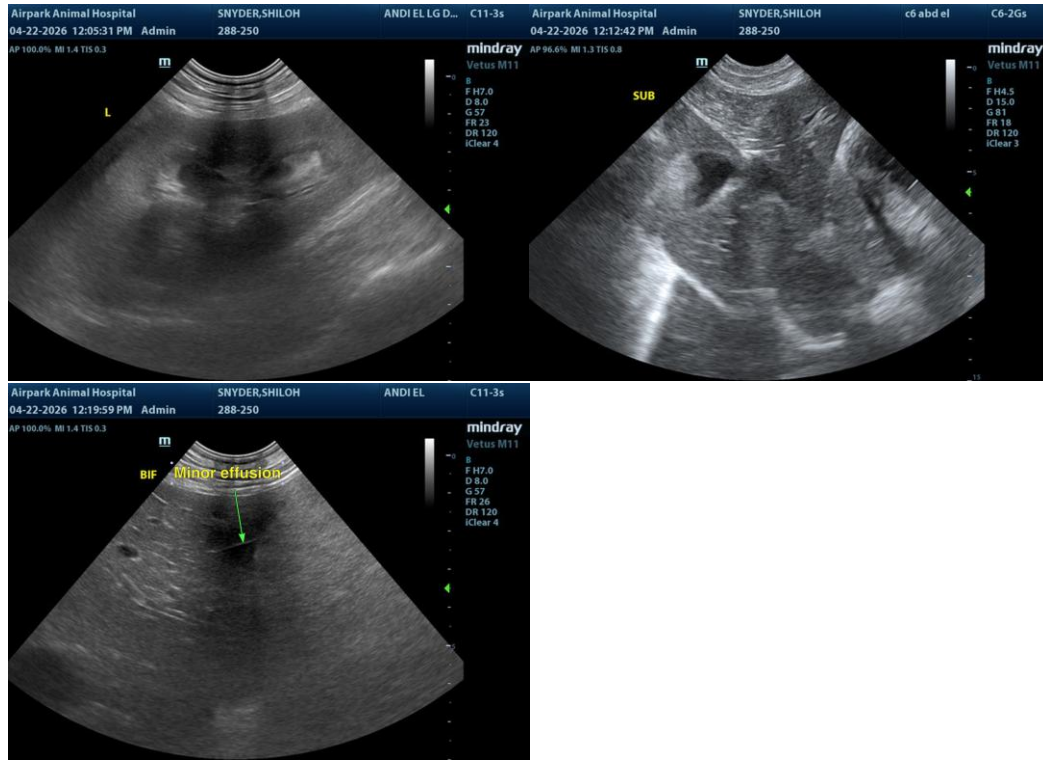
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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