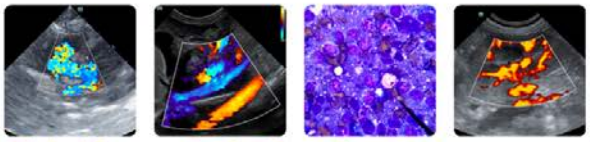


PATIENT

Benjamin Herr

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

3 Years

WEIGHT

25.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Taylor Veterinary Emergency Hospital

REFERRING VET

Dr. Natalie Olsen

INVOICE

75234

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea that improved with diet and medical management since February 2026. Diarrhea has resumed and has been notably bloody the past few days to week. BW and GI panel were completed. Patient is hyporexic and passing stool 1-2 x a day. History of dietary indiscretion - eating some decorative artificial bark in the back yard. UTD on vaccines (DAPP, Rv, Bord). The other pet is normal. R/o infectious, IBD, obstruction, neoplasia, open.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, abdomen slightly uncomfortable on palpation. Patient passed dark red/brown liquid to slightly formed stool during evaluation. Comprehensive Diarrhea PCR pending 5/ 10/26 - Cortisol 9.58 Foreign material found in stool 3/11/26 CBC: NSF T4: 2.8, USG: 1.062 Protein:2+ 2/13/26, IDEXX Parasite screen - negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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. Left kidney measured 4.5 cm. Right kidney measured 4.2 cm.

Adrenal Glands

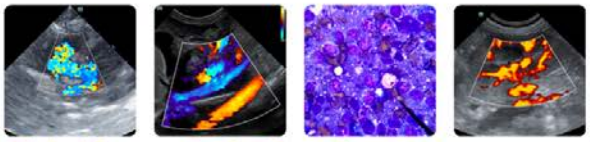
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.48 cm at the caudal pole. Right measured 0.56 cm at the caudal pole.

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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained fluid noted in the stomach without obstruction to pyloric outflow.

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental duodenojejunal ileus noted without obstructive pattern. Mid abdominal segmental moderately thickened small intestine noted exhibiting mural hypoechogenicity and loss of wall layering, measuring approximately 5.0 cm in length with wall width of 1.1 cm. Segmental markedly thickened to irregular descending colon wall exhibiting loss of descending colon wall layer detail, potentially measuring 5-6 cm in length with thickened descending colon wall measured 0.86 cm. Indistinctly visualized yet subjectively intact distal colon/colorectal wall dorsal to the urinary bladder. Soft fecal matter and lumen gas present.

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

Solitary to intermittent mildly swollen, homogeneous, isoechoic mesenteric lymph nodes noted. Example measured 3.6 cm x 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Markedly thickened, irregular descending colon.
- Concurrent small intestinal mass.
- Mild non-obstructive gastrointestinal ileus.
- Focal to intermittent mildly swollen, homogeneous mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric small and large intestinal mural pathology appears to be present with potential ileocolic involvement, given location of the small intestinal mass and in conjunction with clinical history. Primary concern for multicentric enterocolic neoplasia i.e., lymphoma, carcinoma, or other, with significant inflammatory, infectious, or granulomatous etiologies or a possible combination are all potentials.

Assuming normal clotting status and using 25-gauge needle, FNA cytology of thickened intestinal wall, and if accessible lymph node for initial cytology could be considered. Assuming no pathology on 3-view chest radiographs, and if surgical intervention or biopsies are a potential, abdominal CT would be ideal for further clarification, assessment of pathological extent, and surgical planning.

Empirical therapy for non-specific to possibly ulcerative colitis including gastroprotectants, Enrofloxacin +/- Metronidazole or Amoxicillin combination with serial clinical and sonographic monitoring would be more conservative.

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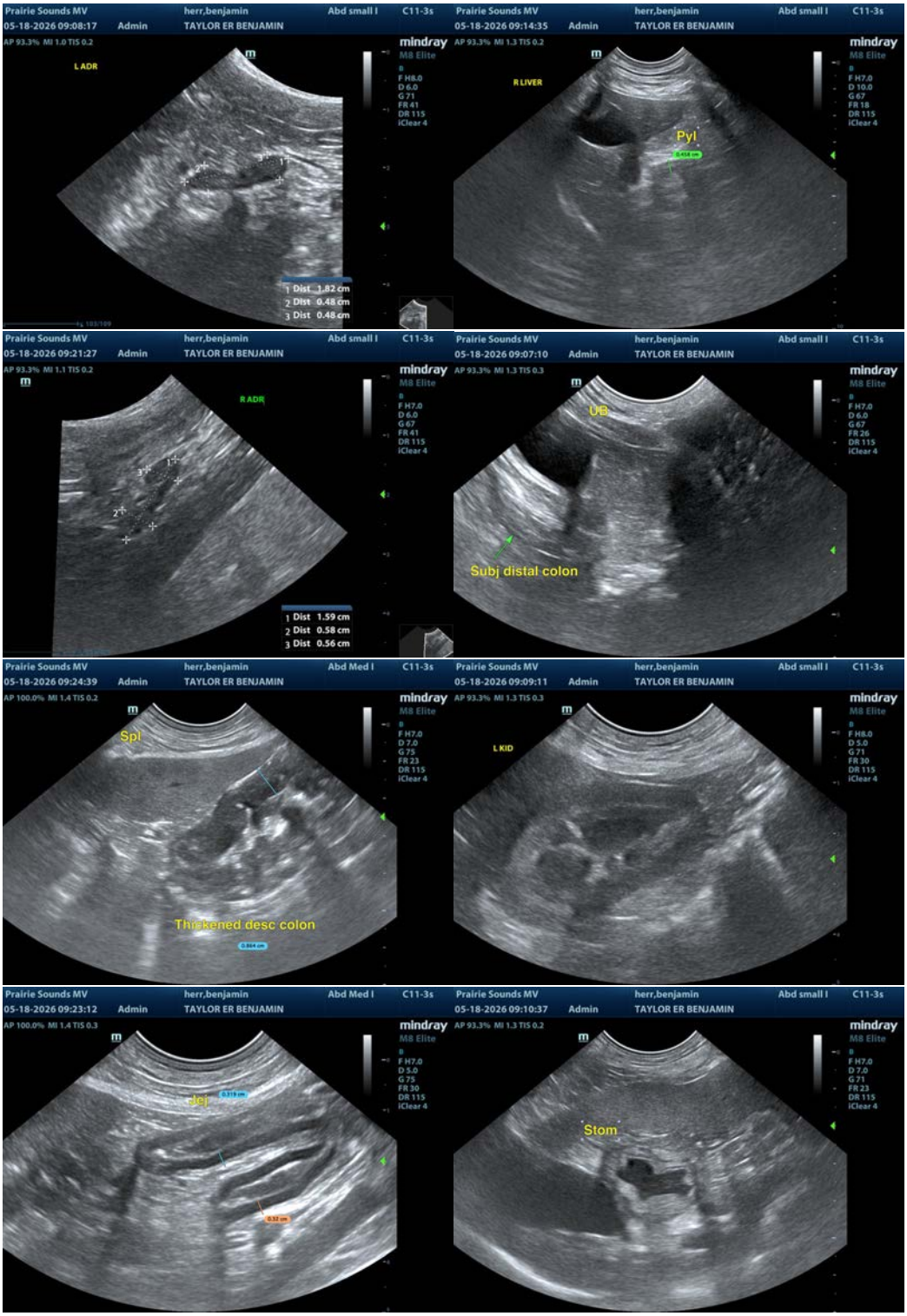

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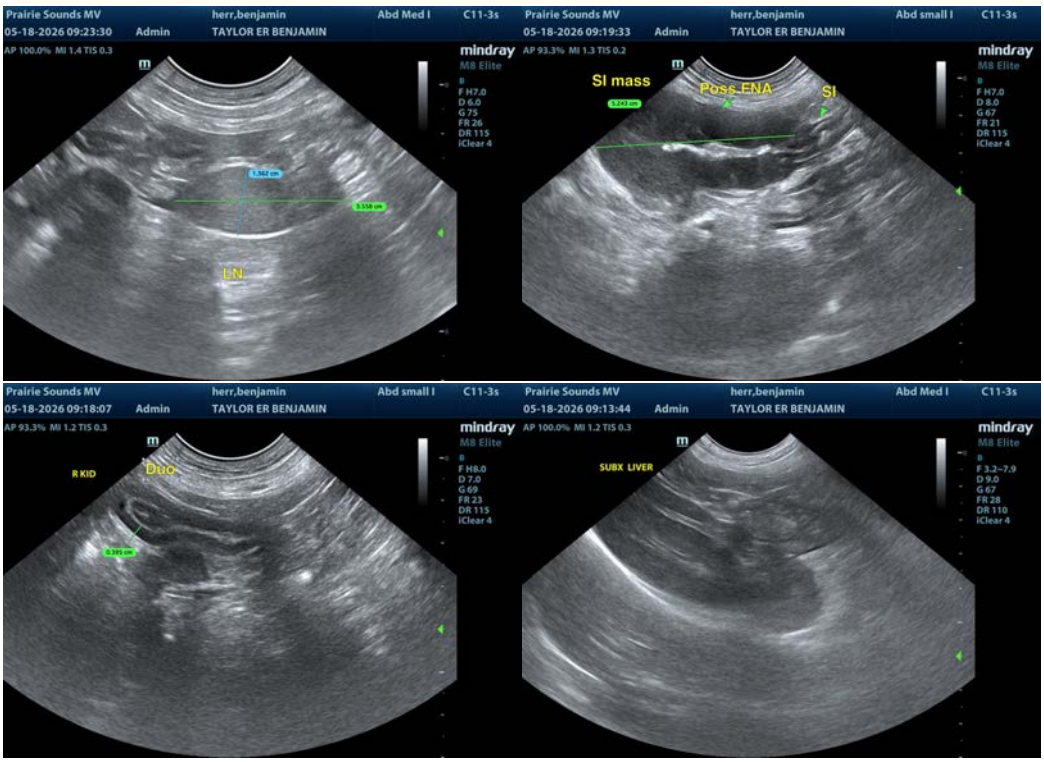

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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