



**PATIENT**

Cage Ross

**SPECIES**

Canine

**BREED**

German Shorthair  
Pointer

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

65.6 lbs

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Spinks

**INVOICE**

42738

**DATE**

2/13/23

**PRESENTING CLINICAL SIGNS**

History: Lethargic, anorexia 1 week - free fluid and mass in abdomen - antech (serosanguinous with 29080 WBC) Current meds: Doxycycline BID  
Abnormal PE/Chem/CBC/UA Results: AST/ALP high, WBC Nuetro, lymph - elevated

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.5 cm. The right kidney measured 7.45 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.86 x 0.85 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.78 x 0.51 cm at the caudal pole and 0.78 cm at the cranial pole.

**Spleen**

The **spleen** revealed multiple parenchymal masses with capsular expansion and enhanced surrounding mesentery. Variable nodular changes were noted. The omentum was nodular, which is suggestive for metastatic disease.

**Liver**

The **liver** was riddled with multiple, nodular changes that are consistent with metastatic disease. Overt masses were noted as well. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



**PATIENT** demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Cage Ross

**SPECIES** *Pancreas*

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**BREED**

German Shorthair  
Pointer

*Free Abdomen*

**SEX**

A moderate amount of echogenic ascites was noted throughout the abdomen.

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Multi-centric sarcomatous type presentation involving spleen, liver and omentum with secondary paraneoplastic effusion.

7 years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

65.6 lbs

The prognosis is poor. Humane euthanasia should be considered in this patient.

**INTERPRETED BY**

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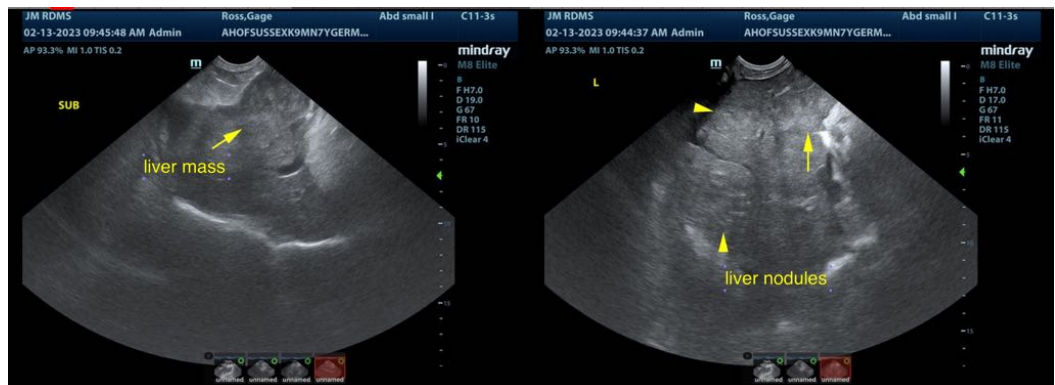
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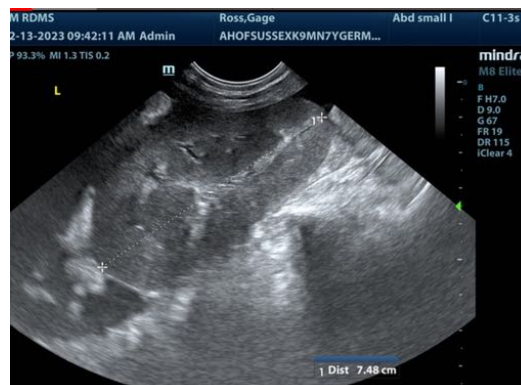
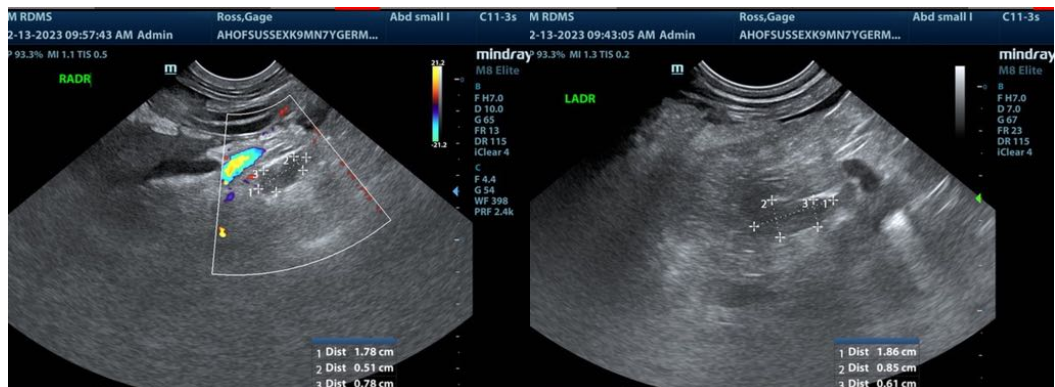
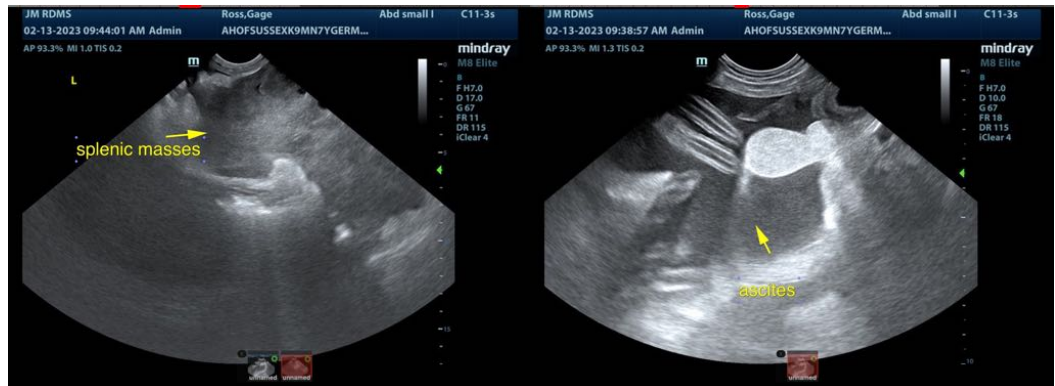
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com