



PATIENT

Oreo Whelan

SPECIES

Canine

BREED

Polish Sheepdog

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan VC

REFERRING VET

Dr. Murphy

INVOICE

13373

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Presenting for evaluation of progressive and accelerating muscle atrophy. The owner first noticed some thinning in April but feels it has significantly worsened since the end of summer/fall, particularly over the hind end and spine.

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 5.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 6.3 mm at the cranial pole and 7.3 mm at the caudal pole. The right adrenal gland measured 6.5 mm at the cranial pole and 5.7 mm at the caudal pole.

Spleen

The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There is a hyperechoic nodule present within the liver parenchyma, consistent with myelolipoma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 4.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness with intact wall layering measuring 1.7 mm. The ileocecal junction is normal.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. The iliac lymph nodes were mildly enlarged and hypoechoic with a rounded shape, measuring up to 1.0 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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There are multiple 2D images of the heart provided including color doppler interrogation of all valves. There is evidence of subjectively mild to moderate mitral regurgitation, without evidence of ventricular dilation or left atrial enlargement. Systolic function appears subjectively normal. The remaining pulmonic, tricuspid, and aortic valves appear normal and exhibit normal function. There is no evidence of masses or pericardial effusion, and no evidence of significant pulmonary hypertension.

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PRIMARY FINDINGS

- Diffusely enlarged liver and spleen.
- Rounded hypoechoic medial iliac lymph nodes.

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SECONDARY FINDINGS

- Small hypoechoic liver nodule- typical of a benign myelolipoma.
- Mild to moderate mitral regurgitation consistent with myxomatous mitral valve disease without evidence of cardiac enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver and spleen are concerning for infiltrative disease such as round cell neoplasia but may also represent a reactive hepatopathy and splenitis. The pending fine needle aspiration will likely provide a definitive diagnosis for the changes in these two organs. The enlarged lymph node may be reactive but given the rounded hypoechoic appearance, there is concern for emerging round cell neoplasia in the lymph node as well.

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The mitral regurgitation does not appear to be hemodynamically significant at this time, thus no cardiac medication is indicated, however, if the patient develops a murmur, or if one already exists and progresses in intensity, then recheck echocardiogram is recommended to determine whether disease has progressed.

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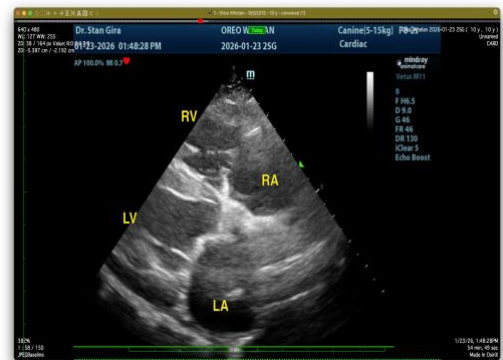
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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