



## PATIENT

Cash Adams

## SPECIES

Canine

## BREED

Weimaraner

## SEX

Neutered Male

## AGE

13

## WEIGHT

43 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Victoria Orlando

## INVOICE

12933

## DATE

01/03/2026

## PRESENTING CLINICAL SIGNS

Coughing/gagging for the past year intermittently Acute increased respiratory effort and rate recently starting coughing blood Eyes: lens opacities and ectropion of lower lid OU Cardiovascular: No murmurs/arrhythmias, pulses strong/synchronous Respiratory: Increased bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, increased RE and RR when standing; dry hacking cough followed by retching with blood-tinged fluid production

Abnormal PE/Chem/CBC/UA Results: 1. Focal alveolar pattern lobar sign likely exacerbated by volume loss, in light of the reported history/patient signalment may represent bronchopneumonia/aspiration pneumonia, pulmonary hemorrhage, infiltrative neoplasia. 2. Diffuse pulmonary bronchointerstitial pattern is nonspecific and could represent underlying chronic airway disease, age-related changes. 3. Transient esophageal fluid and gas versus underlying esophagitis. 4. Nonspecific appearance of the gastrointestinal tract. 5. The hepatomegaly is non-specific Chem 15 - BUN 45 (H) CBC - Retic 6.1 (L), Lymph 0.71 (L) EPOC - BUN 38 (H), Glucose 128 (H), pO2 84.3 (H), cSO2 96.7 (H)

## 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.

Both kidneys are of normal size and shape and exhibit appropriate cortico-medullary differentiation. There is trace pyelectasia present in both kidneys, with anechoic contents. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 7.3 cm in length. The right kidney is 7.3 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 7.9 mm in width at the cranial pole and 7.0 mm in width at the caudal pole. The right adrenal gland measured 7.0 mm in width at the cranial pole and 6.7 mm in width at the caudal pole.

### Spleen

A 1.5 cm heterogeneous nodule is noted in the head of the spleen, which does not disrupt the splenic capsule. The surrounding omentum 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 of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There are hyperechoic nodules present within the liver parenchyma, consistent with myelolipomas. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.



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The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

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### *Gastrointestinal*

The stomach is moderately 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. The ileocecal junction is normal. The colon measures 1.9 mm in width.

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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.

## WEIGHT

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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. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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## PRIMARY FINDINGS

- Bilateral renal pyelectasia which may be secondary to intravenous fluid therapy or may indicate chronic degenerative or inflammatory change.

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## SECONDARY FINDINGS

- Heterogeneous splenic nodule.
- Hyperechoic liver nodules typical of benign myelolipomas.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no explanation for the patient's chronic respiratory symptoms on today's ultrasound. The presence of pyelectasia in the kidneys may be secondary to intravenous fluid therapy if applicable, however, urinalysis would be recommended to rule out more significant pathology. The splenic nodule is typical of a benign regenerative nodule, however, sampling would be necessary to completely exclude more significant pathology. It is unlikely that this finding is related to the patient's current clinical signs.

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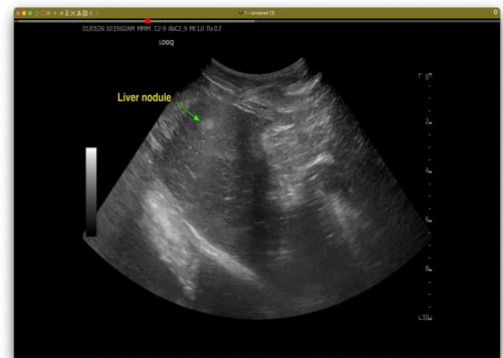
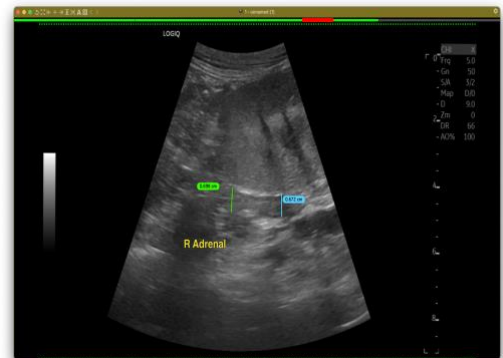
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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