



## PATIENT

Skye Stanalonis

## SPECIES

Canine

## BREED

GSD

## SEX

Spayed Female

## AGE

9 years

## WEIGHT

38.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Cara Sinopoli

## INVOICE

11204

## DATE

1/30/2026

## PRESENTING CLINICAL SIGNS

- Presented as transfer for concern for abdominal mass and anemia. Patient not eating and lethargic for a few days.

Abnormal PE/Chem/CBC/UA Results: Pale pink mm, palpable mid abdominal mass, intermittent pulse deficits, snappy pulses and mild tachycardia CBC: HCT 31.7% L, retic. 235K - regenerative, plt 72K L Chem: tbili 3.2 H, alb 4.8 H, TP 8.9 H Pancreatic lipase: 243.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

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). Both left and right kidneys measure 7.4 cm.

### Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.9 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

### Spleen

A 11.7 cm x 9.8 cm x 6.7 cm heterogeneous mass is noted in the body and tail of the spleen, which disrupts the splenic capsule. The surrounding omentum is hyperechoic. 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. 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. 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 5.4 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.

The visible portions of the colon are of normal thickness, 1.6 mm, with intact wall layering. The ileocecal junction is not visualized.

### *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.

### *Free Abdomen*

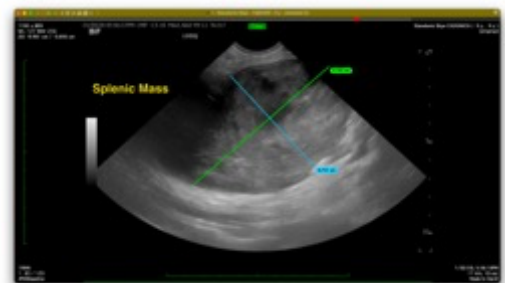
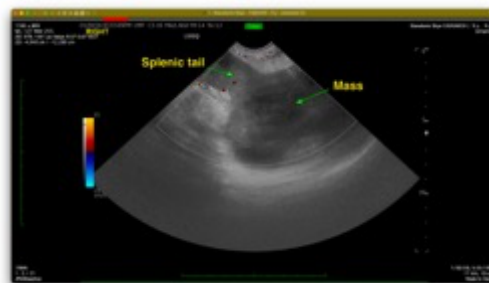
There is focal free fluid present with the abdomen in the region of the spleen and caudal abdomen. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Large, heterogeneous splenic mass, with echogenic free fluid, typical of hemoabdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the possibility of microscopic metastasis cannot be excluded, there is no sonographic evidence of metastatic disease on today's ultrasound. If not already performed, chest radiographs would also be recommended prior to splenectomy. Focal cardiac ultrasound would also be recommended to rule out the possibility of paracardial effusion, as might occur with a metastatic hemangiosarcoma to the heart. Stabilization and emergent splenectomy are recommended once these additional diagnostic measures have been performed.





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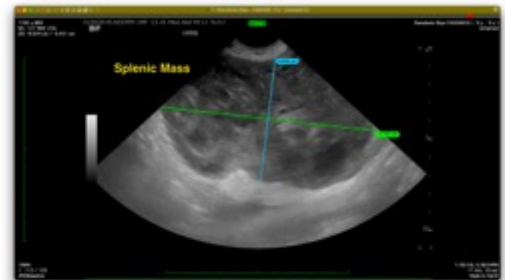
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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