



PATIENT

Chavo Rivera

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

10 Years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kimberly Carrion Rivas

HOSPITAL NAME

Consultorio
Veterinario las Brisas

REFERRING VET

Dr. David Trautmann

INVOICE

71504

DATE

11/1/25

PRESENTING CLINICAL SIGNS

The patient presented to the clinic with abdominal pain upon palpation of the area. During the ultrasound, what looked to be a mass was observed close to the area of the spleen. Previously, he had elevated liver enzyme values, and he was put on a hepatic diet.

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 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

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). Left kidney measures 6.8 cm. Right kidney measures 6.6 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

A 6.7 cm x 5.5 cm heterogeneous mass is noted in the 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 diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. 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 moderately distended with gas. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 (1.7 mm) with intact wall layering. The ileocecal junction is not seen.



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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.

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.

PRIMARY FINDINGS

- Large, heterogeneous splenic mass with associated steatitis
- Diffusely hyperechoic liver, consistent with a non-specific hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

- Three view chest radiographs, and if possible a focal cardiac ultrasound to rule out metastasis
- Splenectomy with histopathology, as well as liver biopsy for definitive diagnosis of the liver enzyme elevations.
- Alternately, fine needle aspirate could be performed for cytology, but may not be diagnostic as compared to histopathology
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and I'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

- <https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds>
- https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/





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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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