



## PATIENT

Zoey Meireis

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

3

## WEIGHT

28

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Crystal Ebert

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Crystal Ebert

## INVOICE

71499

## DATE

11/2/25

## PRESENTING CLINICAL SIGNS

Vomiting over past 5 days 1-2 times a day. O said p doesn't have a hx of eating unusual things. P did chew up a peanut butter container but o said there weren't any missing pieces. Decreased eating. Drinking fine D+/soft stool started yesterday. No HX health issues. O said p hasn't wanted to jump up or get on and off the couch like normal. Radiographs done at rDVM indicate: The appearance of the large intestine is indicative of diarrhea/colitis. Differential diagnosis for the apparent mass in the mesentery include lymphadenopathy, or intussusception. An ultrasound examination is recommended.

Abnormal PE/Chem/CBC/UA Results: Preanesthetic BW: CBC: HCT 49.7, WBC 33.29 (H), neut 28.72 (H), lymph 2.51, mono 1.95 (H), PLT 34 (L) Manual Smear: over 10 fields --> 42,000 with moderate clumping at the feathered edge. Chem10: BUN 5 (L) cPL: <30 (WNL) ePOC: BUN 5 (L)

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

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 6.0 cm. Right kidney measures 6.3 cm.

### Adrenal Glands

The left adrenal gland is not distinctly visualized but the region appears unremarkable. There is a 3.4 cm mass effect noted in the region of the right adrenal gland, which is suspected to represent an enlarged lymph node, with an adrenal mass deemed less likely. The surrounding omental fat is hyperechoic.

### Spleen

The splenic parenchyma is diffusely mottled with small hypoechoic nodules up to 6.0 mm in size. 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 empty. The gastric wall is 5.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



**PATIENT**

Zoey Meireis

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

3

**WEIGHT**

28

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Crystal Ebert

**INVOICE**

71499

**DATE**

11/2/25

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 seen.

**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**

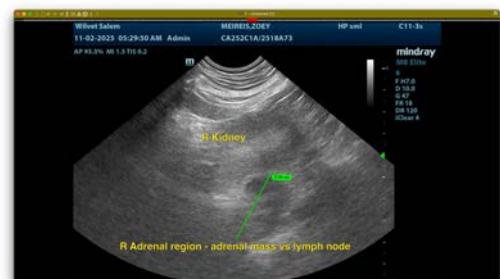
There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are of hyperechoic. The mesenteric and colic lymph nodes were markedly enlarged and hypoechoic with a rounded shape, measuring up to 7.7 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**PRIMARY FINDINGS**

- Marked mesenteric and colic lymphadenopathy (and suspect other nodes as well) (see image attached)
- Diffusely nodular spleen
- Mass in the region of the right adrenal gland - I suspect this is actually another enlarged lymph node obscuring visualization of the adrenal, but can't completely exclude an adrenal mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the lymph nodes is typical of lymphoma. The splenic changes are non-specific, but given the patient's young age (make age-related regenerative change or extra medullary hematopoiesis less likely) I'm concerned about neoplasia in the spleen as well. Fine needle aspiration of one or two of the affected nodes as well as the spleen, using a 25G needle, is recommended for definitive diagnosis - or if any peripheral nodes are enlarged, could try for those instead. Thoracic radiographs are also recommended.





**PATIENT**

Zoey Meireis

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

3

**WEIGHT**

28

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

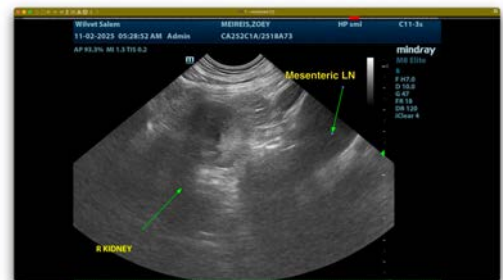
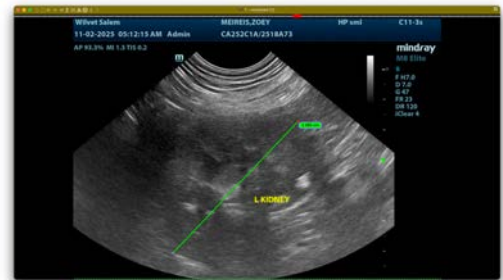
Dr. Crystal Ebert

**INVOICE**

71499

**DATE**

11/2/25



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