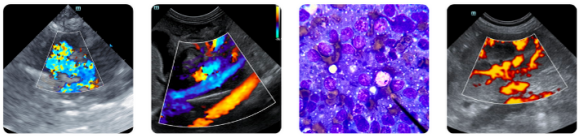


PATIENT

Meka White

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

13 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Animal Hospital of Sussex

REFERRING VET

Dr. Scarpion

INVOICE

10786

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Possible mass on spleen- saw on brief in house ultrasound. Pancreatitis- historic episodes.

Abnormal PE/Chem/CBC/UA Results: CPL >2000.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 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). Left kidney measures 6.5 cm, and the right kidney measures 6.5 cm.

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. Left adrenal gland measures 5.9 mm at the cranial pole and 7.3 mm at the caudal pole. Right adrenal gland measures 9.3 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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.

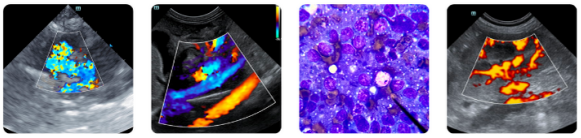
The gallbladder is moderately distended with anechoic contents and a large amount of freely-moveable hyperechoic sludge. The wall is hyperechoic and thickened to 2.8 mm, without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with fluid. The gastric wall is 4.3 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, 1.2 mm, with intact wall layering. The ileocecal junction is not visualized.



PATIENT

Meka White

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

13 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Animal Hospital of Sussex

REFERRING VET

Dr. Scarpion

INVOICE

10786

DATE

11/21/2025

Pancreas

The right limb of the pancreas is markedly swollen and hypoechoic, with dilated ducts, and a small mineral opacity within the duct consistent with a pancreatolith. The surrounding omental fat is hyperechoic. There is a rounded mass effect noted adjacent to the spleen, which appears to arise from the right limb of the pancreas.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the right pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

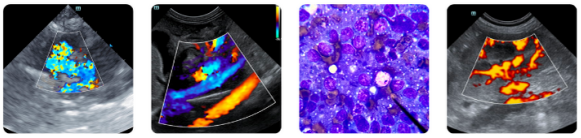
- Markedly swollen, hypoechoic right pancreas, with pancreatolith, and equivocal mass effect.
- Thickened gallbladder wall with mineralized sediment, typical of cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect adjacent to the spleen appears to arise from the pancreas, and while neoplasia cannot be excluded, the overall appearance is more typical of severe inflammation. Fine needle aspiration of this lesion could be considered for a definitive diagnosis. The appearance of the gallbladder wall suggests bacterial cholecystitis, although cholecentesis for cytology and culture would be necessary to confirm this suspicion. If definitive diagnosis via sampling is not pursued, then the following recommendations for empiric care would include:

- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted. Panoquel-CA1, a newer, novel injectable treatment for canine pancreatitis, is recommended if available.
- A highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- Complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- Empiric treatment with a fluoroquinolone, metronidazole, and ursodiol should be considered for the empiric treatment of cholecystitis.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Meka White

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

13 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Animal Hospital of Sussex

REFERRING VET

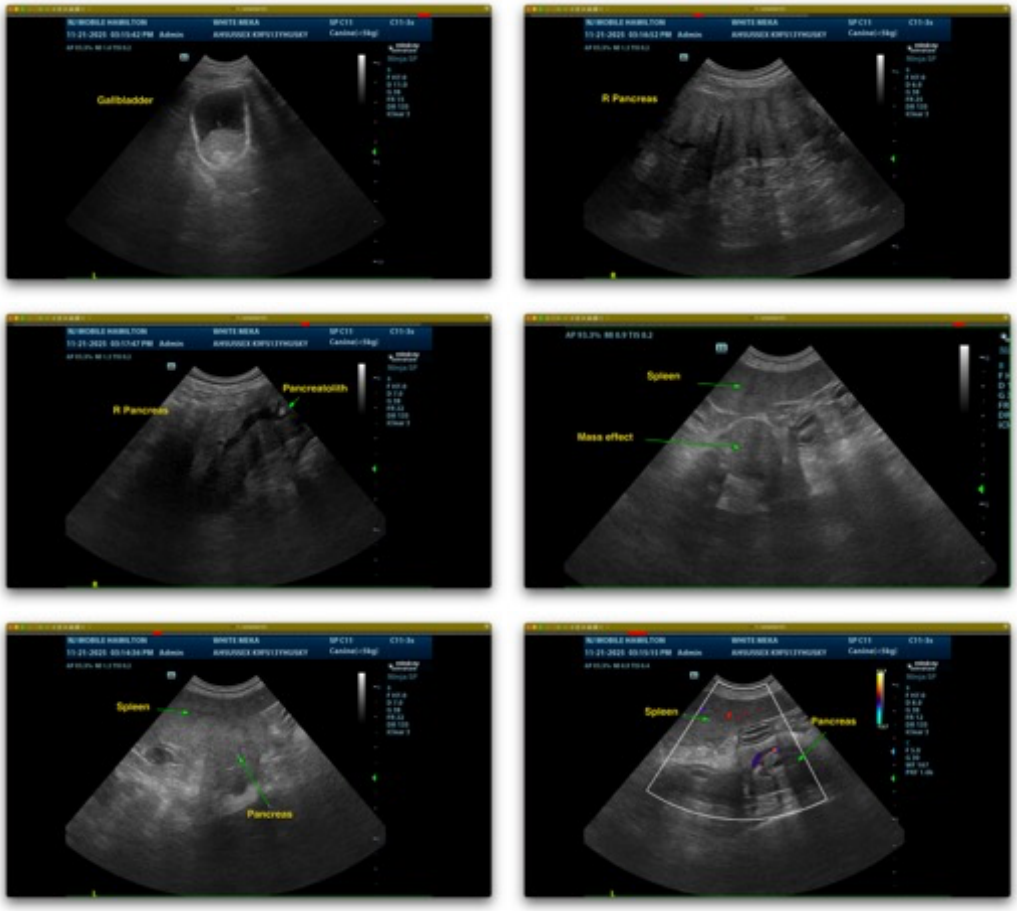
Dr. Scarpion

INVOICE

10786

DATE

11/21/2025



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