



PATIENT

Moti Roches

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

VEC Waterford

REFERRING VET

Dr. Pam Kwiatkowski

INVOICE

35577

DATE

11/23/25

PRESENTING CLINICAL SIGNS

History: P has not been eating and has been vomiting for a week. P was hospitalized yesterday on a 2.5% dextrose CRI and BG was ~60 while on CRI.

Abnormal PE/Chem/CBC/UA Results: BW friday night- CBC-RETIC-HGB 30.6 (22.3-29.6), HCT 42%, otherwise NSF. Chem17+Lytes- GLU 69, rest WNL. UA- PRO 30mg/dL, UBG 4mg/dL, BIL 1mg/dL. Pancreatic lipase normal 79 (0-200). Radiographs- mass effect mid abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. 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 3.0 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). The left kidney is 4.2 cm in length. The right kidney is 4.1 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 height is 4.3 mm at the cranial pole and 4.0 mm at the caudal pole. The right adrenal gland height is 5.3 mm at the cranial pole and 4.0 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 parenchyma is diffusely heterogeneous and subjectively enlarged, with rounded margins. 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 3.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



PATIENT

Moti Roches

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

VEC Waterford

REFERRING VET

Dr. Pam Kwiatkowski

INVOICE

35577

DATE

11/23/25

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. The duodenal wall measures 2.5 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left limb of the pancreas is markedly swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is a heterogenous mass effect noted in multiple cineloops and appears to extend from the liver to the bladder, and from the spleen to the ventral abdominal wall. Due to the size of this structure, it is unclear whether this actually represents multiple structures or a single large mass. There is a large amount of hyperechoic omental fat throughout the abdomen, as well as focal pockets of free fluid, particularly in the region of the pancreas. There is a second 3.5 cm irregular cystic mass effect in the region of the left pancreas, most typical of a pancreatic abscess.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic left pancreas with steatitis, consistent with pancreatitis
- Undifferentiated heterogeneous mass effect, which appears to extend from the spleen to the ventral abdominal wall in the dorsoventral-plane, and from the right caudal liver to the bladder in the cranial-caudal plane. Possible origins include liver, pancreas's spleen, or lymphoid tissue.
- Cystic structure with irregular margins, typical of an abscess, which appears to arise from either the left pancreas, or the mass effect described above. (Image attached)
- Diffusely heterogeneous, irregular liver parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neither the blood supply nor the originating capsular surface of the large mass effect could be identified, but based on location and appearance, a hepatic, splenic or pancreatic origin is deemed most likely. Given that it is too large to be seen in its entirety in a single cineloop, there may even be more than one structure represented. CT scan would be helpful in definitively determining the origin of this lesion, as well as evaluating whether resection is warranted / feasible. Otherwise, abdominal exploratory would be recommended to determine the origin of the mass and obtain a biopsy (or resect if possible), to biopsy the abnormal liver parenchyma; and to drain the suspected abscess and submit fluid for culture / cytology. Fine needle aspiration of the mass effect would be an alternative to surgical exploratory. Ultrasound-guided aspiration of the cystic structure would also be possible but does carry the small risk of leaking material into the abdomen, if the mass is septic. Finally, if non-invasive testing is desired, performing paired insulin: glucose levels when the patient is



PATIENT

hypoglycemic could be used to determine whether there is an insulinoma present, or whether there is another cause for the hypoglycemia.

Moti Roches

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Nicole Hession

HOSPITAL NAME

VEC Waterford

REFERRING VET

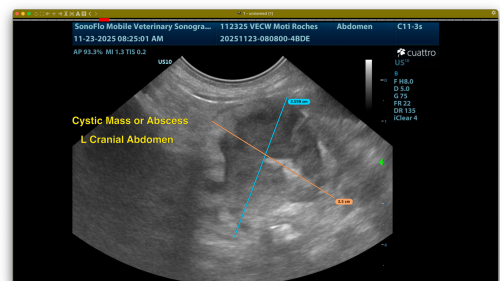
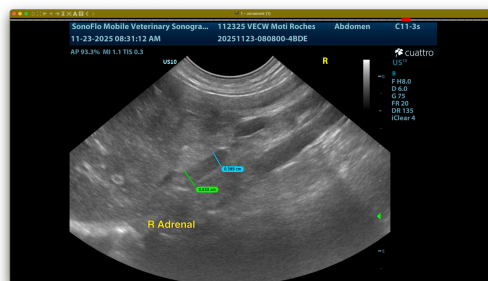
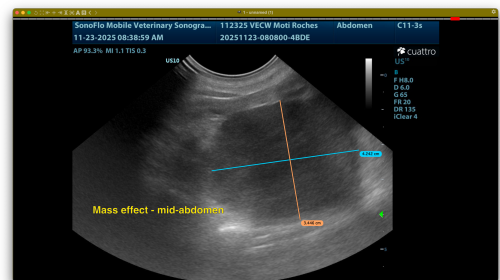
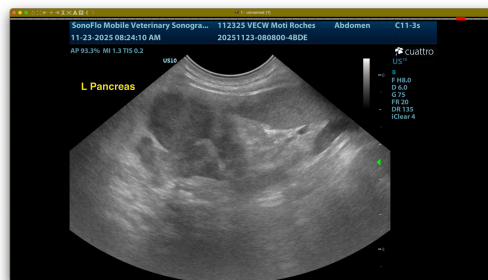
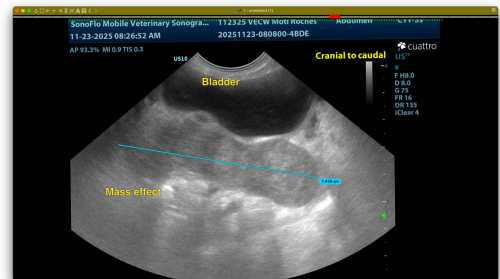
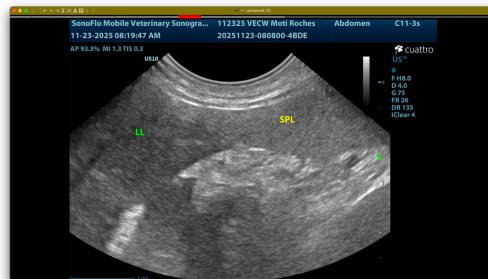
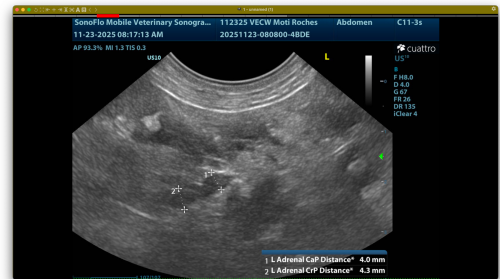
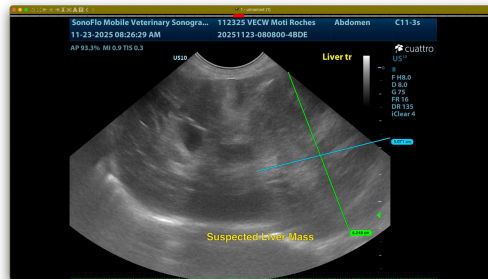
Dr. Pam Kwiatkowski

INVOICE

35577

DATE

11/23/25





PATIENT

Moti Roches

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

VEC Waterford

REFERRING VET

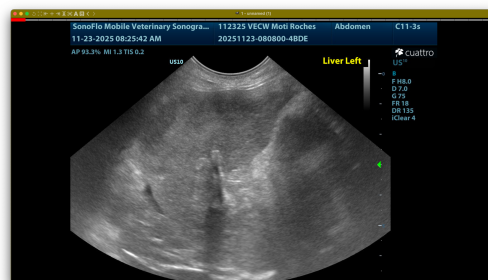
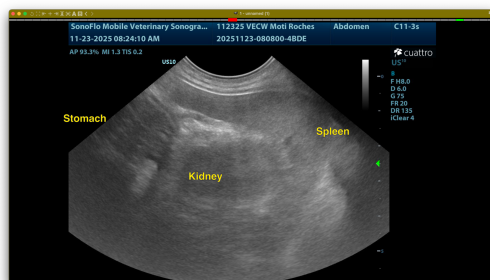
Dr. Pam Kwiatkowski

INVOICE

35577

DATE

11/23/25



The information and recommendations provided are based on the images presented by the referring veterinarian. 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