



## PATIENT

Scooby Riddell

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

26.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kelly Schwanebeck

## HOSPITAL NAME

AEH Deland

## REFERRING VET

Dr. Kelly Schwanebeck

## INVOICE

35570

## DATE

11/23/25

## PRESENTING CLINICAL SIGNS

History: Scooby is a 13 YO Labrador Retriever mix who was presented for anorexia, vomiting, lethargy, and hard abdomen. Patient began vomiting yellow bile overnight. He has not been eating. He has been drinking excessively. He has been very lethargic today. No recent treats or diet change.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 22.13K, neut 19.92, lymph 0.4, mono 1.75 Chem: crea 2.8, phos 7.8, TP 8.2, glob 4.4 EPOC: pH 7.273, Na+ 139, K+ 3.4, lactate 10.49, crea 3.31 CPLi: strong abnormal

## 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.

The left kidney is of normal size and shape and exhibits 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 6.6 cm in length.

The parenchyma and architecture of the right kidney are difficult to distinctly visualized due to the degree of inflammation in the region. Corticomedullary differentiation is appropriate. The right kidney measures 5.9 cm in length.

### Adrenal Glands

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

### 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. 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 2.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized



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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, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear dilated.

**Free Abdomen**

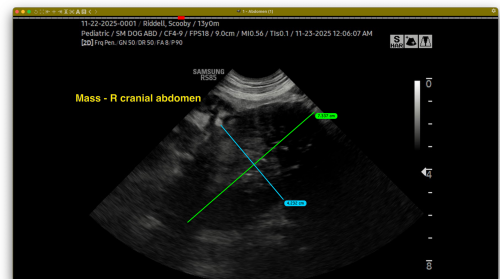
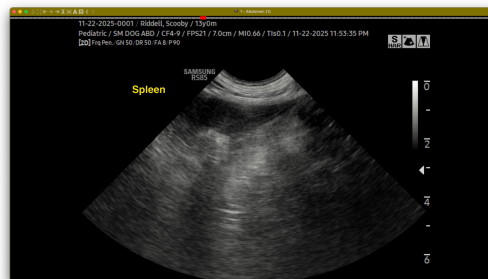
There is focal free fluid present with the abdomen in the region of the right cranial abdomen. There is a 7.3 cm x 4.2 cm heterogenous mass adjacent to the right pancreas. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**ULTRASONOGRAPHIC FINDINGS**

- 7.3 cm x 4.2 cm heterogeneous mass in the right cranial abdomen- pancreatic origin suspected
- Hypoechoic right pancreas with steatitis and free fluid, consistent with pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the origins of the right cranial abdominal mass cannot be definitively determined, the location and appearance strongly support a pancreatic origin, with other possibilities including hepatic and lymph nodes origin. Given the degree of associated inflammation the region, malignancy is suspected, however the possibility that this is a manifestation of severe, acute pancreatitis cannot be excluded. Three-view chest radiographs are recommended, and if no metastatic disease is identified, fine needle aspiration of the mass is recommended for definitive diagnosis, along with supportive care for pancreatitis pending results.





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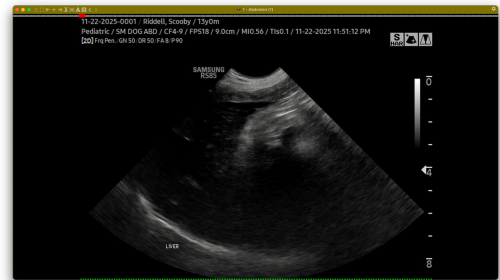
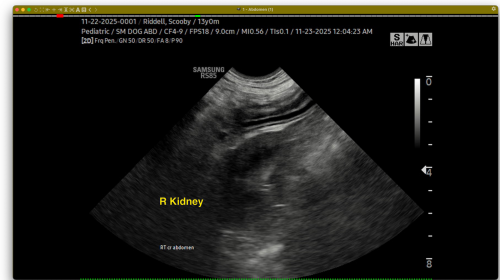
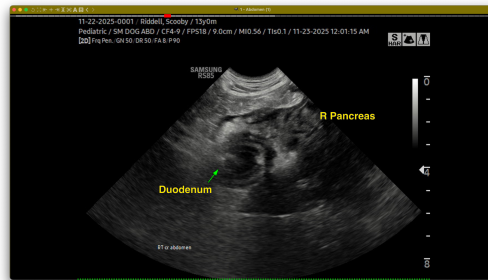
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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