



PATIENT PRESENTING CLINICAL SIGNS

Lilly Allen History: Fever 104.2, Lethargic, anorexic, cough, Cardiomegaly on x-ray. Poss enlarged Liver/ Spleen?
 MEDS: Clavamox -> Penicillin 12/11, Furosemide 20 mg 2.5 BID
SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 30(H) Neut 2481 (H) Mono 2.92 (H) ALT 56 (N) ALP 294 (H)

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE HEART AND ABDOMEN**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (m-mode long axis)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Weimaraner								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
Female Spayed	PATIENT	5.8	N/A	NM	1.3	40	NM	NM
AGE	CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
11								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
82.5 lbs	PATIENT	NM	1.9	0.6	37.3	4.1	3.5	2.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hackettstown AH

REFERRING VET

Dr. Nause

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DATE

12-12-25

Cardiac Presentation

The left atrium is of normal size, with no evidence of spontaneous echo contrast or thrombus formation. The left ventricle is of normal size and exhibits appropriate systolic function. The right atrium is subjectively of normal size and right ventricular dimensions, and systolic function are subjectively normal. The mitral and tricuspid valves exhibit normal appearance and function, with a trivial amount of mitral insufficiency noted, and no vegetative lesions were seen. The aortic and pulmonic valves appear normal, and there is normal laminar flow in the left and right ventricular outflow tracts. The main pulmonary artery appears normal. There is an 11.4 cm x 9.6 cm heterogeneous, irregularly marginated mass, external to the pericardium, which compresses the right side of the heart, without visible pericardial nor cranial caval invasion. There is no evidence of effusions. There is no evidence of an arrhythmia.

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 2.0 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 7.4 cm in length. The right kidney is 6.5 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 5.2



PATIENT mm at the cranial pole and 6.7 mm at the caudal pole. The right adrenal gland height is 7.2 mm at the caudal pole.

Lilly Allen

Spleen

SPECIES 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. (Normal dog spleen)

Canine

Liver

BREED 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.

Weimaraner

SEX

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Female Spayed

AGE

Gastrointestinal

11 The stomach is mildly distended with fluid. 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.

11

WEIGHT

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.

82.5 lbs

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The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Nause

- Structurally normal canine heart
- Large, heterogeneous cranial mediastinal mass
- Diffusely heterogeneous liver
- Polypoid hyperplasia of the gallbladder wall – an incidental finding in older dogs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- The heterogeneous cranial mediastinal mass is most typical of a thymoma, with other possible differential diagnoses including lymphoma, and neuroendocrine carcinomas. Fine needle aspiration would be recommended for definitive diagnosis.
- Some cranial mediastinal tumors, including non-invasive thymomas, can have an excellent prognosis with surgical excision. CT scan would be beneficial in determining whether the mass has invasive features.



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SPECIES

Canine

BREED

Weimaraner

SEX

Female Spayed

AGE

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WEIGHT

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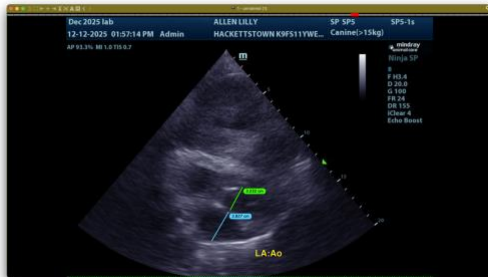
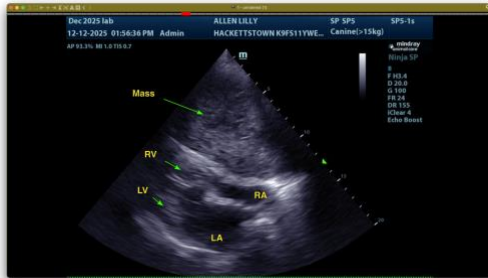
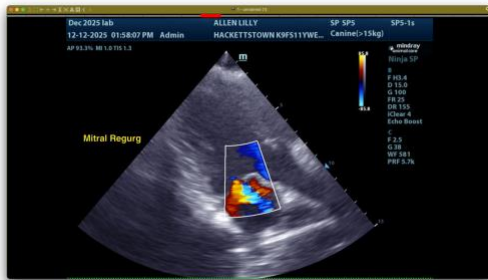
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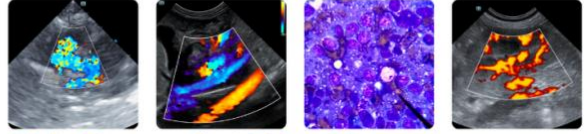
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- Assessment via history and labwork for signs of paraneoplastic syndromes, such as hypercalcemia and myasthenia gravis is recommended. Monitoring for facial edema and jugular pulses is also recommended, as this could be an indication of cranial vena cava invasion.
- The changes in the liver are non-specific, and most typical of a benign reactive hepatopathy. They are unlikely to be clinically significant at this time.
- While this patient is not at increased risk for heart disease, they could develop acquired heart disease in the future just as any dog might. Thus, if a murmur develops, or symptoms of heart disease occur, a recheck echocardiogram would be recommended.





PATIENT

Lilly Allen

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.

SPECIES

Canine

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

BREED

Weimaraner

SEX

Female Spayed

AGE

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WEIGHT

82.5 lbs

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