



**PATIENT**

Piper Ellis

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

40.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr. Leduc

**INVOICE**

35864

**DATE**

12/12/25

**PRESENTING CLINICAL SIGNS**

History: Clinical Exam Findings: pale MM rest NSF (per emergency from 12/7 abd bloated , Ultrasound demonstrated mass cranial to L kidney) ABNORMAL Labwork Values Emergency HCT 25.9% Current Medications none Radiographic Findings Hip dysplasia 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 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). The left kidney is 5.4 cm in length. The right kidney is 5.9 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 4.6 mm at the cranial pole and 5.5 mm at the caudal pole. The right adrenal gland height is 5.0 mm at the cranial pole and 4.6 mm at the caudal pole.

**Spleen**

A 6.3 cm x 5.4 cm heterogenous mass is noted in the head of the spleen, which disrupts the splenic capsule. The surrounding omentum is hyperechoic. 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 small amount of freely-moveable echogenic sludge. 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 ingesta. The gastric wall is 2.6 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.



**PATIENT**

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is not visualized.

Piper Ellis

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Shepherd Mix

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

**SEX**

Spayed Female

**Other**

**AGE**

There is brief visualization of the heart included, which does not reveal any pathology, although the entirety of the structure is not clearly seen.

11 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Large splenic mass

40.6 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

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

- Three view chest radiographs to rule out metastasis, and ideally, a complete echocardiogram to further rule out the possibility of metastatic disease affecting the heart.
- Splenectomy with histopathology
- Alternately, fine needle aspirate could be performed for cytology, but may not be diagnostic as compared to histopathology.
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and l'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr. Leduc

<https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds>

**INVOICE**

35864

[https://www.mspca.org/angell\\_services/yunnan-baiyao-to-use-or-not-to-use/](https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/)

**DATE**

12/12/25



**PATIENT**

Piper Ellis

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

40.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

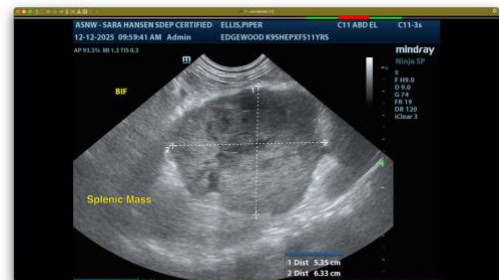
Dr. Leduc

**INVOICE**

35864

**DATE**

12/12/25



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