



PATIENT

Diesel Schell

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 years

WEIGHT

46 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10997

DATE

12/20/2025

PRESENTING CLINICAL SIGNS

P presented 12/19 for persistent inappetence and lethargy since Wednesday apt. He is also having excessive drinking and occasional vomiting after drinking fast. His owner also reported a new abnormal gait/lameness from prior visit. Abdominal pain, Light pink MM; QAR to dull compared to hx fractious/lunging nature.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC 24.66 (H), Neut 21.37 (H), Eos 0.02 (L), Baso 0.24 (H), PCT 0.5 Invue - WBC 19.62 (H), Neut 14.07 (H), Mono 2.9 (H), Baso 0.15 (H) Chem 15 - TP 10.9 (H), Albumin 5.2 (H), Globulin 5.6 (H), T. bili 4.3 (H), ALT <40 EPOC - Na 139 (L) Baseline Cortisol - 3.76 (WNL) Pancreatic Lipase - 151 (WNL) 3 view abd/chest rads - 1. Mild retroperitoneal effusion. 2. The appearance of the gastrointestinal tract is suggestive of a gastroenteritis. 3. Benign pulmonary osseous metaplasia, of low clinical significance. Idexx tick/vector PCR Panel - Pending.

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 prostate is not distinctly visualized, likely due to its intrapelvic location.

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 7.9 cm, and the right kidney measures 7.3 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. There is a hypoechoic mass arising from the caudal pole of the left adrenal gland, measuring 2.8 cm x 2.8 cm. Vascular invasion is not evident. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 1.3 cm at the cranial pole and 2.8 cm at the caudal pole. The right adrenal gland height is 5.6 mm at the cranial pole and 7.2 mm at the caudal pole.

Spleen

A 1.7 cm hypoechoic nodule is noted in the head of the spleen, which expands the splenic capsule, and a second 1.2 cm hypoechoic nodule in the splenic body, which does not disrupt the splenic capsule. The surrounding omentum is normal. 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.



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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.

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Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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.

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The visible portions of the colon are of normal thickness 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 focal free fluid present with the abdomen in the region of the left retroperitoneal space. 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.

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PRIMARY FINDINGS

- Large, hypoechoic left adrenal mass with associated regional peritonitis.

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SECONDARY FINDINGS

- Small, hypoechoic splenic nodules, one of which does expand the splenic capsule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass associated with the left adrenal gland, could be consistent with a benign adenoma, adenocarcinoma, pheochromocytoma or hyperplastic change. Given the associated inflammation an adrenal malignancy is suspected. Recommendations include:

- Three-view chest radiographs to screen for metastasis.
- Blood pressure measurement to screen for pheochromocytoma.
- If signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended.
- Measurement of urine catecholamine metabolites can help to identify a pheochromocytoma. Availability of this testing has been variable, but may currently be available from Marshfield Laboratories or Idexx Laboratories.

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- Further assessment via CT scan would also be warranted, especially if adrenalectomy is a consideration.

The splenic nodules may represent a benign etiology, such as extramedullary hematopoiesis or regenerative nodules, however the possibility of primary or metastatic neoplasia cannot be excluded. Fine needle aspiration, particularly of the larger nodule, could be considered for definitive diagnosis.



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.



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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.

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info@SonoPath.com