



PATIENT

Karina Wangaard

SPECIES

Canine

BREED

Siberian Husky Mix

SEX

Spayed Female

AGE

13 Years 2 Months

WEIGHT

42.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Lucas Budden

INVOICE

35851

DATE

2/15/26

PRESENTING CLINICAL SIGNS

- Presented for wellness exam 1/23/26. Cranial organomegaly palpated. AFAST revealed suspect liver and splenic masses. Ultrasound to further characterize abnormalities.
- Current medications:
- Trazodone, Dexdomitor, Butorphanol to facilitate imaging
- Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 4/9, MCS 2/3, mid abdominal organomegaly, peripheral LNs normal, oral exam not performed due to muzzle, MM pk and CRT <2sec Lab work: Manual platelet count in house: 21plt/hpf, adequate CBC/Chem/PT/PTT Pending Chest rads - no obvious mets, radiologist review pending FNA liver and splenic masses pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 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 6.7 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 5.9 mm at the cranial pole and 6.2 mm at the caudal pole. The right adrenal gland height is 9.0 mm at the cranial pole and 7.9 mm at the caudal pole.

Spleen

A 7.2 cm x 6.1 cm heterogeneous mass is noted in the tail of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. There is also a 1.6 cm cavitated nodule noted in the head of the spleen. 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. There is a 7.1 cm x 5.8 cm heterogeneous mass located in the left caudal aspect of the liver. The surrounding omentum is hyperechoic. 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 moderate 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



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The stomach is moderately distended with gas. The gastric wall is 2.8 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. The duodenal wall measures 4.5 mm. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 2.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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.

Free Abdomen

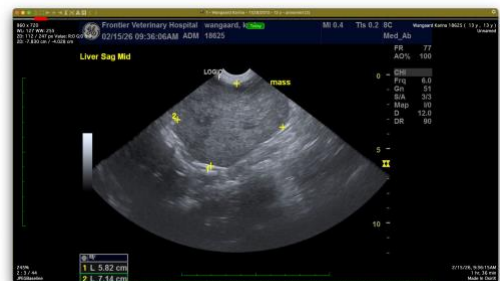
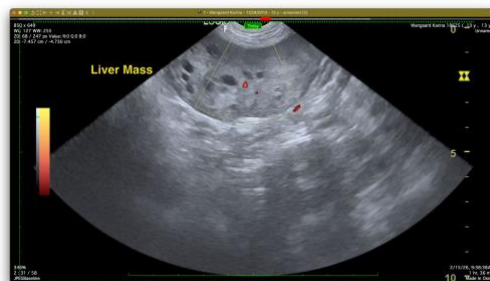
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Large heterogeneous splenic mass, and small cavitated splenic nodule
- Large heterogeneous liver mass with associated steatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pending fine needle aspirates will hopefully provide a definitive diagnosis as to the nature of the masses identified in the liver and spleen. Given the multiorgan involvement, malignancy is suspected but cannot be confirmed without sampling. A focal cardiac ultrasound to screen for the possibility of a heart-based mass is recommended, as hemangiosarcoma would be a common cause for masses in both the spleen and liver and commonly metastasizes to the heart. If no heart-based mass is seen, this does not completely exclude the possibility, as very small masses can be difficult to find without the presence of pericardial effusion.





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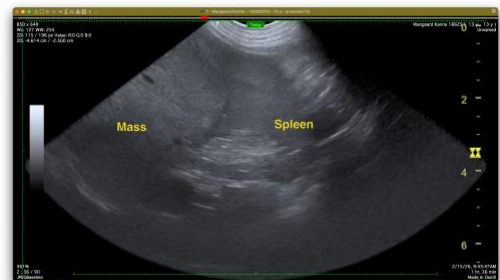
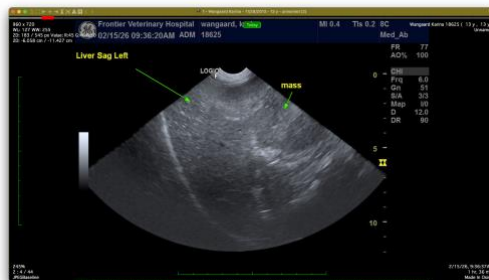
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com