



## PATIENT

Murphy Griffin

## SPECIES

Canine

## BREED

Newfoundland

## SEX

MC

## AGE

7 years

## WEIGHT

53.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Sarah Moser

## INVOICE

11397

## DATE

2/28/2026

## PRESENTING CLINICAL SIGNS

- Decreased appetite and lethargic for past 3-4 days. . O felt like P was breathing different (holding breath). P is gagging but not retching. Not wanting to go up/down stairs. Weak hind end. P is defecating less.
- P is a 2 MN Newfoundland
- PE:Oral Cavity: Mucous membranes pigmented/moist to mild hypersalivation, CRT 2-3s. Abdominal: Mild to moderate nausea on palpation of cranial abdomen; significant pain, reactive on palpation of caudal dorsal deep palpation. Musculoskeletal: moderate muscle loss on dorsum of cranium; mild generalized cachexia along dorsum.

Abnormal PE/Chem/CBC/UA Results: @rDVM: CBC: HCT 63 (H), Plt 123 (L) Chem: BUN 35.6 (H), Creatinine 2 (H), Ca >15.3 (H), Choles 314 (H), Mg 1.4 (L) USG: 1.008 Thoracic/abdominal radiographs: normal thorax; gas distended stomach, loops of bowel dilated, L lateral abdomen almost has smurf hat appearance?, FB stomach? @ HAEC: PCV/TS: 50%, 8.0 EPOC: pO2 63.1 (H), cSO2 93.4 (H), pCO2 29.1 (L), pH 7.461 (H), iCa 2.12 (H), BUN 34 (H), Crea 3.02 (H) Rad Report: 1. Diffuse gaseous dilation of the gastrointestinal tract. Differentials include functional ileus secondary to a nonspecific gastroenteritis, and/or aerophagia. This study is negative for evidence of mechanical obstruction. 2. Possible mild sternal lymphadenopathy. Differentials reactive lymphoid hyperplasia or less likely neoplasia (e.g. round cell, metastatic).

## 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 of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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). Both left and right kidneys measures 7.4 cm.

### Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.1 mm at the cranial pole and 0.7 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears 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



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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 empty. The gastric wall is 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.

The visible portions of the colon are of normal thickness, 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

### *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 is hyperechoic in the region of the lymph nodes. The mesenteric and sub lumbar lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 4.0 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Hypoechoic, rounded lymph nodes throughout the abdomen, strongly suggestive of lymphoma or other infiltrative neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's hypercalcemia along with multiple enlarged lymph nodes within both the abdomen and thorax would support a diagnosis of lymphoma. If possible, fine needle aspiration of some of the enlarged lymph nodes would be recommended for definitive diagnosis. If peripheral lymph nodes are at all enlarged, these could be aspirated as well. Other possible differentiations for disseminated lymphadenopathy might include fungal disease, and metastatic neoplasia.



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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.

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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