



PATIENT

Skye Roman

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

90.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Dr. Sarah Green

INVOICE

36027

DATE

2/28/26

PRESENTING CLINICAL SIGNS

Presented due to acute onset lethargy and inappetence yesterday evening.

Abnormal PE/Chem/CBC/UA Results: subdued, mm wet, pale pink, distended abdomen, FNA of free fluid confirmed hemoabdomen. CBC: mild anemia, NSF otherwise.

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 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 7.2 cm in length. The right kidney is 6.4 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear 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

The visualized portion of the liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The visualized hepatic vasculature is 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 moderately distended with gas. The gastric wall is 2.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is not clearly visualized

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, up to 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas



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There is a large heterogeneous mass effect in the region of the left pancreas. It is unclear whether this arises from the pancreas or if it is unrelated. If it is not a pancreatic mass then the pancreatic tissues are obscured by this lesion.

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Canine

Free Abdomen

There is a 7.7 cm x 5.8 cm irregular heterogeneous undifferentiated mass in the left mid abdomen. There are pockets of echogenic free fluid found throughout the abdomen, as well as hyperechoic omental fat.

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The visualized portions of the heart exhibit normal systolic function and subjectively normal chamber sizes and no masses are seen. There is evidence of a small amount of free fluid in some clips of the heart, most typical of pleural effusion, as opposed to pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large undifferentiated mass, possible origins might include pancreas, lymph node, or less likely spleen or liver.

WEIGHT

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Secondary Findings

- Free fluid within the abdomen and possibly pleural effusion within the thorax

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origins of the mass are not clearly identified, but based on the shape and location, a pancreatic origin would be one possibility. Although the mass is adjacent to the spleen in the clips provided, there is no clear evidence that it is arising from the splenic parenchyma, as this parenchyma appears well differentiated from the mass. Fine needle aspiration of the structure may provide a definitive diagnosis, and a CT scan may also be helpful in definitively determining its origins. Three-view thoracic radiographs are recommended if not already performed, and coagulation testing would be recommended prior to any sampling.

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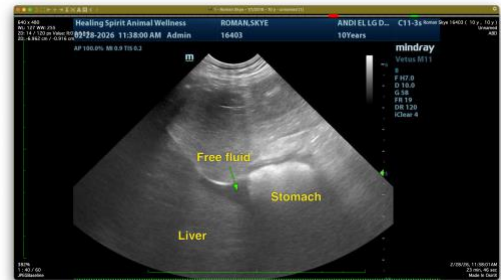
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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