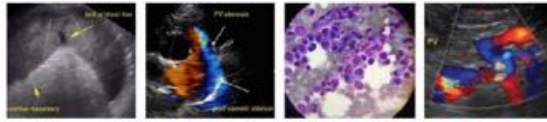




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Major Ayoung-Chu	History: Second opinion, vomiting and diarrhea, possible UTI and concerns for pancreatitis. Concerns for mass in abdomen. Has been treated with steroid in past and then Caninsulin for diabetes. Has been on Marbofloxacin and Gabapentin.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Anemia
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>BREED</b>	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 visible. No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3 cm.
Potcake	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.
<b>SEX</b>	Both kidneys exhibit mildly decreased corticomedullary differentiation. There is focal mineralization present within the renal medulla of the left kidney. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not normal. The left kidney is 6.9 cm in length. The right kidney is 6.2 cm in length.
Neutered Male	
<b>AGE</b>	<b>Adrenal Glands</b>
11 years	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 6.6 mm at the cranial pole and 6.5 mm at the caudal pole. The right adrenal gland height is 1.1 mm at the cranial pole and 8.1 mm at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
20.4 kg	The spleen appears diffusely enlarged with hypoechoic mottling throughout. There is a 15.5 cm mass arising near the head of the spleen, with parenchyma that is consistent with that in the rest of the spleen. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.
<b>INTERPRETED BY</b>	<b>Liver</b>
Tam Mengine, DVM, DABVP (canine/feline practice)	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.
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach is empty. The gastric wall is 5.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.
Westoak AH	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.
<b>REFERRING VET</b>	The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is not visualized due to the presence of the enlarged spleen.
Fisher	
<b>INVOICE</b>	<b>Pancreas</b>
12144	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.
<b>DATE</b>	
2.3.23	



**PATIENT**

Major Ayoung-Chu

**SPECIES**

Canine

**BREED**

Potcake

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

20.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak AH

**REFERRING VET**

Fisher

**INVOICE**

12144

**DATE**

2.3.23

**Free Abdomen**

There is scant anechoic fluid present near the border of the liver and spleen. 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. There is no evidence of pericardial effusion, or a cardiac mass noted on the images of the heart that are provided.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

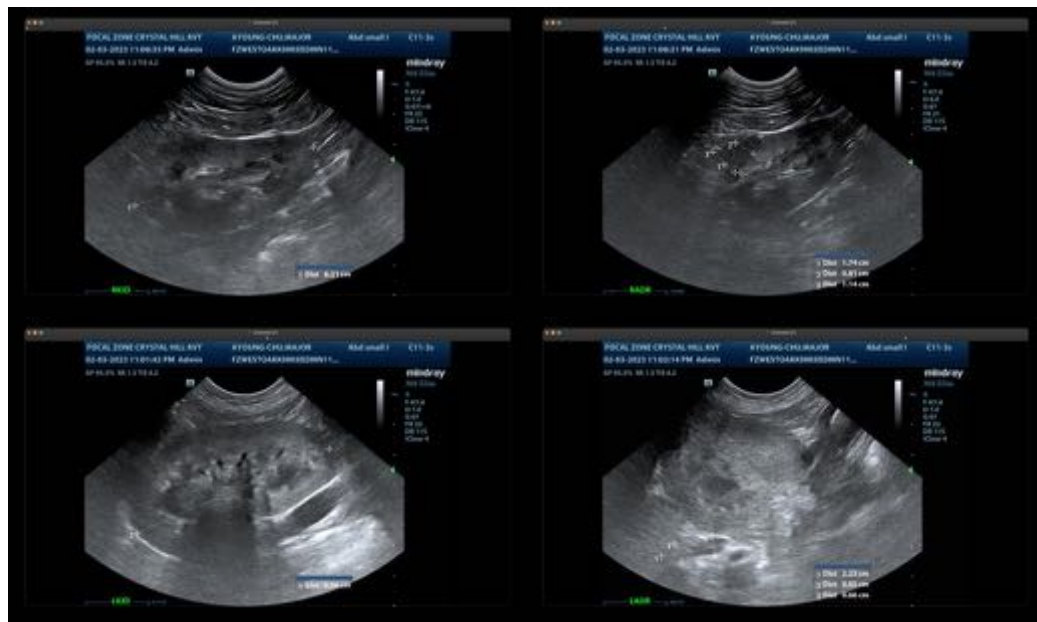
- A diffusely enlarged, mottled spleen, with a large mass arising near the head.

**Secondary Findings**

- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- The enlarged spleen with a mass could represent splenitis, extramedullary hematopoiesis, or a neoplastic disease.
- Recommendations include colon three-view chest radiographs to rule out metastasis.
- Fine-needle aspirate with a 25-gauge needle
- The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.





**PATIENT**

Major Ayoung-Chu

**SPECIES**

Canine

**BREED**

Potcake

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

20.4 kg

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**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak AH

**REFERRING VET**

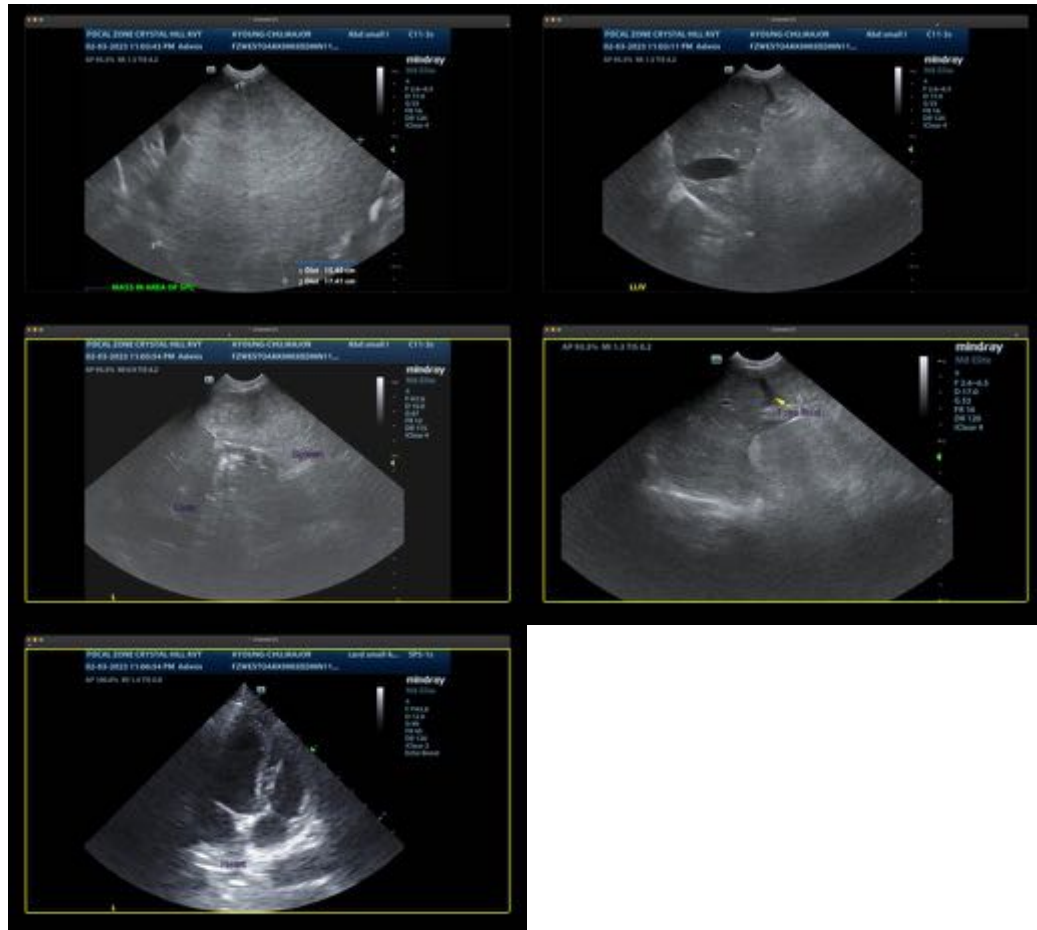
Fisher

**INVOICE**

12144

**DATE**

2.3.23



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