



## PATIENT

Scotty Prior

## SPECIES

Canine

## BREED

Briard

## SEX

Neutered Male

## AGE

10

## WEIGHT

33

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Brian Barnes

## INVOICE

73874

## DATE

3/20/26

## PRESENTING CLINICAL SIGNS

Hx of enlarged adrenal, lddst equivocal when last checked. Recent hx presented w ventral neck edema and febrile, responded to abx (no obvious abscess). Enlarged ln noted on recheck 2 weeks later. Cytology of liver, spleen and ln pending, cancer dx indicated b cell lymphoma

Abnormal PE/Chem/CBC/UA Results: CBC wnl besides wcb 19.7(5-16) neuts 16 (3-11) mono 1.5 (0.16-1.1) Chem wnl besides K low 3.4 (3.5-5.8) ch low 107 (109-122) alp high 1409 (23-212) not abnormal for him) ggt high 12 (0-11) Conclusion 1. Hepatosplenomegaly. Given the history neoplasia such as lymphoma is the primary differential. Benign conditions for hepatomegaly would include nonspecific hepatopathy, cholangio hepatitis or endocrinopathies. Extramedullary hematopoiesis of the spleen cannot be ruled out. 2. Otherwise unremarkable abdomen. 3. Unremarkable geriatric overweight thorax. 4. Mild stifle arthritis.

## 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 (visible to 4.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There are small cortical cysts present within the kidneys. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 9.3 cm. Right kidney measures 9.3 cm.

### Adrenal Glands

The adrenal glands are diffusely enlarged and heterogeneous. They have normal phrenic vasculature and are found in the normal location. Left measures 1.4 cm at the cranial pole and 1.5 cm at the caudal pole. Right measures 1.8 cm at the cranial pole and 2.2 cm at the caudal pole.

### Spleen

The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is mottled. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with rounded margins. 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 gallbladder wall is focally thickened with small focal polypoid lesions, with no evidence of rupture. The cystic and common bile ducts are normal / not visible.

### Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 4.1 mm with 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 (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

### *Pancreas*

## BREED

Briard

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.

## SEX

Neutered Male

### *Free Abdomen*

## AGE

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There is no evidence of free fluid within the peritoneal cavity. The sublumbar and mesenteric lymph nodes were mildly to moderately enlarged, up to 3.6 cm in length with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## WEIGHT

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## PRIMARY FINDINGS

- Diffusely enlarged heterogeneous adrenal glands – Most typical of pituitary dependent hyperadrenocorticism.
- Subjectively enlarged, mottled spleen.
- Subjectively enlarged, heterogeneous liver.
- Mild to moderate sublumbar and mesenteric lymphadenopathy.

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## SECONDARY FINDINGS

- Mild bilateral chronic renal changes.
- Polypoid gallbladder wall hyperplasia, which is an incidental finding in older dogs.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the current concern for lymphoma, the splenomegaly and hepatomegaly are concerning for infiltrative neoplasia, though inflammatory etiologies are also possible. The pending fine needle aspirate should provide a definitive diagnosis. Although the lymphadenopathy is not severe, lymphoma may also be the cause for this. Otherwise, it is likely due to inflammatory response.

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The appearance of the adrenal glands is most typical of pituitary dependent hyperadrenocorticism. If the patient does have Cushing's, this would be an alternative explanation for the appearance of the liver but would not explain the splenomegaly and lymphadenopathy. Repeating a low dose Dexamethasone suppression test or ACTH stim test at this time may be difficult to interpret, as the physiologic stress from suspected lymphoma could also increase cortisol levels. If the patient is not overtly symptomatic for adrenal disease at this time, then this problem may be secondary to the other pathology in terms of managing the patient's overall quality of life.



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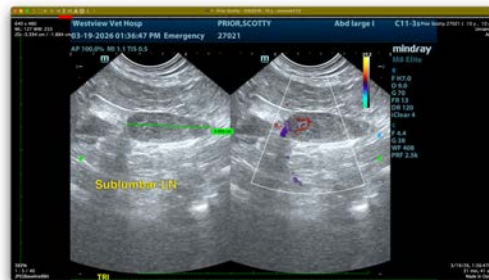
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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