



PATIENT

Giggs Forbes

SPECIES

Canine

BREED

Doodle x

SEX

MC

AGE

6 Years

WEIGHT

24.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Hospital

REFERRING VET

Dr. Brittany Lang

INVOICE

74207

DATE

4/5/26

PRESENTING CLINICAL SIGNS

Noticed weight gain recently. Tonight, P's stomach was harder than usual. O's wife noticed that P was panting heavy. P thrown up last week. P ate dinner tonight. Distended abdomen & panting. PE: Oral Cavity: Mucous membranes pink/moist, CRT <2s, moderate tartar/gingival erythema. Abdominal: Severely distended; fluid wave. CBC:WBC: 18.56 H, Neut 15.59 H, EOS 0.02 L, Plts 495 H, Plt crit 0.6 H. Chem 15 - ALT 132 H, Chol 105 L. EPOC - Na 157 H, HCT 30 L. PCV/TP - 44/5.2. UA - pending

Abnormal PE/Chem/CBC/UA Results: Rads: Diffuse bronco interstitial pattern in the lungs. Diff: in the absence of respiratory clinical symptoms, these changes are likely age-related +/- expiratory rads. radiographically, pathology such as allergic/ chronic), +/- infectious bronchitis cannot be excluded. Soft tissue/fluid opacity overlying the caudal thoracoesophagus. This is typically associated with gastro-oesophageal reflux, can be incidental or cause clinical symptoms of esophagitis. There is heterogenous material present in the stomach. Rad diffs are to ingesta, versus foreign non-digestible material Reduction in serosal detail in the abd. Sugg of free abd fluid. Mild hepatomegaly. This is a non-specific finding Ddx: Vacuolar hepatopathy, nodular hyperplasia, inflammatory or metabolic hepatitis, neoplasia, congestion.

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 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). Left kidney measures 6.4 cm. Right kidney measures 6.2 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized due to the degree of pathology in the region.

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 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.



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Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 3.8 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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is not seen.

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

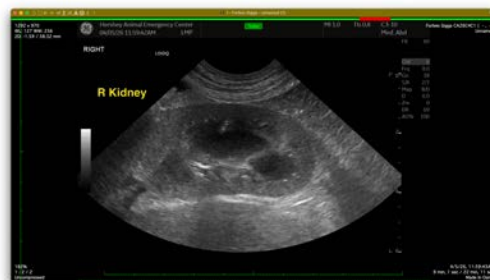
There is an 8.5 cm x 6.1 cm, irregularly marginated, undifferentiated mid abdominal mass surrounded by hyperechoic omental fat. The mass appears highly vascular on doppler interrogation. There is a moderate amount of free fluid noted throughout the abdomen. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Large undifferentiated, irregularly marginated mid-abdominal mass (see attached pictures)
- Moderate free fluid and steatitis throughout the abdomen - either due to hypoproteinemia, or inflammation (the latter deemed more likely based on the gross description, which did not sound typical of a pure transudate)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the mid-abdomen is vascular, and may represent either a neoplastic or inflammatory process. Possible origins, based on the location of the mass, would include pancreas, liver, lymph node, or a granuloma. Splenic origin is also possible, though deemed less likely as the spleen is clearly imaged and does not appear to extend to the region of the mass. If clotting parameters are normal, then fine needle aspiration of the mass for cytology could be performed, or alternatively, abdominal exploratory to determine whether it could be resected for histopathology.





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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)

info@SonoPath.com