

## PATIENT

Lucy Moyer

## SPECIES

Canine

## BREED

Lab

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

76 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Emergency AH of  
Crystal Falls

## REFERRING VET

Dr.Sabelhaus

## INVOICE

74206

## DATE

4/5/26

## PRESENTING CLINICAL SIGNS

Referral for cholangiohepatopathy. ALT, AST, ALP, GGT, Triglyceride and TBIL elevations. Mild hypoalbuminemia. ~31K WBC count with predominantly neutrophils, 32K PLT count. Resting cortisol performed - no results presently. Cerenia injection NOT administered. Owner applied Sevin dust to the flowers and she ran through it before this occurred. Not sure if she ingested or not. Vomiting x 4 days. PU/PD x 4 days. Currently takes a joint supplement. No D/C/S. No major medical hx. Inappetence, nearly anorexic yesterday but did eat for RDVM this morning some.

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

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 7.2 cm. Right kidney measures 7.0 cm.

### *Adrenal Glands*

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

### *Spleen*

The splenic parenchyma is diffusely mottled with small hypoechoic nodules up to 1.5 cm in size, some of which expand the splenic capsule. 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 subjectively enlarged with irregular margins and a diffusely hypoechoic parenchyma with increased portal markings. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

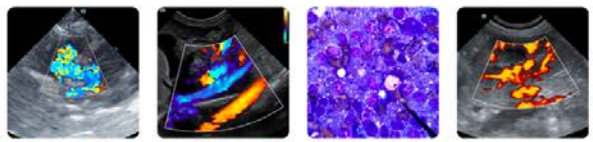
The gallbladder is moderately distended with anechoic contents. The wall is thickened to 3.3 mm without evidence of rupture. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The stomach is mildly distended with gas. The gastric wall is 3.2 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 (1.1 mm) with intact wall layering. The ileocecal junction is not seen.



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## 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 a 6.0 cm heterogeneous mass effect noted in the mid abdomen in the region of the spleen, as well as two smaller heterogeneous masses seen adjacent to the mesenteric artery. All of the masses are surrounded by hyperechoic omental fat. There is moderate free fluid seen throughout the abdomen, as well as hyperechoic omental fat. There is normal blood flow at the level of the aortic trifurcation.

## PRIMARY FINDINGS

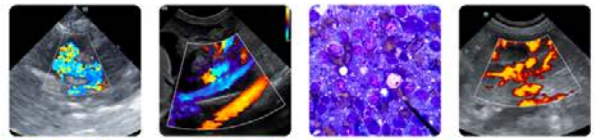
- One large (6 cm diameter) and two small (3 cm diameter) undifferentiated, heterogeneous masses in the mid-abdomen
- Diffusely nodular spleen
- Hypoechoic liver with irregular margins, consistent with non-specific hepatopathy
- Thickened gallbladder wall, typical of cholecystitis
- Steatitis and free fluid throughout the abdomen, consistent with peritonitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The masses seen within the mid-abdomen may have a splenic origin, pancreatic origin, or lymph node origin. Based on the location, I suspect lymph node origin for the two smaller masses. The nodular spleen is a non-specific finding, and can be seen with benign regeneration and extramedullary hematopoiesis, however given the surrounding inflammation, I am concerned about an underlying neoplastic cause.

Given the thrombocytopenia, there is risk of hemorrhage with fine needle aspiration, but without sampling of the masses, spleen and liver, it will be difficult to determine the underlying disease process present. An attempt to aspirate fluid for cytologic analysis could be pursued, as this may provide some insight and would carry less risk. Three view chest radiographs would also be recommended.





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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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