



PATIENT

Beauty Palm

SPECIES

Canine

BREED

Lab/Beagle Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brian Jacobs

INVOICE

16247

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Hx of left forelimb lameness, soft stools and more lethargic. 3/5 left forelimb lameness. R sided facial swelling. Fever. bcs 5/5

Abnormal PE/Chem/CBC/UA Results: Radiographs of left forelimb show no significant findings, no evidence of osteolytic or osteoproliferative lesions. Chest radiographs showed pulmonary nodules concerning for neoplasia vs granulomatous lesions. Irregular looking splenic tail.

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 3.0 cm) 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). The left kidney measures 6.6 cm. The right kidney measures 6.2 cm.

Adrenal Glands

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 measures 6.7 mm at the cranial pole and 6.6 mm at the caudal pole. The right adrenal gland measures 4.8 mm at the cranial pole and 4.3 mm at the caudal pole.

Spleen

The spleen is of appropriate size, with a mottled echotexture, including several small hypoechoic nodules, hyperechoic nodules, and a region of infiltrated hyperechoic parenchyma that appears to deviate the splenic capsule. Blood flow within the splenic hilus is normal. The surrounding omental fat is 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 and a small amount of freely moveable echogenic sludge. 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 shadowing ingesta. The gastric wall is 5.0 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 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.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The medial iliac lymph node was mild enlarged, up to 2.9 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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PRIMARY FINDINGS

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- Hypoechoic and hyperechoic splenic nodules as well as hyperechoic mottling within the splenic parenchyma.

SECONDARY FINDINGS

- Shadowing ingesta within the stomach most typical of dense normal ingesta with foreign material deemed less likely.
- Reactive medial iliac lymph node.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While hyperechoic lesions within the spleen are typically benign, they have also been associated with mast cell and other neoplastic disease. Given the patient's unexplained facial swelling and hives, the possibility of systemic mast cell disease should be considered. Fine needle aspiration of the spleen with a 25-gauge needle and diphenhydramine premedication is suggested if coagulation parameters are normal, to determine whether the changes in the spleen are significant. The medial iliac lymph node could also potentially be aspirated at this time, though the appearance is more typical of a benign reactive process than significant pathology. Fungal serology and fungal urine antigen testing may be helpful in further investigating the possibility of disunited fungal disease.

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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.

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