



PATIENT

Hayley Myers

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.7 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. Brittany Lang

INVOICE

16286

DATE

05/16/26

PRESENTING CLINICAL SIGNS

Presented 5/15 after being found lethargic, limp. Historic heart murmur diagnosed 4/20/26. Patient was completely normal prior to this episode. NS OU. Mucous membranes pale pink/tacky, CRT 2s, severe tartar/gingival erythema. grade V/VI systolic bilateral murmur, pulses fair/synchronous. cranial organomegaly palpable. Weakly ambulatory x 4 limbs. mild diffuse muscle atrophy. delayed CP RF limb, dull mentation. Crossing front limbs while walking

x-rays: CONCLUSIONS There are suspected abnormalities of both the liver and spleen. The mild to moderate hepatomegaly with the impression of a focal mass effect at the mid-to-caudal hepatic margin raises suspicion for a hepatic mass lesion. The focal bulging outline of the splenic margin on the VD projection is suspicious for a focal splenic lesion. CBC: HCT 22.3%, Immature neut 0.24K, Lymph 0.42K (L), platelets <50K Chem: Glu 65, BUN 30, ALT 280, ALP 447, GGT 38 EPOC: pH 7.5, pCO2 20.5 (L), Lac 3.59 (H), BUN 27 (H), HCT 21% PT/aPTT: 19.3/108.4 (PT elevated, 17 Hn) BG: 72 mg/dL Manual platelet count: 33-44K

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 1.0 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 measured 4.9 cm. The right kidney measured 5.6 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 measured 5.4 mm at the cranial pole and 4.8 mm at the caudal pole. The right adrenal gland measured 5.0 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

A 2.1 cm heterogeneous mass is noted near the splenic hilus, which disrupts the splenic capsule. The surrounding omentum is hyperechoic. The remaining splenic parenchyma is mottled and the margins are irregular. 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 sharp borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. There are two masses noted within the liver parenchyma, a 2.2 cm x 1.4 cm heterogeneous mass in the right caudal liver, and a 1.6 cm hyperechoic irregular mass in the left caudal liver. Surrounding omental fat is normal.



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The gallbladder is moderately distended with anechoic contents and a large 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.

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Gastrointestinal

The stomach is mildly 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.

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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 (1.1 mm) 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 a scant amount of anechoic free fluid present throughout the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

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PRIMARY FINDINGS

- Diffusely heterogeneous spleen with small mass near the hilus.
- Diffusely heterogeneous liver, with two masses of different echogenicity,
- Scant free fluid throughout the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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While splenic and hepatic masses can be both benign or malignant, the patient's clinical signs raise concern for malignancy in this patient. There is little free fluid present, and the masses are not cavitated, thus blood loss from the masses seems an unlikely cause for the patient's anemia and thrombocytopenia.

REFERRING VET

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Three view thoracic radiographs are recommended if not already performed. Sampling of both the liver and spleen is recommended, though there may be increased risk of bleeding given the mild elevation in coagulation parameters and thrombocytopenia.

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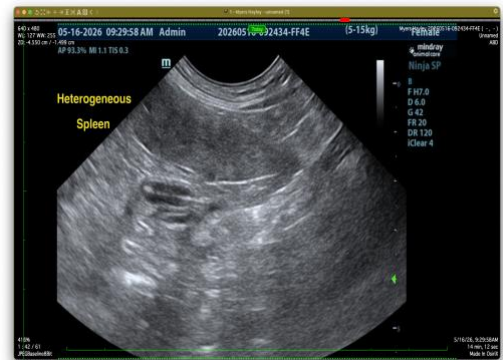
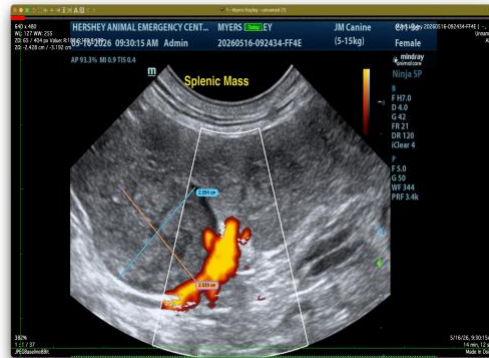
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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