



PATIENT

Nova Bollinger

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75187

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Nova presented for anorexia, polydipsia, and pale mucus membranes. Over the past few days Nova became progressively lethargic, and stopped eating as of Thursday night. She was seen by her rDVM yesterday (Friday) for lameness on her left forelimb. On exam she was noted to have an oral mass and some left forelimb lameness but reportedly no other significant findings. Radiographs were taken of the limb which were reportedly unremarkable. Owner reports bloodwork was also performed but the results are uncertain. She was prescribed carprofen and gabapentin. She is also normally on Apoquel and Dasuquin. This morning her owner noted she had pale mucus membranes and was polydipsic, and brought her to HAEC for evaluation. Owner also reported she was straining to defecate this morning.

Abnormal PE/Chem/CBC/UA Results: Mucoïd discharge OU, bilateral serous nasal discharge, pale/tacky MM, black/red oral mass (~1cm diameter) on buccal aspect of mid-left mandibular gingiva, sinus tachycardia with bounding pulses, mildly incr RR/RE, tense/uncomfortable abd, intact female POCUS - chest: no pleural or pericardial effusion, normal heart contractility with tachycardia, minimal B lines; ABD: no visible FF, urinary bladder normal, gallbladder has a hyperechoic rim, liver potentially more hypoechoic than expected, multiple irreg hypoechoic splenic nodules BP - 150/61 (76) PCV/TS - 50% / 8.6 clear EPOC - pH 7.342, pCO2 25.5, Bicarb 13.8, Lac 3.06, BUN 37, Creat 2.70 CBC - WBC 23.69, Neut 21.22, Lymph 0.82, Mono 1.55, Plt 50-100 (InVue) Chem 15 - BUN 43, Crea 2.7, Phos 7.3, TP 8.4, Glob 5.7, ALP 256, Chol 379

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 left horn of the uterus is visualized and appears unremarkable, while the right horn and body are not visualized, nor are the ovaries.

The kidneys are of normal size with appropriate corticomedullary differentiation. The renal cortices have a mottled appearance with regions of hyperechoic irregular echogenicity. There is the appearance of a poorly defined hypoechoic nodule seen in some cine loops of the left kidney, measuring 1.3 cm in diameter. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change, or hydronephrosis. Both kidneys are surrounded by a markedly hyperechoic, hazy fat. The proximal ureters are not visible (normal). Left kidney measures 6.1 cm. Right kidney measures 6.5 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. Left measures 5.6 mm at the cranial pole and 5.1 mm at the caudal pole. Right measures 5.6 mm at the cranial pole and 4.2 mm at the caudal pole.

Spleen

There are two heterogeneous masses noted in the tail of the spleen, which disrupt the splenic capsule. Both masses measure 1.5 cm in diameter. The surrounding omentum is hyperechoic. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.



PATIENT

Nova Bollinger

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75187

DATE

5/16/26

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 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.

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 (1.8 mm) with intact wall layering. The ileocecal junction is normal.

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 focal free fluid present throughout the abdomen. The associated 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. There is a scant amount of hypoechoic pleural effusion noted in the caudal thorax.

PRIMARY FINDINGS

- Bilaterally heterogeneous renal cortices, with associated steatitis
- Suspected 1 cm hypoechoic nodule arising from the left renal cortex
- Two heterogeneous splenic masses
- Scant pleural effusion and ascites of unknown etiology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys might be seen with pyelonephritis, leptospirosis, lymphoma, histiocytic neoplasia, and other neoplastic lesions. The apparent nodule in the left kidney is subtle and poorly demarcated - thus, I am not convinced that it represents a neoplastic lesion, but this is certainly possible. The splenic nodules could represent both benign lesions, such as hematomas, and malignancy. Recommended next steps would include:



PATIENT

Nova Bollinger

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

23.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75187

DATE

5/16/26

1. Urinalysis with culture
2. Testing for leptospirosis
3. Three view thoracic radiographs
4. If infectious causes for the renal inflammation are ruled out, then aspirates of spleen and kidney could be considered. Note that aspirates of focal splenic lesions are frequently non-diagnostic. Alternatively, splenectomy with concurrent renal biopsy or intra-operative aspiration could be considered.





PATIENT

Nova Bollinger

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

75187

DATE

5/16/26

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