



PATIENT

Bailey Sweet

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Jackson

INVOICE

75196

DATE

5/17/26

PRESENTING CLINICAL SIGNS

Went on a hike 3~ weeks ago, stopped wanting to move. Was playing with other dog around 3 1/2 weeks ago, bit bigger - usually does not play, unsure of any injuries. Seems painful in back area, progressively has been getting worse per O. Started panting at home, has been standing around instead of laying down. When laying down - not willing to get up.

Abnormal PE/Chem/CBC/UA Results: General Appearance: Quiet, alert and responsive Abdomen: Tense on palpation but does allow full abdominal palpation Musculoskeletal: Abnormal: Bailey allows handling, flexing forelimbs and hindlimbs without a pain response, appears a bit weak about holding up her hind with just one limb, R or L. CBC - Pancytopenia (Hct 35%, WBC 3.3k, Neu 2.2k, lym 0.9k, mon 0.11k, plt 87k Chemistry - TP >12, Alb 2.9, Globulins > 9.1, liver values suppressed (will run on dilution). after dilution - ALT 125 (slight elevation) Smear - WBC 3.3k, neu 2.3k, mon 0.1k, Plt 313k

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 2.0 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). Left kidney measures 6.6 cm. Right kidney measures 7.1 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.4 mm at the cranial pole and 5.3 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The splenic parenchyma is diffusely mottled with tiny hypoechoic foci. 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 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 3.6 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.

The visible portions of the colon are of normal thickness (1.0 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 no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Subtly mottled splenic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the patient's symptoms and elevated globulin levels on today's ultrasound. Differentials might include infectious diseases, particularly Ehrlichiosis; fungal infection multiple myeloma; chronic inflammatory conditions. The subtly mottled splenic parenchyma may be incidental, or may indicate underlying pathology such as splenitis, or less likely round cell neoplasia. Additional suggestions include:

- Thoracic and spinal radiographs to assess for lytic lesions, as well as potential causes for back pain
- Three view thoracic radiographs
- Serum protein electrophoresis
- Testing for tick borne infections, and other infectious disease if an index of suspicion exists
- Screening for Bence jones proteinuria
- Arthrocentesis, if a swollen joint can be identified
- If no other cause is identified for the patient's hyperglobulinemia, fine needle aspiration of the spleen with a 25G needle should be considered.



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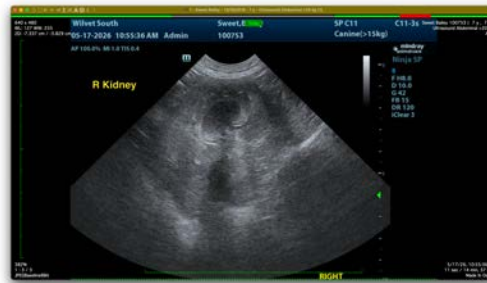
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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