



PATIENT

Gemini Bowers

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

13 Years

WEIGHT

27.9 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

15692

DATE

05/02/26

PRESENTING CLINICAL SIGNS

Lethargy that progressed to heavy panting for 3 days prior to presentation to rDVM
Oral Cavity: Mucous membranes injected, tacky, CRT 2-3s, Abd: tense on palpation

Abnormal PE/Chem/CBC/UA Results: Initial diagnostics at Rossmoyne: CBC: Hct 29.6 (L), RBC 4.43 (L), Hgb 9.8 (L), MCHC 33.2 (L), Lym 0.54 (L), Plt 51 (L) Chem: ALP >993 (H), ALT 201 (H), Amyl 1643 (H), Lip 433 (H) EPOC: HCO3 15.5 (L), Lac 3.38 (H), pO2 192 (H), TCO2 14.9 (L), BE -10.1 (L)

Abdominal radiographs: Enlarged caudal liver lobe with a mild loss of serosal detail consistent with small volume ascites. HAEC diagnostics: PCV/TS: 36/9.0 POCUS: 2 identifiable liver tumors suspected with a very small pocket of free abdominal fluid, unable to perform abdominocentesis due to small volume effusion. CBC: RBC (5.13) HCT (32.5) HGB (11.1) PLT (*45) MPV (17.7) Plateletcrit (0.08) PT/PTT: 17.4/109 PCV/TP: 35/9

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 measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and of normal echogenicity. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 8.4 mm at the cranial pole and 8.4 mm at the caudal pole. The right adrenal gland height is 5.3 mm at the cranial pole and 8.9 mm at the caudal pole

Spleen

A 2.4 cm x 1.9 cm heterogenous cavitated mass is noted in the tail of the spleen, which disrupts the splenic capsule. The surrounding omentum is hyperechoic with associated free fluid. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. There are also small hypoechoic nodules seen throughout the splenic parenchyma.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with irregular borders. There are multiple heterogeneous masses seen throughout the hepatic parenchyma, the largest of which is located near the gallbladder and measures 3.2 cm in diameter. 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 moderate amount of freely-moveable echogenic sludge which shows early evidence of organization. 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 empty. The gastric wall is 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 (1.7 mm) are of normal thickness with intact wall layering. The ileocecal junction is not seen.

Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is a large amount of hypoechoic 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.

PRIMARY FINDINGS

- Heterogeneous cavitated splenic mass with associated steatitis and free fluid.
- Multiple small heterogeneous liver masses.
- Diffusely heterogeneous irregularly marginated liver parenchyma.
- Large amount of hypoechoic free fluid consistent with the reported history of hemoabdomen.

SECONDARY FINDINGS

- Diffusely bilaterally enlarged adrenal glands most typical of benign hyperplasia.
- Early evidence of organizing gallbladder sludge which does not meet criteria for mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the spleen and the masses within the liver are concerning for metastatic neoplasia such as hemangiosarcoma, however biopsy of these lesions would be needed for a definitive diagnosis.

The diffuse changes to the liver parenchyma are more typical of a benign nonspecific hepatopathy and may not be related to the current clinical signs, but again biopsy of the liver parenchyma would be needed to definitively rule out more significant pathology such as inflammatory disease. Three view chest radiographs are recommended if not already performed to further investigate for the possibility of metastatic lesions. While abdominal exploratory could be considered for splenectomy and biopsy of liver lesions, there is concern that the overall prognosis will be poor.



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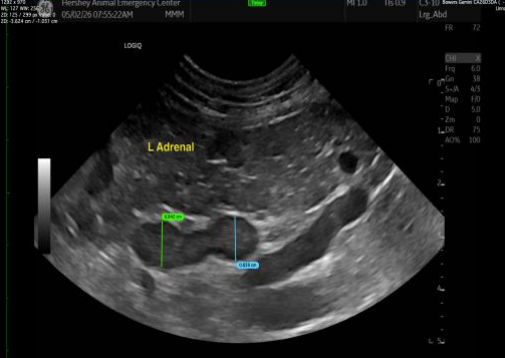
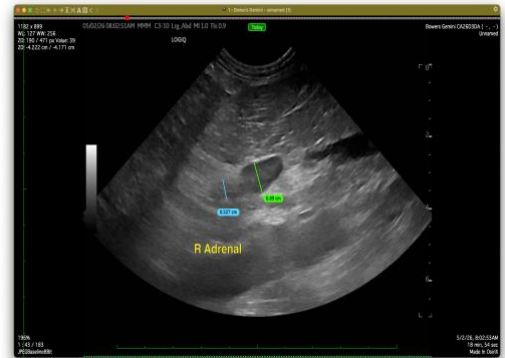
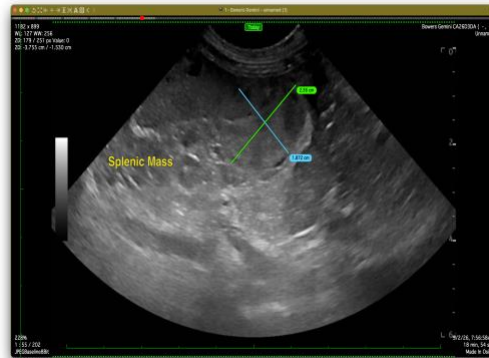
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com