



**PATIENT**

Margarita Washlick

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

24.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

38458

**DATE**

6/7/22

**PRESENTING CLINICAL SIGNS**

3 week history of decreased appetite and 2 weeks history of melena and diarrhea. Started meloxicam 3 days prior to onset of diarrhea / melena, due to DJD - stopped after 3 days and started omeprazole/ carafate - diarrhea / melena resolved but inappetance and lethargy persist. CBC / Chem all normal and snap cPL normal. Weight is stable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.31 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. Small incidental cortical cysts noted in the right kidney. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.73 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.47 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**PRIMARY FINDINGS**

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- Gastritis – Microulceration cannot be ruled out.
- Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

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**SECONDARY FINDINGS**

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Cortical cysts in right kidney

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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These findings combined with the reported history are most consistent with resolving gastroenteritis/ulceration, potentially secondary to the Meloxicam. Recommendations include continued medical management of gastritis with antiemetics, gastroprotectants, and potentially adding an appetite stimulant due to the continued inappetence.

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If Meloxicam was addressing pain, continued lethargy could be secondary to persistent pain, and management of the arthritis without a nonsteroidal could be considered.

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Ultimately, if clinical signs persist, gastroscopy/endoscopy with biopsies is recommended for further assessment of the gastric and duodenal mucosa.

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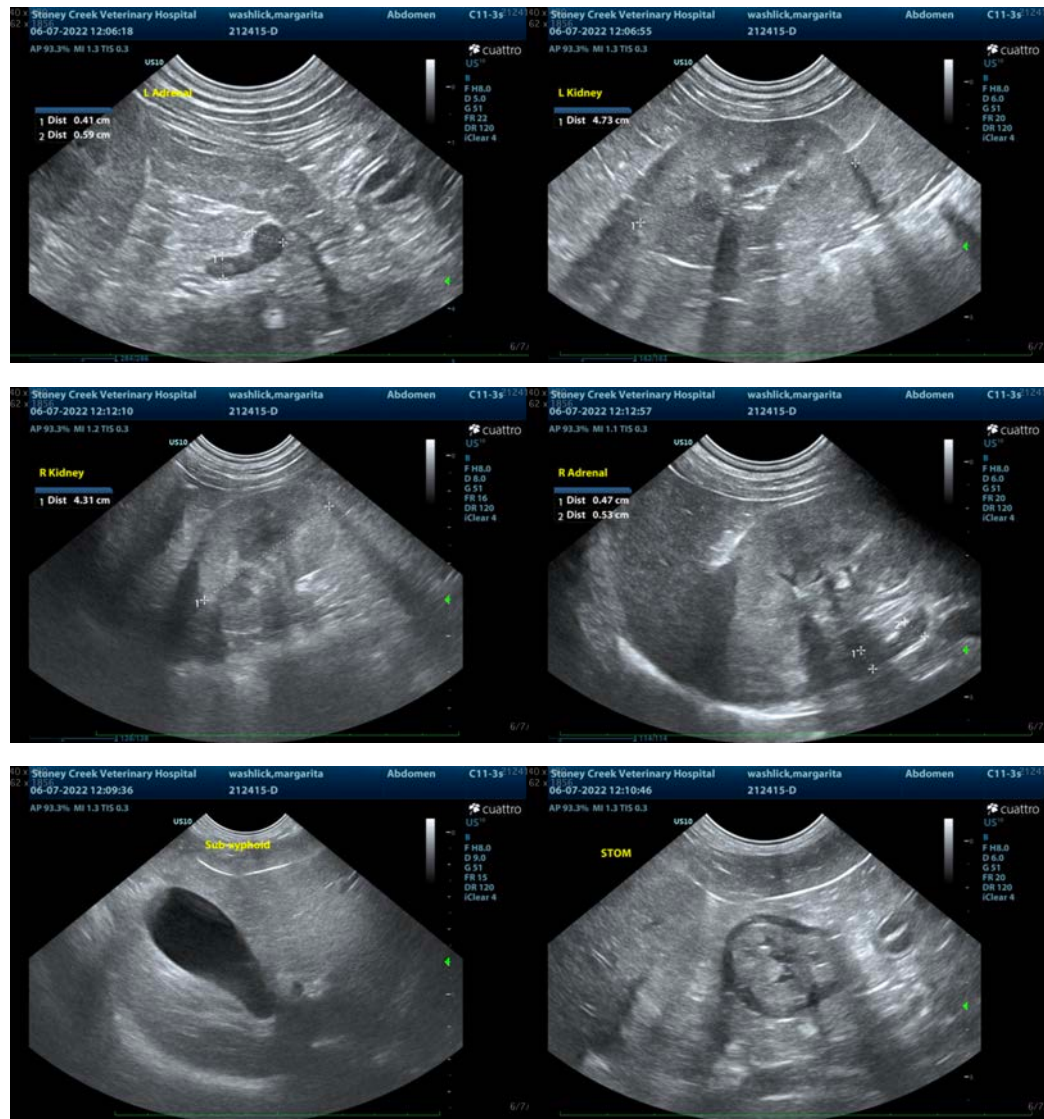
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com