



PATIENT

Peanut Wojick

PRESENTING CLINICAL SIGNS

5 pound weight loss over last few months. Presented today with weakness / inappetence - PCV 17%, highly regenerative, and low alb - 1.9, otherwise normal CBC / Chem, U/A pending. chest rads pending

SPECIES

Canine

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.

BREED

Bernese Mtn Dog

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is mild dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 7.3 cm. The right kidney is 6.6 cm.

SEX

Spayed Female

Adrenal Glands

AGE

10 Years

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 measures 3.7 mm at the cranial pole and 5.5 mm at the caudal pole. The right adrenal gland measures 7.0 mm at the cranial pole and 4.7 mm at the caudal pole.

WEIGHT

54 Pounds

Spleen

The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

INTERPRETED BY

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

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dr. Tam Mengine

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

HOSPITAL NAME

Stoney Creek VH

The stomach is empty. The gastric wall is normal in thickness (5.6 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Beth Henry

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. Duodenum wall measures 4.8 mm. Jejunum wall measures 2.4 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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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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1/10/23



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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

- Splenomegaly
- Hepatomegaly

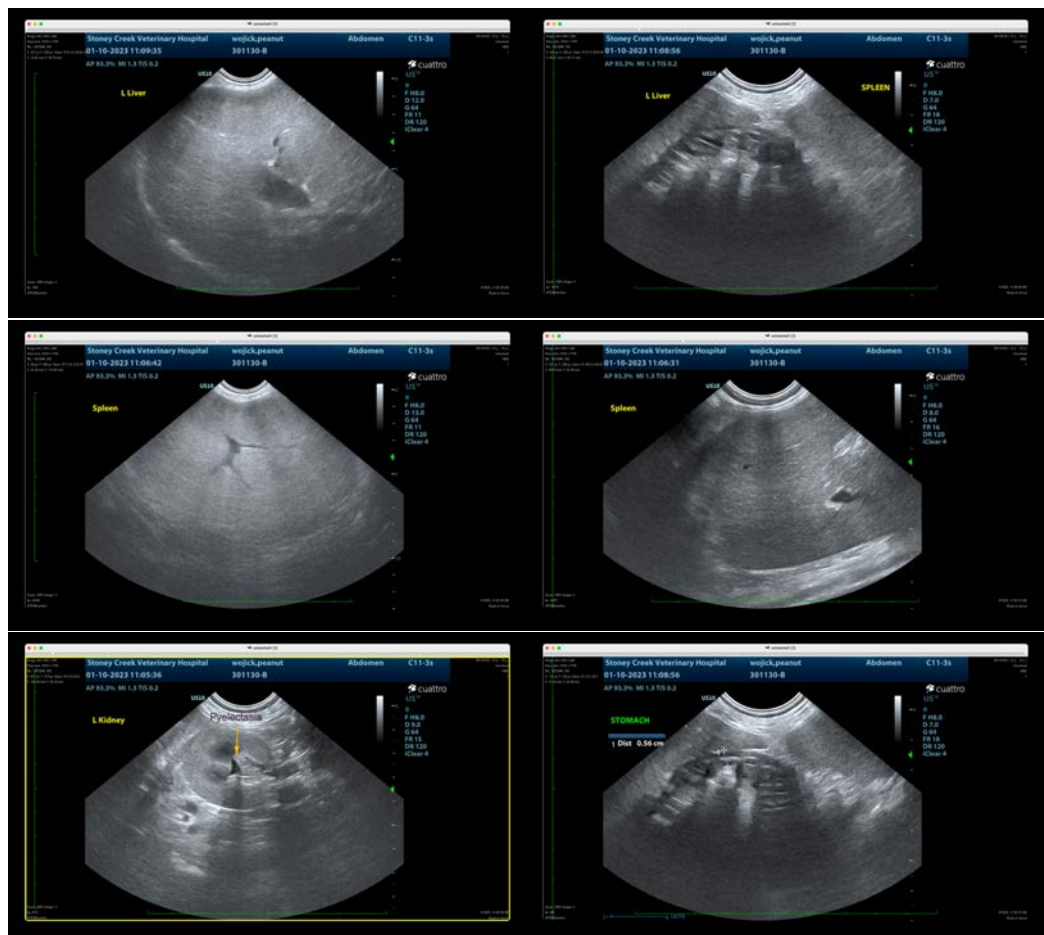
SECONDARY FINDINGS

- Bilateral pyelectasia of the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver and spleen could represent a reactive or regenerative process or could represent infiltrative neoplasia such as histiocytic sarcoma or round cell neoplasia. A fine needle aspirate is recommended to aid with definitive diagnosis.

The changes in the kidney may be incidental, but could indicate kidney infection, given that there is no history of fluid therapy. Urinalysis is recommended with culture, if indicated.





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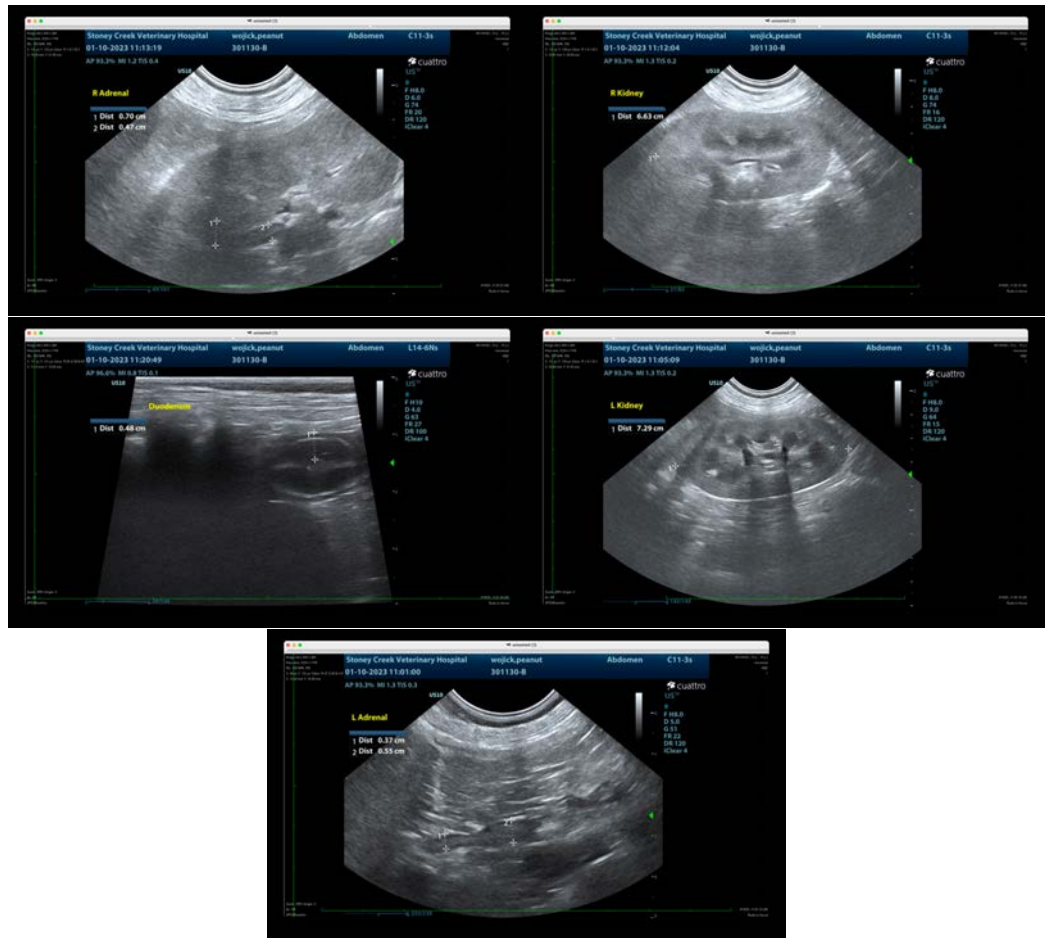
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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