



PATIENT

Cookie Costa

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

10.5 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Santora

INVOICE

42099

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Patient has been paraplegic for 2+ years (IVDD). Hx of chronic UTI, (MDR E. coli + Enterococcus), current culture only growing Enterococcus. In 11/22, hospitalized for over a week in O2 at specialty hospital for acute resp distress, definitive cause not identified, eventually improved on meropenem and pred - both medications were recently stopped after 6 week course. Since stopping, patient had transient diarrhea (12/30), then developed uveitis & fever on 1/9/23 - bloodwork unremarkable except abnormal snap CPL. Recheck chest rads unremarkable. Looking for cause of fever / uveitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A large amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm

The kidneys are hyperechoic, and exhibit(s) moderately decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (4.3) cm in length. The right kidney is (4.8) cm in length.

Adrenal Glands

The left adrenal gland is diffusely enlarged and hyperechoic. The right adrenal gland is of normal size and shape. Both glands have normal phrenic vasculature and are found in normal location. The left adrenal gland measured 3.8 mm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland measured 6.4 mm at the cranial pole and 4.1 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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 diffusely hyperechoic and subjectively enlarged. 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. 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 mildly distended with anechoic fluid. The gastric wall is (5.3) 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. The duodenal wall measures (4.7) mm. The jejunal wall measures up to (4.2) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

The pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mildly enlarged left adrenal gland.
- Reactive hepatopathy.

SECONDARY FINDINGS:

- Chronic renal changes.
- Mild cystitis changes to the bladder wall.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the left adrenal gland are most typical of benign hyperplasia or less likely adrenal dependent hyperadrenocorticism. Recommendations include:

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- Blood pressure monitoring.
- Testing for Cushing's disease if clinical signs are present.
- Monitoring the adrenal gland for changes in size and appearance via serial ultrasound at 6-8 week intervals.



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The changes to the bladder wall are consistent with the reported history of chronic cystitis. Presumably this is due to the loss of bladder function that occurred when the patient had intervertebral disc disease. I recommend to continue managing as culture dictates.

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The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

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- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

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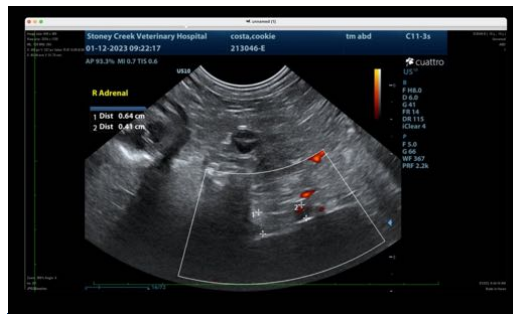
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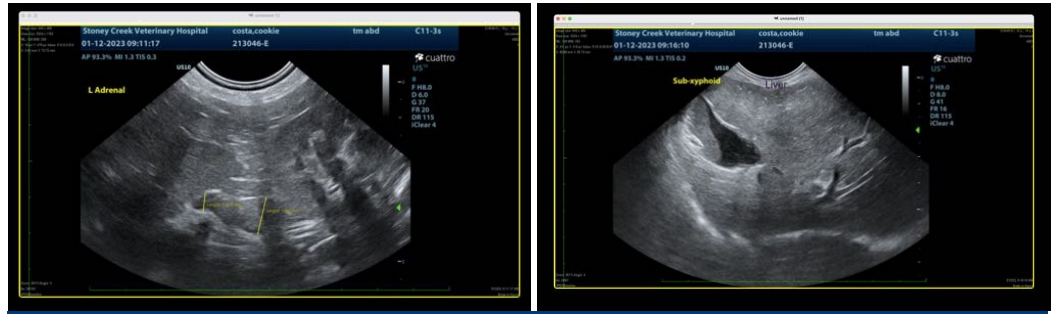
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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