



PATIENT

Mugzee Veltri

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Kristin Potenzone

INVOICE

20551

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Patient presents for hepatopathy, hind end weakness, BUN 38, kidney mineralization, and anorexia.

Abnormal PE/Chem/CBC/UA Results: T4 - low normal.

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 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 prostate is of appropriate size (1.8 cm in length x 1.4 cm in diameter in the sagittal plane) for patient age and neutering status but has a parenchyma with regions of mineralization. The prostatic urethra is non-dilated.

The left kidney is hyperechoic with moderately decreased corticomedullary differentiation. There are multiple small nonobstructive nephroliths present within the renal pelvis and focal areas of mineralization within the cortex. There is mild pyelectasia. The proximal ureter is not visible (normal). The left kidney measures 4.1 cm in length.

The right kidney is hyperechoic and exhibits moderately decreased corticomedullary differentiation. There are multiple small nephroliths present within the medulla and renal pelvis. There is trace pyelectasia. The proximal ureter is not visible (normal). The right kidney measures 4.8 cm in length.

Adrenal Glands

The left adrenal gland is mildly enlarged with irregular margins. Both adrenals are identified in their normal locations and have appropriate parenchyma echotexture. The left adrenal gland height is 8.3 mm at the cranial pole and 7.6 mm at the caudal pole. The right adrenal gland height is 7.0 mm at the cranial pole and 6.5 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 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 large amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is markedly distended with anechoic fluid and normal ingesta. 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. The duodenal wall measures 4.5 mm. The jejunal wall measures up to 3.0 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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The body and right limb of the pancreas are mildly swollen and surrounded by hyperechoic omental fat. The pancreatic duct appears normal.

Free Abdomen

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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.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

Primary Findings

- A heterogenous, mineralized prostate
- Bilateral nephroliths with chronic renal changes and pyelectasia
- Pancreatic changes suggestive of pancreatitis

WEIGHT

12.6 Pounds

Secondary Findings

- An enlarged and irregular left adrenal gland
- A stomach distended with fluid and ingesta, which should be correlated with fasting history

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The patients liver appears appropriate for its age, so if there is concern for hepatopathy, core biopsy may be needed for a definitive diagnosis.

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The changes in the prostate raise a concern for a neoplastic disease, a urine sample obtained by catheterization may provide additional information. A urine BRAF test has also been shown to diagnose approximately 80% of canine prostatic carcinomas.

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There is no evidence at this time that the nephroliths are causing obstruction, IV fluid therapy may be of benefit in helping them pass. Additional work up for chronic renal disease would include urinalysis with culture, and blood pressure measurement.

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Finally, the inflammation in the region of the pancreas raises the possibility of pancreatitis, a canine pancreatic lipase level could provide additional insight, and might offer an explanation for the patients anorexia. Supportive care with fluids, antiemetics, and pain medication would be recommended if there is supportive evidence for pancreatitis.

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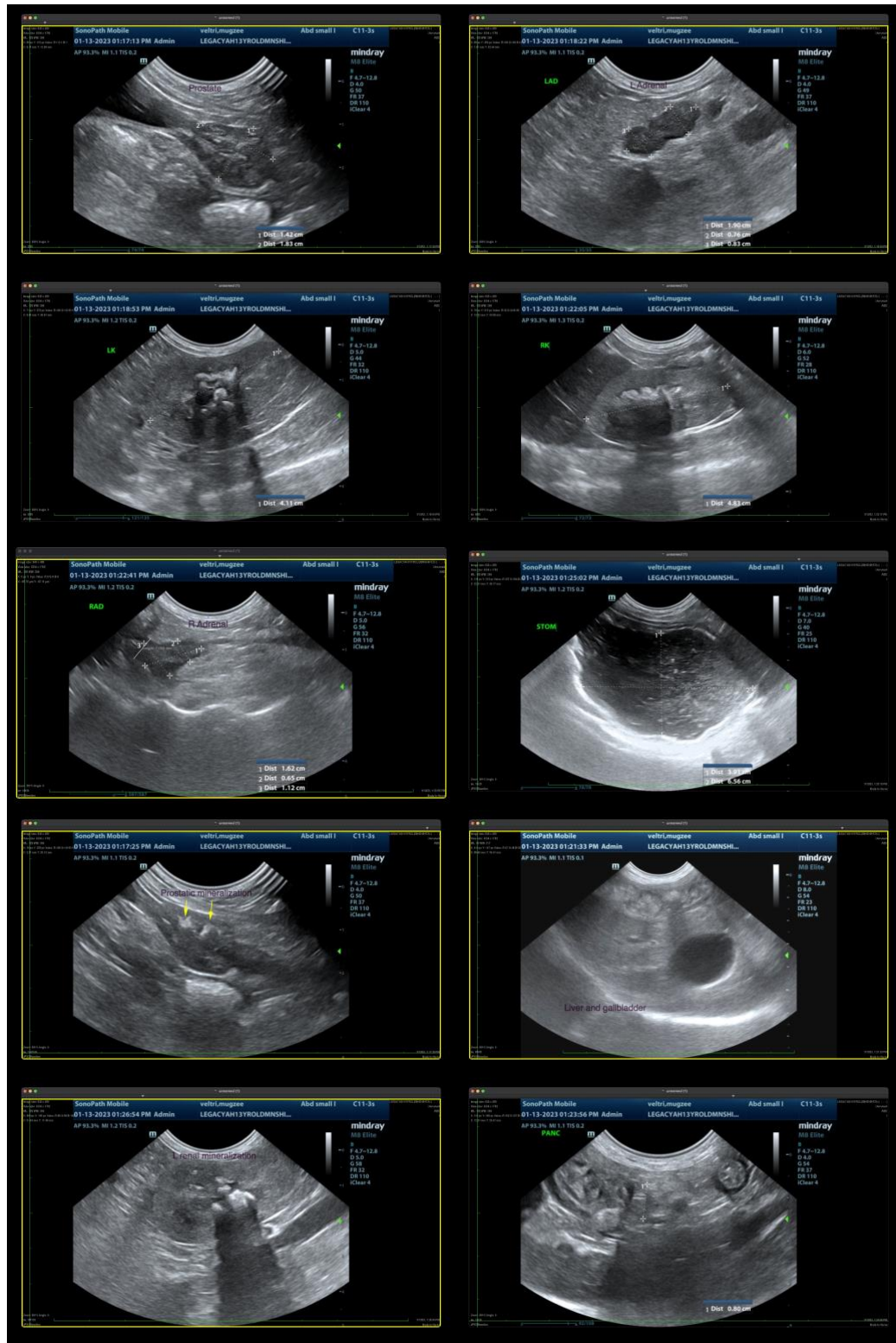
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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