



PATIENT

Layla Fortmiller

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

58 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

44226

DATE

1/14/23

PRESENTING CLINICAL SIGNS

Poor appetite for about 10 days. No vomiting or diarrhea. Stools are solid but have a slight reddish color to them. Gradual loss of energy and increased lethargy. Extremely pale mucous membranes, moderate tartar, no palpable masses. No jaundice or petechia. Vital signs are normal. P not currently on any medications.

Abnormal PE/Chem/CBC/UA Results: See attached labs: Severe regenerative anemia, normal chemistry. Negative 4 DX test.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visualized 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 hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.8 cm. The right kidney measures 6.5 cm.

Adrenal Glands

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 5.5 mm cranially and 7.0 mm caudally. The right adrenal gland measures 7.9 mm cranially and 6.4 mm caudally.

Spleen

The spleen appears diffusely enlarged with scalloped capsular borders. The parenchyma is diffusely mottled with hypoechoic, irregularly shaped nodules measuring up to 1.4 cm x 1.0 cm. 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 with rounded borders. 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.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (5.3 mm) with 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. Duodenum wall measures 4.8 mm. Jejunum wall measures 4.3 mm.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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Pancreas

Layla Fortmiller

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

SPECIES

Free Abdomen

Canine

There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are of increased echogenicity. There are multiple rounded hypoechoic lymph nodes in the cranial abdomen, which are moderately enlarged, measuring up to 3.8 cm x 2.0 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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There is no evidence of pericardial effusion or right auricular mass present in the captured views of the heart.

Spayed Female

PRIMARY FINDINGS

AGE

- Multiple irregular splenic nodules and enlarged spleen with scalloped borders
- Diffusely swollen and hypoechoic pancreas with surrounding inflammation
- Multiple rounded hypoechoic lymph nodes in the cranial abdomen

12 Years

WEIGHT

SECONDARY FINDINGS

58 Pounds

- Diffusely enlarged and hyperechoic liver
- Chronic renal changes

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The changes in both the spleen and the enlarged lymph nodes are concerning for round cell or other infiltrative neoplasia. Fine needle aspiration with a 25-gauge needle is recommended, with caution, given the reported thrombocytopenia.

IMAGING PERFORMED BY

The changes in the liver may be reactive, but a neoplastic process cannot be ruled out, and so aspiration of the liver could be considered as well.

Jasmine Palacios

The changes in the pancreas are consistent with acute pancreatitis.

HOSPITAL NAME

Additional recommendations include:

Rivers Edge PMC

- ❖ Three view chest radiographs
- ❖ a cPLI level is recommended for confirmation and monitoring purposes.
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) are warranted.
- ❖ a highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- ❖ complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- ❖ if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

REFERRING VET

Dr. Bridget Hayes

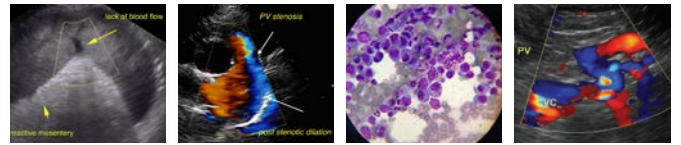
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There is no definitive cause for the anemia noted on today's ultrasound. If neoplasia is present, it is possible that it has triggered an immune mediated hemolytic anemia. Bone marrow involvement is considered much less likely, given the strong regenerative response. A CBC with path review, and slide agglutination test would be recommended to further determine the cause of the anemia. Bone marrow aspiration may be necessary for definitive diagnosis.



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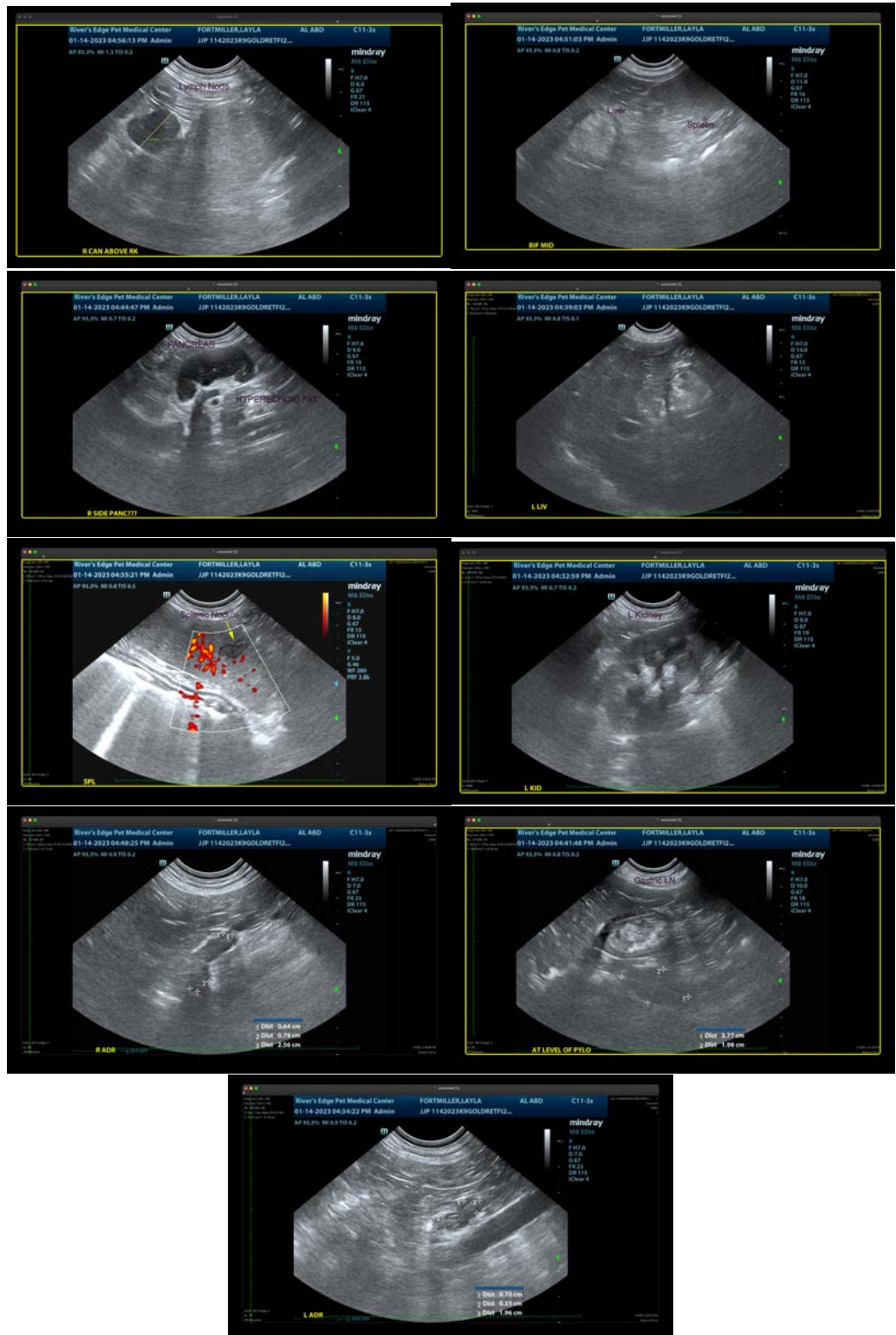
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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