



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Selena Berlin **PRESENTING CLINICAL SIGNS** Seen by RDVM on 1/14/2023 for vomiting and anorexia for 48 hours

SPECIES Canine **Abnormal PE/Chem/CBC/UA Results:** Reviewed radiographs from rDVM: -Marked bronchiolar pattern bilaterally lung fields -Reticulated mineral opacity in liver/gallbladder or gastric pylorus with decreased detail at pylorus on V/D BW: Marked elevation in ALP >2000 Leukocytosis >26K -- mainly neutrophilia HCT 59% Renal insufficiency : elevated BUN, CREAT , and Phos Mild hyperglycemia Vcheck cPL (Canine): 518.1 ng/mL >400ng/mL consistent with pancreatitis

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

15 Years

Both kidneys are hyperechoic and exhibit poor corticomedullary differentiation. There are small cortical cysts and focal mineralization present in both kidneys. There is no evidence of nephrolithiasis, pyelectasia, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 4.6 cm in length. The right kidney measures 4.5 cm in length.

WEIGHT

7.7 kg

Adrenal Glands

INTERPRETED BY

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 6.8 mm at the cranial pole, 5.9 mm at the caudal pole.

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

The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

IMAGING PERFORMED BY

Spleen

Dr. Laura de Cordon

There multiple hyperechoic masses within the splenic parenchyma measuring 1.0 in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

HOSPITAL NAME

Liver

Mason Dixon Animal
Emergency Hospital

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.

REFERRING VET

Dr. Brewer

The gallbladder is distended with striating bile. There are several small choleliths present. The wall is normal with no evidence of rupture. However, the surrounding omental fat is hyperechoic. The cystic and common bile ducts are normal / not visible.

INVOICE

Gastrointestinal

44227

DATE

The stomach is empty. The gastric wall is normal in thickness (3.3 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

1/15/23

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 4.7 mm. Jejunum wall measures 4.6 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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**IMAGING
PERFORMED BY**

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

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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.

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

- Round, distended gallbladder with regional inflammation and several small choleliths – concerning for an emerging mucocele.

SECONDARY FINDINGS

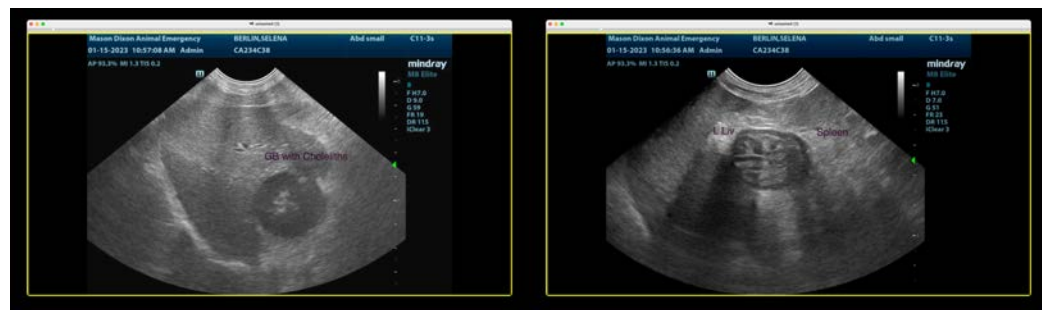
- Bilateral chronic renal changes
- Reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder is concerning for an emerging mucocele. If the patient is stable, then it would be recommended to continue to monitor the gallbladder sonographically at weekly intervals to assess whether there is progression. Additionally, you could perform a gallbladder motility study, by measuring the dimensions of the gallbladder after a 12 hour fast and comparing them to dimensions taken 60 and 120 minutes after feeding a meal (such as 10 gram/kg of Hill's a/d).

The pancreas appears normal on today's scan, however this does not rule out the presence of pancreatitis. Given the abnormal pancreatic lipase level, the presence of a reactive hepatopathy, and the possibility of an emerging mucocele, a fasted triglyceride profile is indicated. Screening for Cushing's disease is recommended only if clinical signs are present.

The significance of the chronic renal changes should be correlated with CBC / Chemisty, urinalysis and blood pressure results.





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HOSPITAL NAME

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REFERRING VET

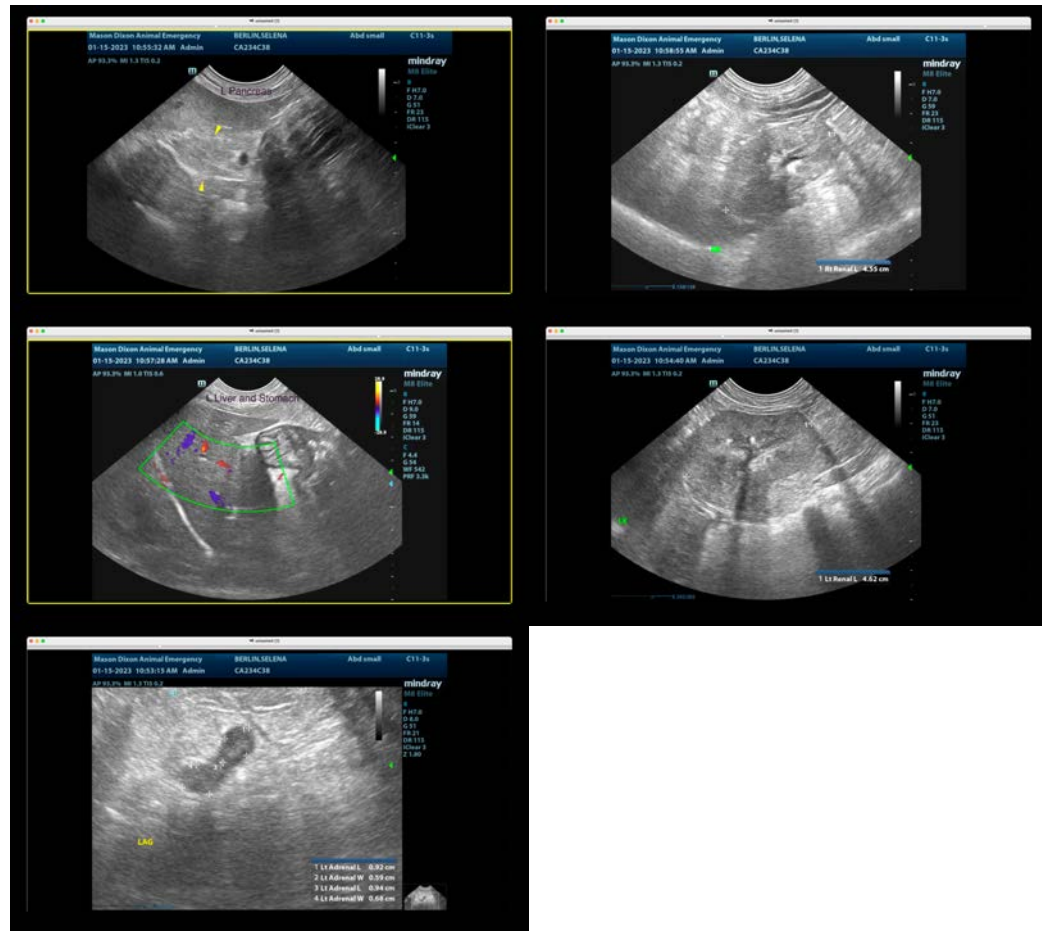
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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