

PATIENT

Deucie Petrone

SPECIES

Canine

BREED

Mixed

SEX

Spayed female

AGE

8 years

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

42207

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Progressive, mild liver enzyme elevations, most recently ALT 174, ALP 366. On thyroxine, most recent T4 levels are appropriate. Continues to gain wt - was 32 pounds at ideal weight when young, but has steadily gained over last 5 years.

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.

Both kidneys are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (6.2) cm in length. The right kidney is (6.7) cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is (7.0) mm at the cranial pole and (7.7) mm at the caudal pole. The right adrenal gland height is (1.2) cm at the cranial pole and (9.7) mm at the caudal pole

Spleen

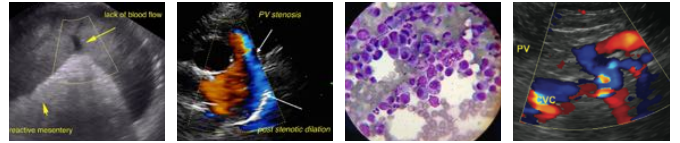
The splenic parenchyma is of appropriate size and has a normal, homogenous parenchyma, with the exception of two, hypoechoic nodules. Each nodule measured approximately 5.0 mm in diameter. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic 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.

Gastrointestinal



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The stomach is moderately distended with normal ingesta. The gastric wall is (3.2) 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 (4.4) mm. The jejunal wall measures up to (3.7) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.7) mm, with intact wall layering. The ileocecal junction is visualized and appears 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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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:

1. Bilaterally, mildly enlarged adrenal glands.

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SECONDARY FINDINGS:

1. Chronic renal changes.
2. Reactive hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the adrenal glands could represent benign hyperplasia, but may also indicate pituitary dependent hyperadrenocorticism. Given the borderline, low-dose Dexamethasone suppression test that was previously performed, an ACTH stimulation test is recommended provided that signs of Cushing's disease are present.

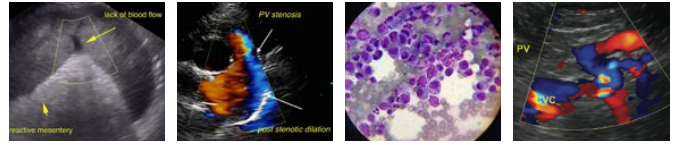
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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.



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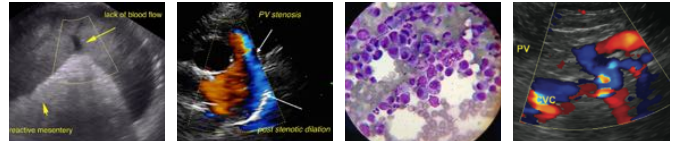
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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