



PATIENT

Holly Reed

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

15

WEIGHT

13.4

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

44418

DATE

1/19/23

PRESENTING CLINICAL SIGNS

Seen 1/13 for inappetence - CBC / Chem showed stable IRIS Stage 2 renal dz. Snap CPL abnormal. Chest rads unremarkable.

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys are hyperechoic with poor corticomedullary differentiation, and multiple small cortical cysts. There is mild to moderate dilation of both renal pelvises with anechoic contents. There is no evidence of nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 3.7 cm in length. The right kidney measures 3.7 cm in length.

Adrenal Glands

The right adrenal gland is diffusely enlarged (9.3 mm at the cranial pole and 6.2 mm at the caudal pole) and hyperechoic. It has normal phrenic vasculature and is found in the normal location. The left adrenal gland is normal in size, measuring 5.7 mm at the cranial pole and 5.6 mm at the caudal pole. It has normal phrenic vasculature and is found in the normal location.

Spleen

A 4.0 cm x 2.0 cm reticulated mass is noted in the tail of the spleen, which disrupts the splenic capsule. The surrounding omentum is mildly hyperechoic. 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 several small polyps. The wall is otherwise thin and continuous. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (4.0 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. Duodenum wall measures 4.7 mm. Jejunum wall measures 3.4 mm. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.4 mm with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The left limb of 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.

PRIMARY FINDINGS

- Reticulated splenic mass
- Severe chronic renal changes with pyelectasia

SECONDARY FINDINGS

- Mildly enlarged right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is unusual in appearance and may represent neoplasia or less likely a suppurative splenitis. Find needle aspirate with a 25-gauge needle is recommended for further diagnosis.

Given the pyelectasia in the kidneys, a urinalysis and culture are recommended to rule out the possibility of pyelonephritis, but it is likely that the changes are entirely age related. If splenectomy is elected for this patient, then fluid therapy beforehand is recommended to offer support to the kidneys.

The changes to the right adrenal gland are likely benign, but can be monitored via serial ultrasound in 6-8 weeks if desired.





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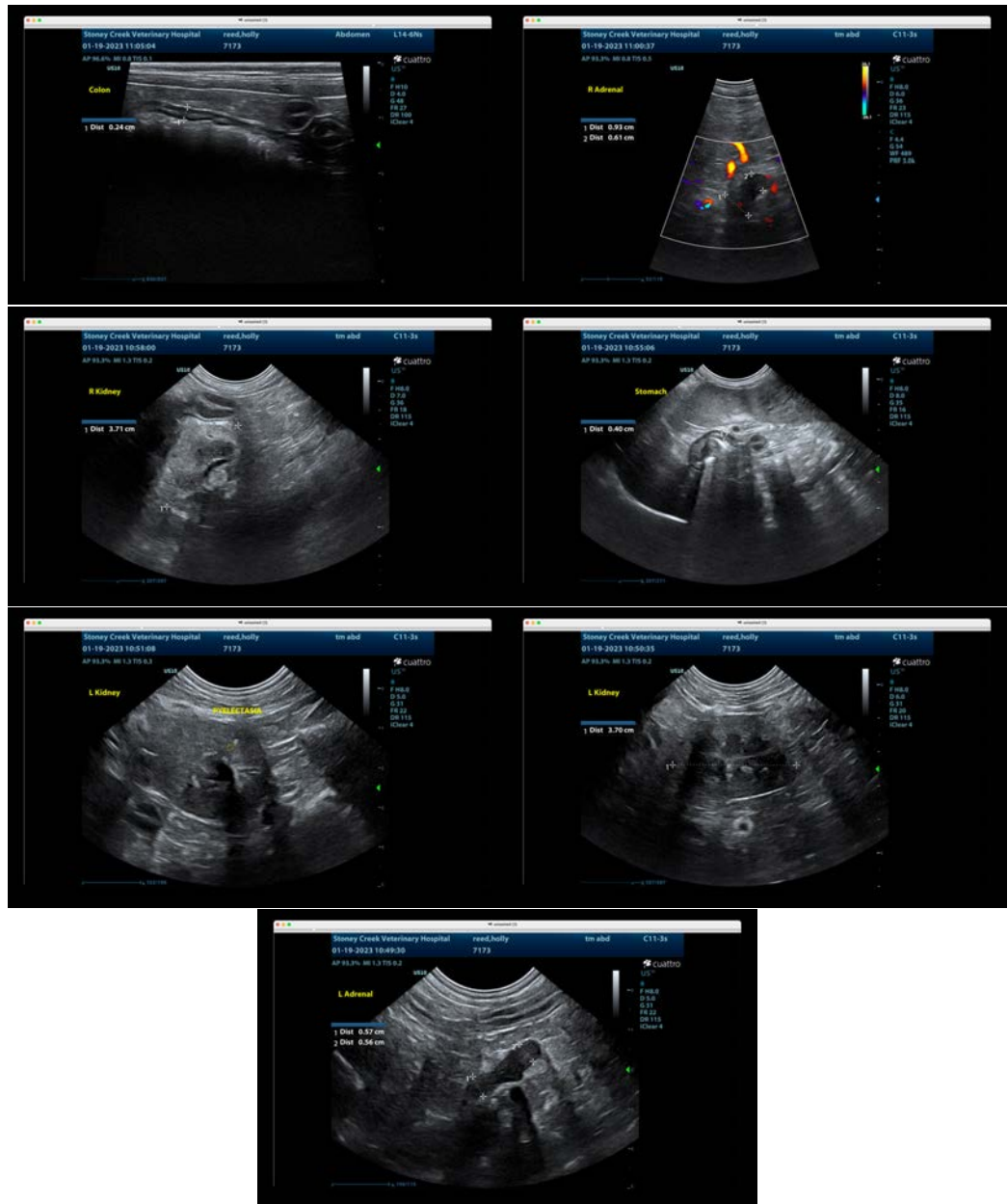
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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