



PATIENT

Ferris Gingrich

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

2

WEIGHT

27 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Evan Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

Evan Bell

INVOICE

20424

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: Chronic reactivity/behavioral issues that are escalating. Currently on fluoxetine. Sensitive on L hip starting in the fall. Would air snap at familiar people. Had a few episodes of swaying the back end and lordosis. Reactive to L hip palpation. Still struggles to step up on to the couch even with the rheumocam but has been doing much less activity (restricted). Nighttime behavior of pacing and wandering started 6 months ago. Initially improved with rheumocam and seems worse since stopping. Is currently on fluoxetine and meloxicam. E/dr - possible lower appetite lately but lower activity (exercise restricted for now) U/de normal behavior reactivity - high. No change since reducing activity. No CSVD, stool looks better since starting rheumocam.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/CPLI/T4/B12/Folate/4dx Pending UA pending Radiographs (spinal and hindlimb) pending (mild opacity in stifles of indeterminant significance)

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 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 for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.5 cm in length. The right kidney is 7.4 cm in length.

Adrenal Glands

The left adrenal gland is subjectively decreased in size with a flattened appearance to the poles. The left adrenal has normal phrenic vasculature and is found in the normal location. The left adrenal gland is 3.5 mm at the cranial pole and 3.2 mm at the caudal pole.

The right adrenal gland is not identified.

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 small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 3.4 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. The duodenal wall measures 4.5 mm. The jejunal wall measures up to 3.2 mm. Intestinal motility appears normal.

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

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 mesenteric lymph nodes are prominent, though still within the normal limits of size, measuring up to 1.9 cm in length. They have a normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Flattened left adrenal gland, and a right adrenal gland that is not visualized

Secondary Findings

- Prominent mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left adrenal gland raises the possibility of Addison's disease. A resting cortisol level, or ACTH stimulation test, are recommended to further assess this.

The mesenteric lymph nodes are prominent, and may be reactive, or may be normal for this dog. My understanding is that a GI profile is pending, and so this result, along with any possible clinical signs should further elucidate the significance of the lymph nodes.

Addison's disease has not been specifically correlated with aggressive or reactive behavior in dogs, but if the patient is Addisonian, and it is making him feel generally sick or stressed, then perhaps aggression could result.



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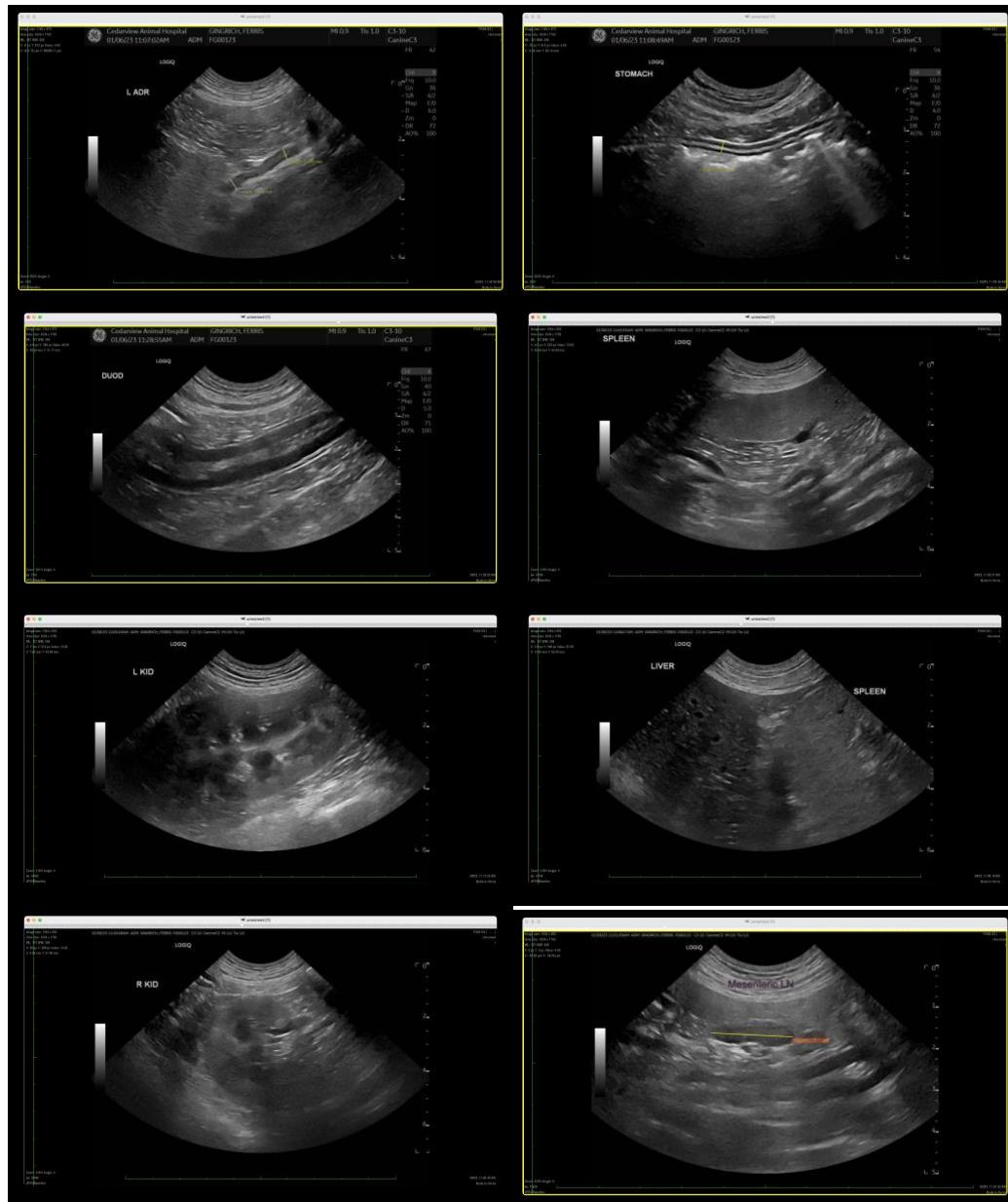
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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