



PATIENT

Duke Casale

PRESENTING CLINICAL SIGNS

Increased liver enzymes.
Abnormal PE/Chem/CBC/UA Results: ALT/ALP markedly elevated. Mild regenerative anemia.

SPECIES

Canine

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

BREED

Chihuahua X

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).

SEX

Neutered Male

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 measures 4.4 cm. The right kidney measures 4.4 cm.

AGE

12 Years

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 5.4 mm cranially and 6.9 mm caudally. The right adrenal gland measures 9.7 mm cranially and 5.2 mm caudally.

WEIGHT

Spleen

The spleen is of appropriate size and has a homogenous parenchyma with a smooth, continuous capsular surface that is hypoechoic to the renal cortex. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

The gallbladder is markedly distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

HOSPITAL NAME

Well Pet AH

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (4.8 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. David Wellington

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. Jejunum wall measures 2.3 mm. Duodenum wall measures 5.2 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.

DATE

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Pancreas

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There is a 3.6 cm x 1.9 cm inhomogeneous, mineralized mass arising from the right limb and body of the pancreas. The remaining limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

BREED

Chihuahua X

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

SEX

- Mass in the region of the right limb of the pancreas

Neutered Male

SECONDARY FINDINGS

AGE

12 Years

- Markedly distended gallbladder, which may indicate functional obstruction due to pancreatic disease, or may be attributed to fasting status.

WEIGHT

- Reactive hepatopathy

- Hypoechoic splenic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the region of the pancreas could indicate fibroplasia from chronic pancreatitis, or could represent neoplastic disease. Recommendations include:

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- ❖ Fine needle aspiration with a 25G needle for cytology and culture.
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted while awaiting cytology results.
- ❖ If cytology suggests septic inflammation then broad-spectrum antibiotic with a fluoroquinolone and amoxicillin is recommended while awaiting culture results.
- ❖ Surgical debridement of an abscess or necrotic lesion may be necessary in patients not responding to medical therapy.

IMAGING PERFORMED BY

Kelly Vazquez

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The changes in the liver and spleen are mild and likely secondary to other disease processes. Fine needle aspiration would be necessary to definitively rule out significant disease.

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HOSPITAL NAME

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REFERRING VET

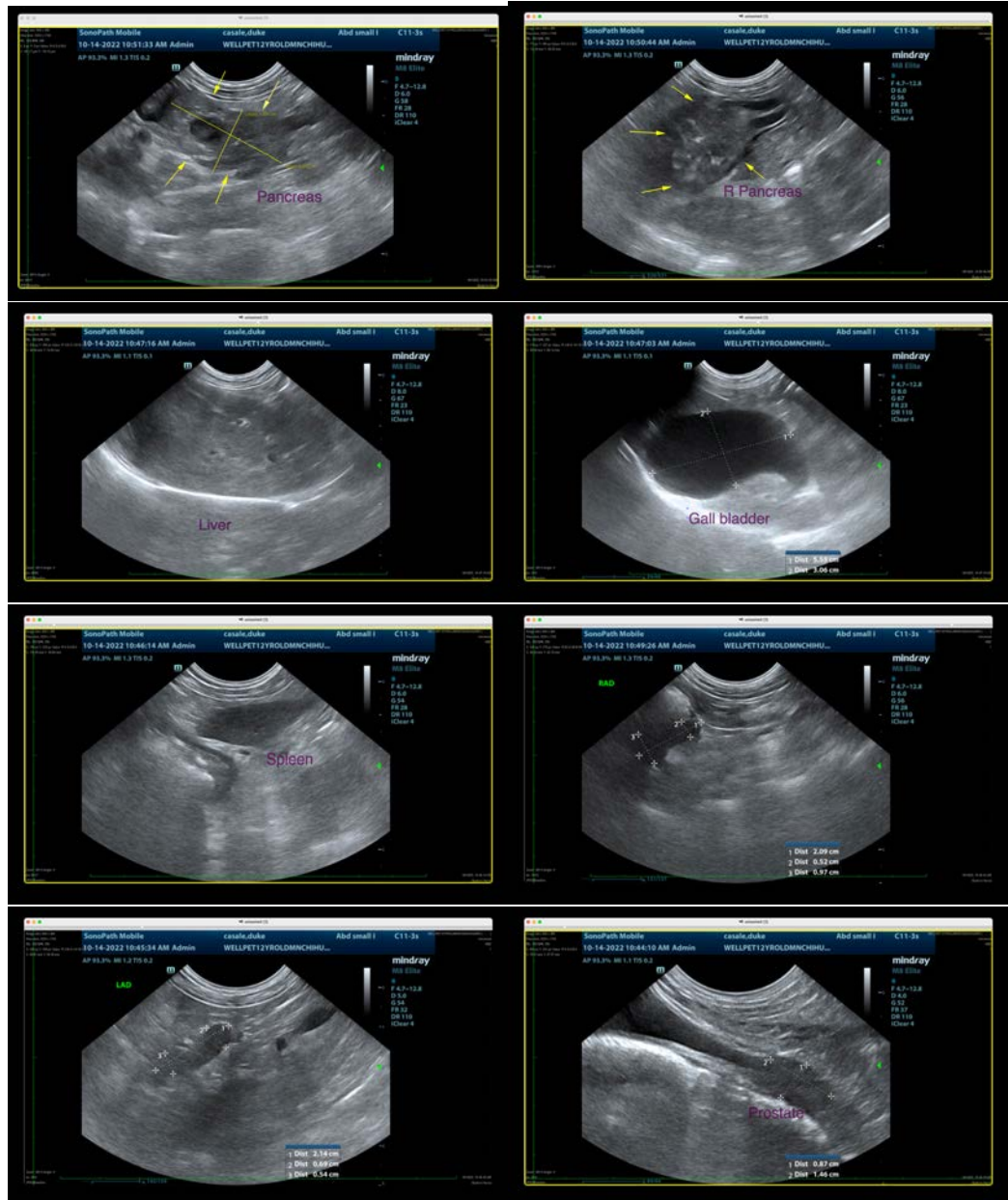
Dr. David Wellington

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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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