



**PATIENT**

Boscoe Faggiani

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

29

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Matthew Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Matthew Olcha

**INVOICE**

17734

**DATE**

10/15/22

**PRESENTING CLINICAL SIGNS**

History: Lethargy, anorexia, vomiting, weakness for 2-3 days. Came for AUS and second opinion. Unable to obtain labs from previous DVM, but per O normal labs except for isosthenuria.

Abnormal PE/Chem/CBC/UA Results: QAR on PE, otherwise normal vitals Unremarkable abdominal and chest x-rays

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi 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 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 6.6cm in length. The right kidney is 5.3 cm in length.

**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 height is 5.7 mm at the cranial pole and 5.4 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

**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.

**Gastrointestinal**

The stomach is empty. The gastric wall is 5.3 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 4.8 mm. The jejunal wall measures up to 2.9 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.9 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

## Pancreas

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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.

## SEX

Neutered Male

## ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes and possible inflammatory change in the urinary bladder

## AGE

10 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the urinary bladder are unclear, but given the reported isosthenuria, a urine culture could be considered to rule out urinary tract infection.

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There is no apparent cause for the reported gastrointestinal signs on today's ultrasound. Additional recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

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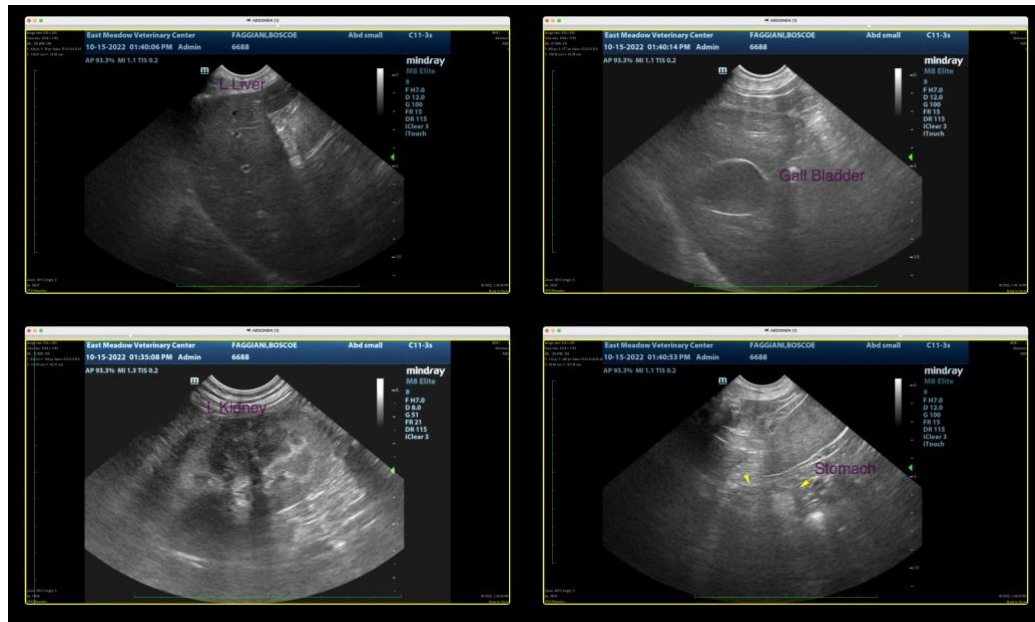
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**