



**PATIENT**

Meadow Jackson

**SPECIES**

Canine

**BREED**

Shepherd

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

24 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Loeffler

**INVOICE**

17739

**DATE**

10/15/22

**PRESENTING CLINICAL SIGNS**

History: Omental mass resection and jejunal R&A (for mass) by surgeon with Boundary Bay Vet. Specialty Hospital in Aug 2022, Omentum: histopath dx sarcoma of unclear etiology, non of the listed differentials considered likely to metastasize; jejunal mass: moderate, eosinophilic plasmacytic enteritis. Presented yesterday for several day history PU/PD, Vomiting /regurg X 2 days; Owners declined bloodwork and hospitalization yesterday, was discharged with SC fluids and symptomatic GI care, antibiotics for presumptive UTI (culture declined) History EPI, well controlled Weight is stable. Had been doing really well until few days ago with PU/PD starting

Abnormal PE/Chem/CBC/UA Results: Periop labs in Aug remarkable only for nonregenerative anemia abd rads not normal but not any obvious dilation or mass effect. Urine was dilute with small amt protein, quiet sediment. 45 We have drawn labs for today but they are still pending

**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.

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 7.8 cm in length. The right kidney is 8.1 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 5.4 mm at the cranial pole and 6.1 mm at the caudal pole. The right adrenal gland height is 8.5 mm at the cranial pole and 6.2 mm at the caudal pole.

**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 moderate 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 moderately distended with gas. 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 4.7 mm. The jejunal wall measures up to 3.5 mm. Intestinal motility appears normal.

## SPECIES

Canine

The visible portions of the colon have increased thickness, up to 3.0 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

## Pancreas

## BREED

Shepherd

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

## Free Abdomen

## SEX

Spayed Female

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.

## ULTRASONOGRAPHIC FINDINGS

- A mildly inflamed pancreatic right limb
- Mild colonic thickening with intact layering, consistent with colitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas and large bowel are mild, and there is no explanation on today's ultrasound for the acute kidney failure reported. In addition to supportive care for the clinical signs noted, additional diagnostic steps might include a urine culture, screening for leptospirosis, and assessing the patient history for any possible toxin exposure.

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## REFERRING VET

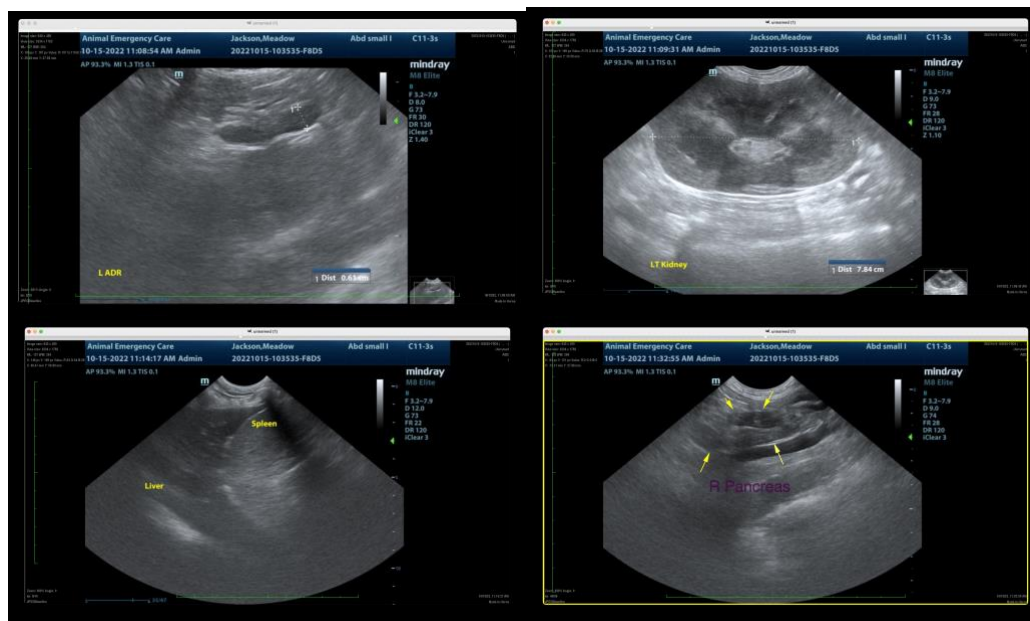
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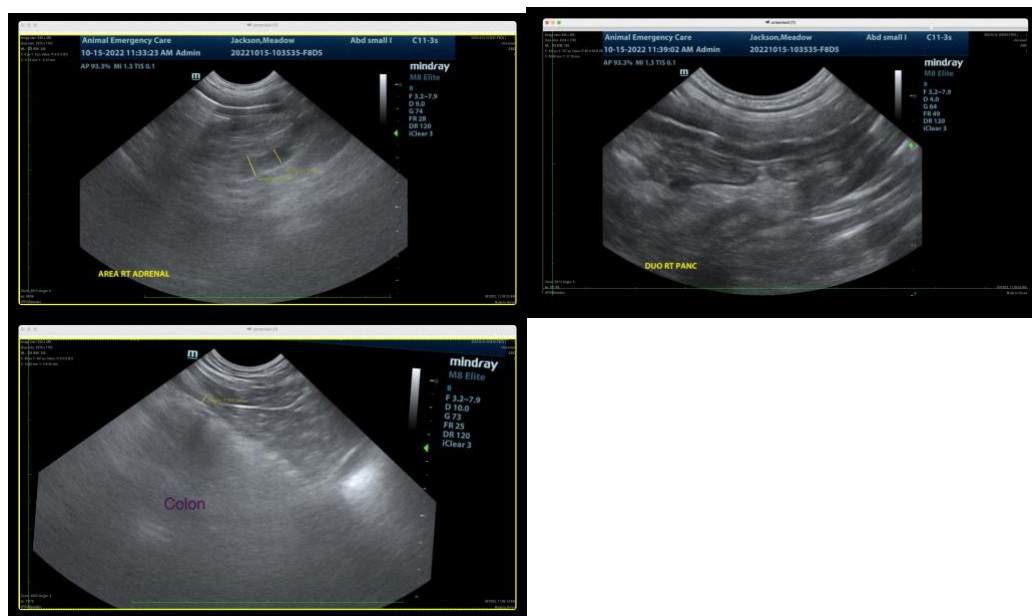
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**