



**PATIENT**

Dudley Velazquez

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Neutered Male

**AGE**

7.7 Years

**WEIGHT**

58 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Keely Zhang

**INVOICE**

42217

**DATE**

10/20/22

**PRESENTING CLINICAL SIGNS**

Several year history of infrequent seizures, on keppra. Had seizure last night, and has subsequently been lethargic and inappetent which is not typical. CBC / Chem - Hct 33% (vs 48% in 9/22), mild regeneration; Plts 48k; 5.6k eosinophils; TBili 2.2, else normal Chem. U/A - urine is brown, SpGr 1.007, no hematuria Suspected hemolytic anemia +/- thrombocytopenia, U/S for underlying cause -tm

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

The prostate is not visible due to its intrapelvic location.

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 7.9 cm. The right kidney measures 7.2 cm.

*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 6.1 mm at the cranial pole and 5.9 mm at the caudal pole. The right adrenal gland measures 5.6 mm at the cranial pole and 5.9 mm at the caudal pole.

*Spleen*

The spleen is diffusely enlarged and hypoechoic. The capsular margins are irregular. The splenic vasculature exhibits no blood flow on color or power doppler, consistent with congestion or thrombosis.

*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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

*Gastrointestinal*

The stomach is mildly distended with gas The gastric wall is 3.6 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. Jejunum wall measures 3.4 mm. Duodenum wall measures 4.2 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.



**PATIENT**

*Pancreas*

Dudley Velazquez

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.

**SPECIES**

Canine

*Free Abdomen*

There is focal free fluid present with the abdomen in the region of spleen. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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Golden Doodle

**ULTRASONOGRAPHIC FINDINGS**

- Splenic torsion with regional peritonitis

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the spleen are consistent with a splenic torsion, and this may also account for the changes noted on the CBC. Aggressive IV fluid support and splenectomy as soon as possible are recommended.

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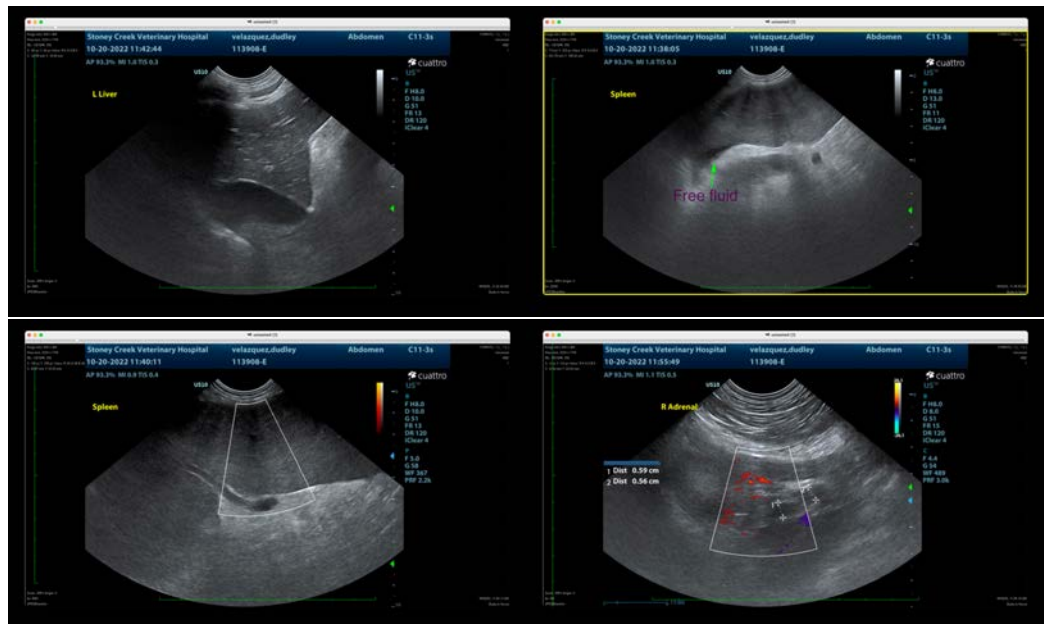
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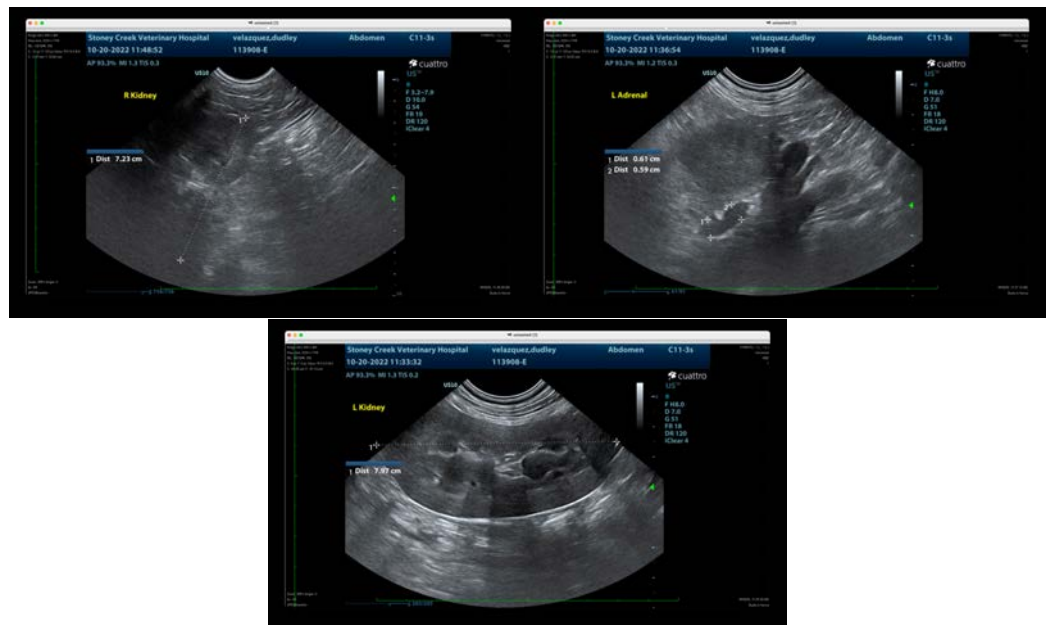
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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