



PATIENT

Olive Gartland

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed female

AGE

11 years

WEIGHT

16.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Haynes

INVOICE

42076

DATE

10/24/22

PRESENTING CLINICAL SIGNS

History: Patient diagnosed with inflammatory bowel disease one year ago. Currently managed with hydrolyzed diet and budesonide. ALP recently elevated (280, ref range=5-160) Screening for gallbladder, bile duct disease, or enlarged adrenal glands.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 (2.0) 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 (3.8) cm in length. The right kidney is (4.6) cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is (1.1) cm at the cranial pole and (8.7) mm at the caudal pole. The right adrenal gland height is (1.0) cm at the cranial pole and (6.4) mm at the caudal pole

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring (up to) (4.8) mm in size, with no visible deviation of the splenic capsule. 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 (4.7) 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 duodenum is diffusely corrugated with hyperechoic mucosal speckling. The duodenal wall measures (4.9) mm. The jejunal wall measures up to (2.0) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.1) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Bilaterally enlarged adrenal glands.

SECONDARY FINDINGS:

- Mild changes to the duodenum, consistent with a history of inflammatory bowel disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both adrenal glands are at the upper limits of normal for the expected size of this small patient.

The changes in the adrenal glands are consistent with either pituitary-dependent hyperadrenocorticism, or benign hyperplasia.

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- ❖ if signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended
- ❖ monitoring the nodule for changes in size or appearance, via serial ultrasounds at 6-8 week intervals

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The changes in the spleen are consistent with benign myelolipomas. These are considered an incidental finding in the dog, and no additional diagnostics or treatment are warranted.

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The small bowel shows signs of inflammation and the colon is diffusely distended with fecal material. This may be all be incidental if the patient's clinical signs are well controlled. However, if the patient



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remains symptomatic for inflammatory bowel disease then a GI panel and possibly gastrointestinal biopsies may be indicated.

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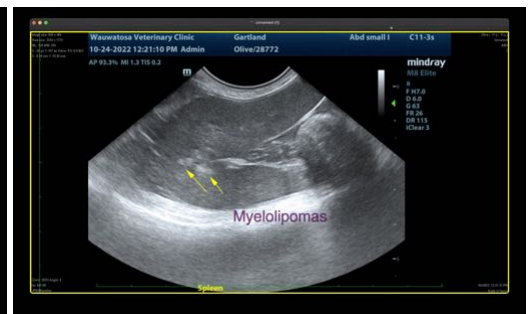
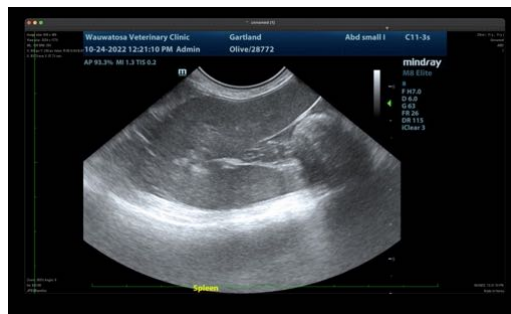
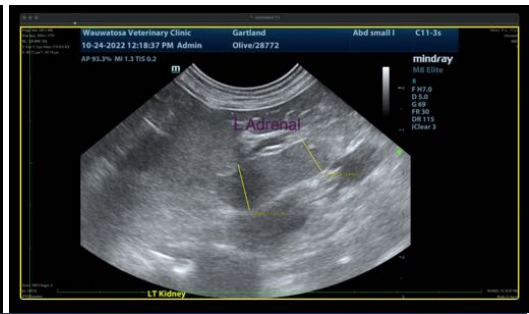
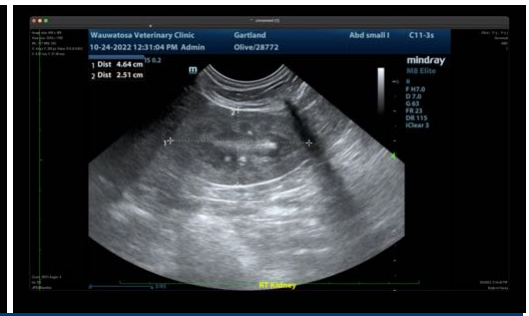
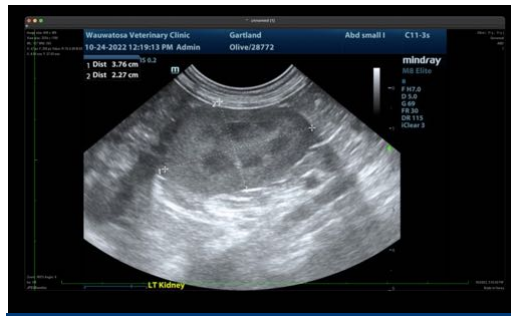
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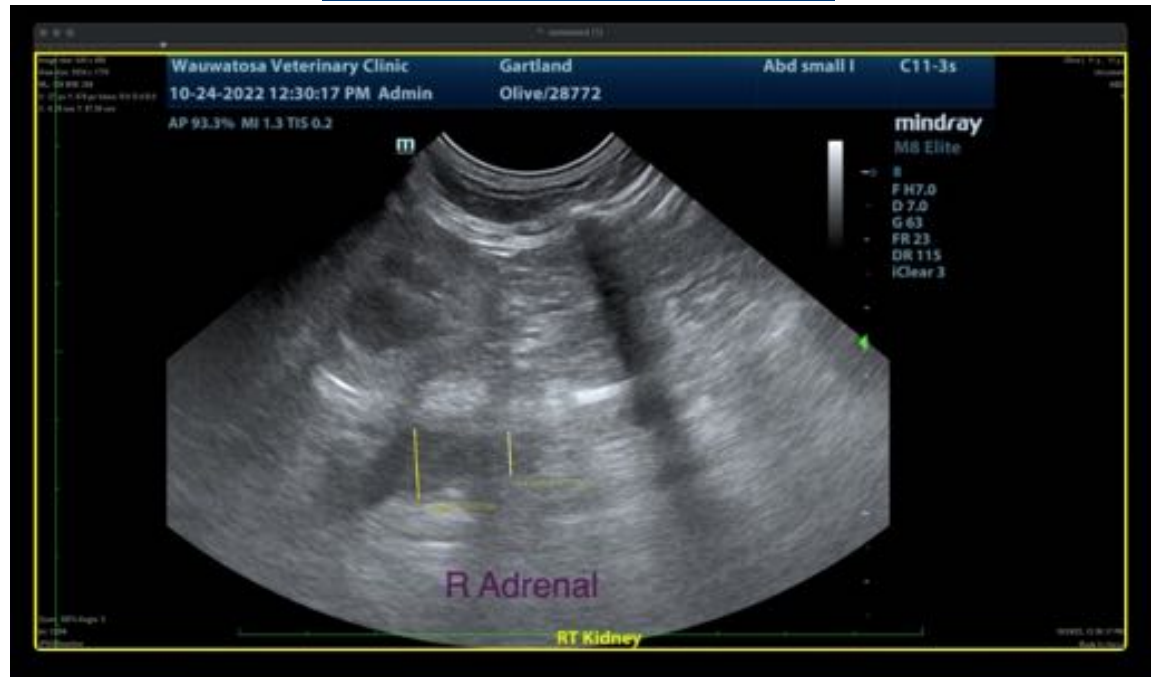
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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