

PATIENT

Nellie Friedman

PRESENTING CLINICAL SIGNS

Several month history of weight loss (5 pounds) with good appetite, no diet change, no vomiting or diarrhea, normal CBC / Chem except slight elevation in ALP. On carprofen and fluoxetine

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

BREED

Airedale Terrier

SEX

Spayed female

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 (7.0) cm in length. The right kidney is (6.6) cm in length.

AGE

6 years

Adrenal Glands

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.6) mm at the cranial pole and (5.9) mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

WEIGHT

51 lbs

INTERPRETED BY

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

Spleen

The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is mottled. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

IMAGING PERFORMED BY

Dr. Mengine

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.

HOSPITAL NAME

Stoney Creek VH

The gallbladder is moderately distended with a small amount of sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

REFERRING VET

Dr. Humenick

Gastrointestinal

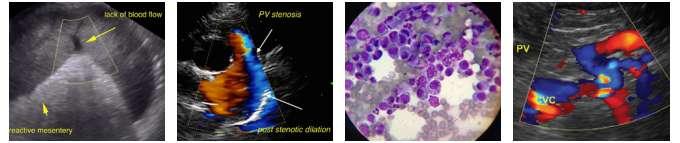
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The stomach is empty. The gastric wall is (4.9) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

DATE

11/1/22



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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 (3.7) mm. The jejunal wall measures up to (3.0) mm. . Intestinal motility appears normal.

SPECIES

Canine

The visible portions of the colon are of normal thickness, up to (1.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Airedale Terrier

Pancreas

The areas of the right limb of the pancreas is of normal size, but mildly in-homogenous. The left limbs and body are isoechoic to the surrounding mesenteric fat. There is a normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SEX

Spayed female

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.

AGE

6 years

WEIGHT

51 lbs

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Enlarged spleen.

SECONDARY FINDINGS:

- Mild changes to the right limb of the pancreas that may indicate prior pancreatitis or may be incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are non-specific and could be consistent with nodular hyperplasia, extramedullary hematopoiesis, splenitis or less likely, neoplasia. Recommendations include:

- ❖ ultrasound-guided fine needle aspiration of affected areas with a 25G needle

IMAGING PERFORMED BY

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HOSPITAL NAME

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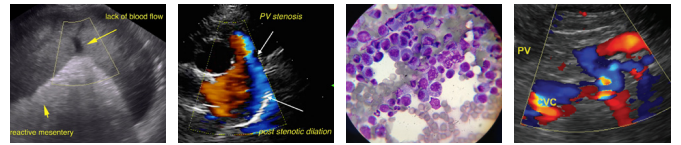
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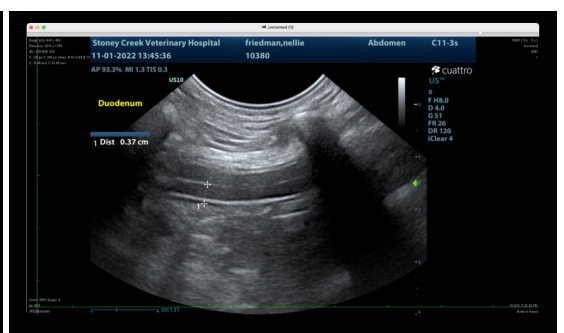
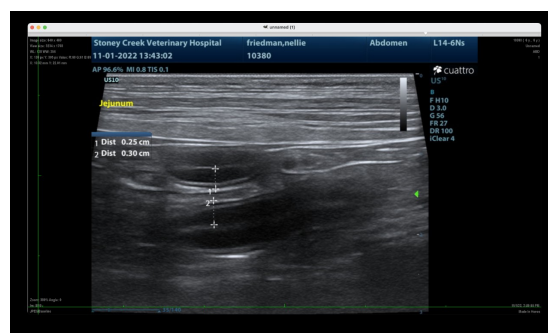
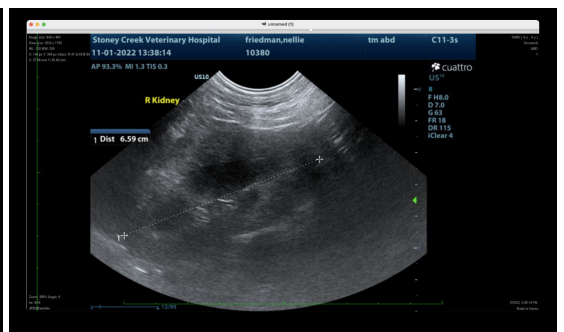
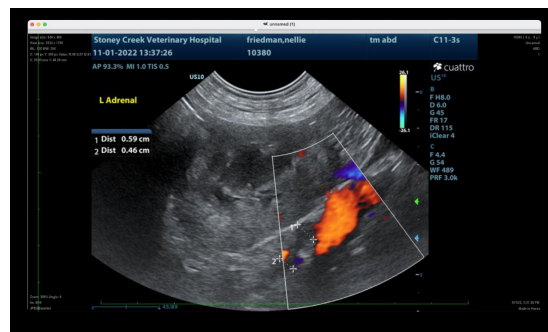
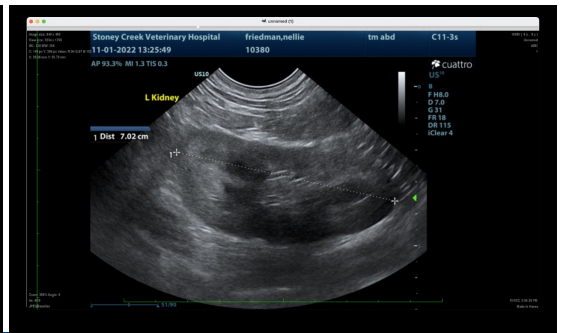
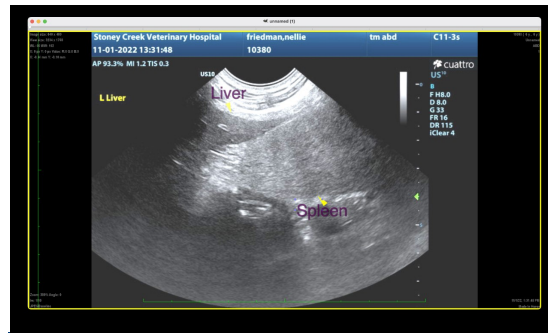
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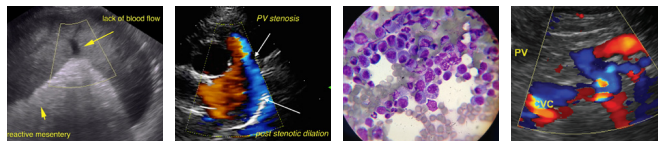
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Nellie Friedman

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info@SonoPath.com

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