



PATIENT

Cooper Brewer

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

6 Years

WEIGHT

59 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

42856

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Patient has a 4 year history of recurrent large bowel diarrhea, thin body condition and poor appetite. Diarrhea recently stopped responding to metronidazole. No response to probiotics. Improves on hydrolyzed diet but he refuses to eat it after a few weeks. Also hypothyroid, but controlled. CBC Chem U/A unremarkable. GI panel + cortisol 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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is diffusely enlarged measuring 3.2 cm x 4.1 cm x 2.9 cm with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

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 6.6 cm. The right kidney measures 6.6 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 4.9 mm cranially and 6.5 mm caudally. The right adrenal gland measures 7.0 mm cranially and 4.7 mm caudally.

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. 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 normal ingesta. The gastric wall is 5.2 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. Duodenal wall measures 4.8 mm. Jejunal wall measures 3.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and 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.

SPECIES

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The colic lymph nodes were mildly enlarged, up to 2.3 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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PRIMARY FINDINGS

- Reactive colic lymph node

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SECONDARY FINDINGS

- Prostatic enlargement – typical of benign prostatic hyperplasia.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the observed chronic diarrhea and thin body condition on today's ultrasound. Additional recommendations include:

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- Fecal parasite testing and/or empiric deworming with Fenbendazole
- Hydrolyzed diet trial
- TLI, cobalamin and folate level to screen for exocrine pancreatic insufficiency
- Three view chest radiographs
- It is possible that occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.

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The changes in the prostate are consistent with benign prostatic hyperplasia. Recommendations include:

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- ❖ Neutering is necessary to resolve prostatic hyperplasia, and is recommended if the patient is symptomatic. If neutering is not an option, and the patient is symptomatic, then treatment with finasteride could be considered.

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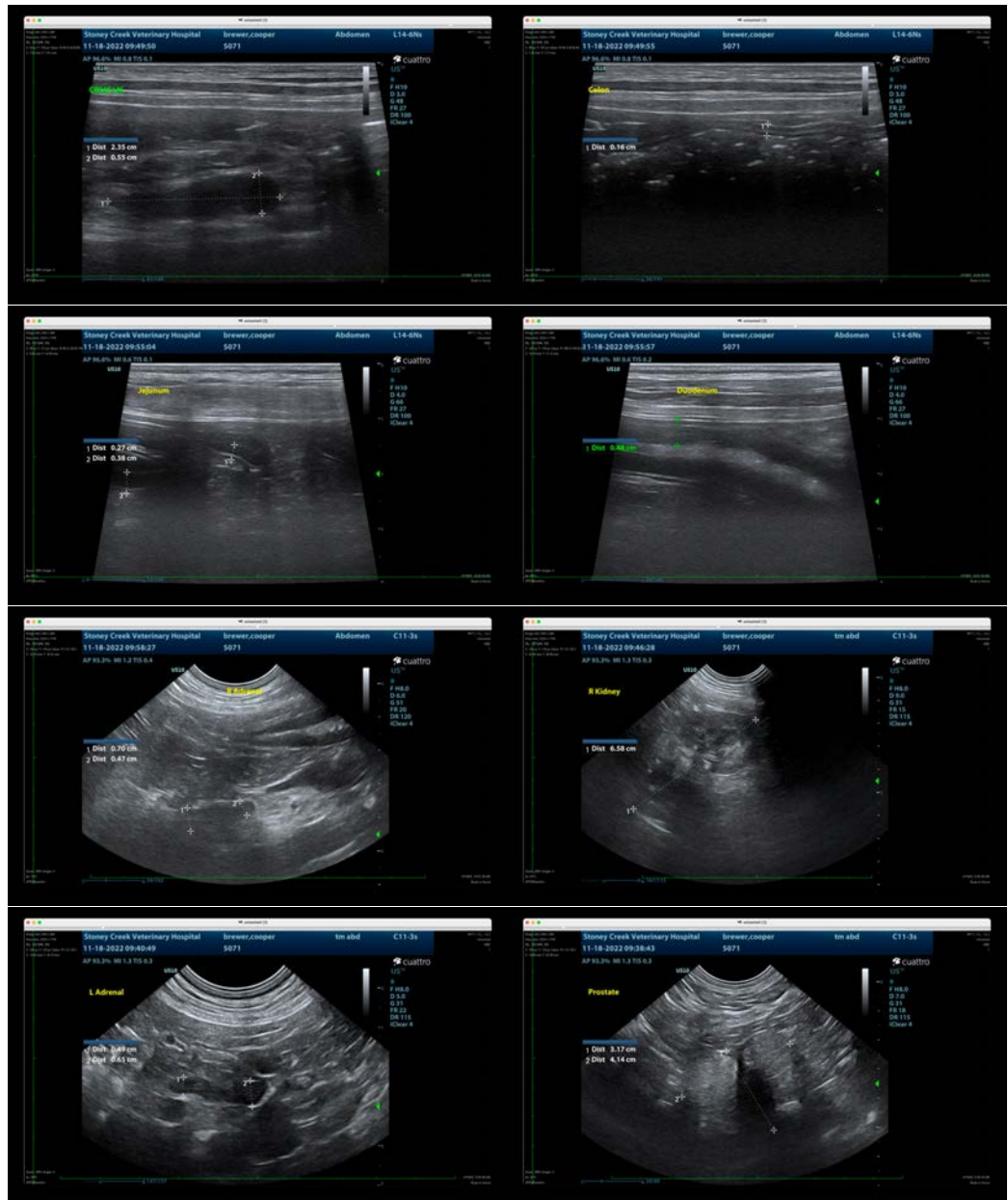
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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