



PATIENT

Dasher Jacqueline

PRESENTING CLINICAL SIGNS

Presented yesterday for lethargy, anorexia and wt loss. Labs showed non-regen anemia, low Alb, low BUN, low Chol and slight increase ALT, mild incr TBili, marked increase ALP

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

BREED

Mixed

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

SEX

Neutered male

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 4.4 cm. The right kidney measures 4.7 cm.

AGE

10.9 Years

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 4.5 mm cranially and 5.9 mm caudally. The right adrenal gland measures 7.1 mm cranially and 4.5 mm caudally.

WEIGHT

14 Pounds

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.

INTERPRETED BY

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

Liver

The liver is diffusely disrupted with cystic masses, with no normal liver parenchyma identified. The liver is surrounded by areas of peritoneal effusion and hyperechoic omental fat. The portal and hepatic vasculature are difficult to visualize, but there is no evidence of congestion or thrombosis identified.

IMAGING PERFORMED BY

Dr. Tam Mengine

The gallbladder is not specifically visualized due to the abnormalities in the liver parenchyma.

HOSPITAL NAME

Stoney Creek VH

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.7 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Amanda Carmellini

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 1.9 mm. Duodenum wall measures 3.9 mm. Intestinal motility appears normal.

INVOICE

43039

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

DATE

11/29/22



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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

Canine

Free Abdomen

There is focal free fluid present within the abdomen. 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.

BREED

Mixed

PRIMARY FINDINGS

- Diffuse disruption of hepatic architecture, consistent with metastatic neoplasia

SEX

Neutered male

SECONDARY FINDINGS

- Mild to moderate ascites

AGE

10.9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While fine needle aspirate of the liver could be attempted for definitive diagnosis, the prognosis for this patient is grave. Additionally, the changes on the chemistry panel raise the concern for liver failure, which means that clotting abnormalities are likely, should biopsy be attempted. Palliative care with appetite stimulants and analgesia could be considered, but the overall prognosis for this patient is poor.

WEIGHT

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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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