



PATIENT

Jak Deringer

SPECIES

Canine

BREED

Cavalier KC Span

SEX

Neutered Male

AGE

10 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. James Peters

INVOICE

43037

DATE

11/29/22

PRESENTING CLINICAL SIGNS

Patient has a recent cough, diarrhea and inappetence. Had echo with cardiologist yesterday - stage B2 MR and TR no evidence of CHF, but pleural effusion noted, so an abd & thoracic ultrasound and thoracocentesis were recommended. Bloodwork normal 11/14, CPL and fluid analysis of pleural effusion pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. 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 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.

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 5.2 cm. The right kidney measures 5.4 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 5.6 mm at the cranial pole and 7.3 mm at the caudal pole. The right adrenal gland measures 5.8 mm at the cranial pole and 6.5 mm at the caudal pole.

Spleen

The splenic parenchyma is diffusely mottled with large hypoechoic nodules up to 1.3 cm in size. 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 diffusely enlarged with subtly rounded margins. 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 is thickened to 2.2 mm without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (5.4 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. Duodenum wall measures 4.9 mm. The jejunum wall measures 3.4 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT

Pancreas

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The limbs and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

SPECIES

Free Abdomen

Canine

There is a scant amount of effusion present in the region of the liver and gallbladder. The omentum and intraabdominal fat are hyperechoic in the region of the pancreas, but otherwise 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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Thorax

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There is a moderate amount of anechoic fluid present on both sides of the thoracic cavity. Cardiac contractility appears appropriate with mild to moderate atrial enlargement noted bilaterally, consistent with the recent echocardiogram. There are no distinct masses or lymphadenopathy observed within the thoracic cavity.

AGE

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PRIMARY FINDINGS

- Hypoechoic nodules within the spleen
- Enlarged and mildly rounded liver
- Moderate amount of pleural effusion

WEIGHT

20 Pounds

SECONDARY FINDINGS

- Mildly inflamed pancreas
- Mildly inflamed gallbladder wall

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the spleen and liver are concerning for infiltrative neoplasia such as lymphoma. Fine needle aspiration is recommended for definitive diagnosis. While no specific mass lesions can be found within the thoracic cavity, there is concern that neoplasia is playing a role in the effusion. If the pending fluid analysis does not yield a diagnosis, then a CT scan of the thorax would be recommended.

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The changes to the pancreas and gallbladder may be contributing to the inappetence and gastrointestinal signs but are deemed less likely to be responsible for the pleural effusion. Symptomatic treatment for pancreatitis is recommended, and if laboratory results support cholecystitis, then empiric treatment for this could be considered for this as well.

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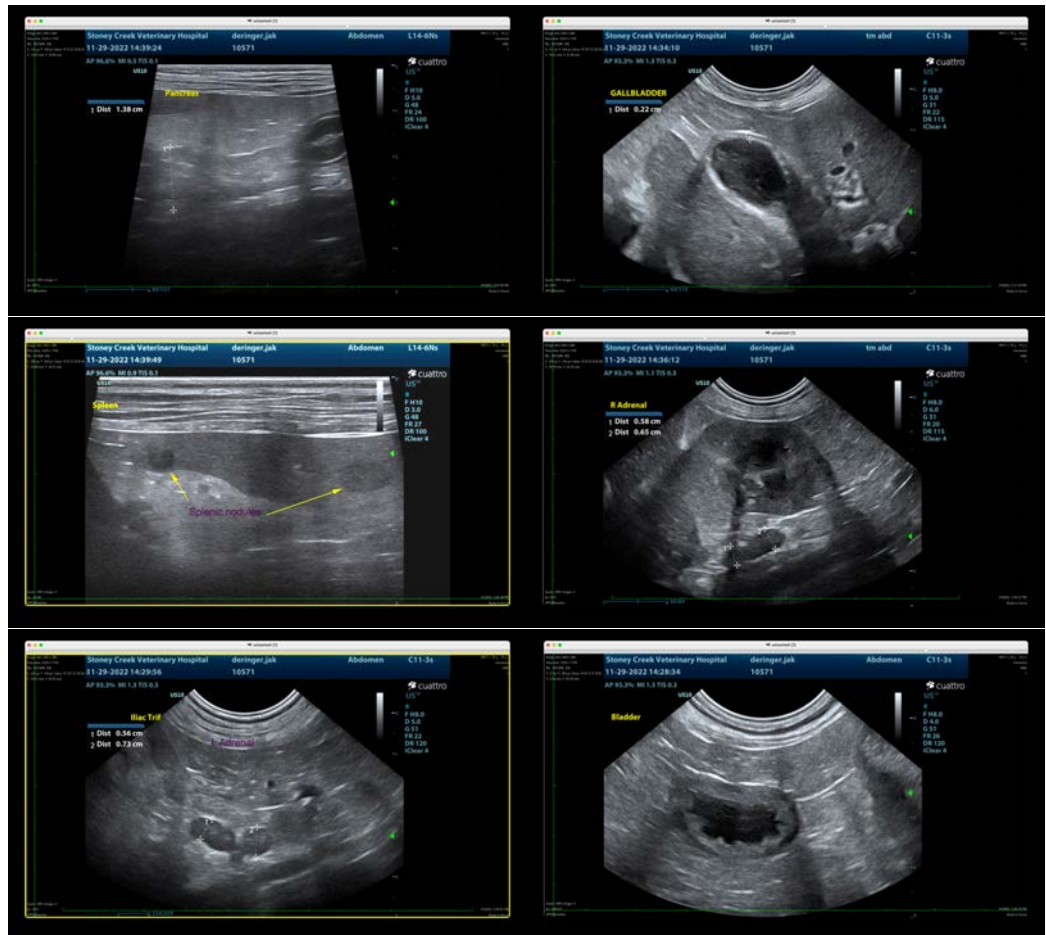
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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