



PATIENT

Ava Dangro

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Jack Reese

INVOICE

17695

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Long-term history of recurrent gastric upset and urinary tract infections. P has a recessed vulva which has not been addressed surgically - typically develops UTI symptoms every 2-3 months. Recurrent GI upset in past - previous U/S identified likely chronic pancreatitis changes. Did well on Royal Canin GI Low Fat, more recently has developed generalized lethargy, decreased appetite, and owner more recently noted hind end weakness at home.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 10/27/22: BUN 40 (29 in May 2022) Cre 1.7 (1.5 in May 2022) Historically elevated lipase - normal within last week

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 3.0 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.

Both kidneys have poor cortical medullary differentiation, and there is diffuse pinpoint mineralization of both cortices, along with several small, hypoechoic cortical cysts. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.9 cm in length. The right kidney is 4.4 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. The left adrenal is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal has a subjectively enlarged cranial pole, relative to the size of this patient. The left adrenal gland height is 4.6 mm at the cranial pole and 4.7 mm at the caudal pole. The right adrenal gland height is 9.1 mm at the cranial pole and 3.6 mm at the caudal pole.

Spleen

A 9.0 mm isoechoic nodule is noted in the body of the spleen, which disrupts the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is of appropriate size and shape and has a normal homogenous parenchyma.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. 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 2.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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| PATIENT | 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 2.5 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal. |
| Ava Dangro | |
| SPECIES | 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. |
| Canine | Pancreas |
| BREED | The areas of the limbs and body of the pancreas are mottled relative to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal. |
| Yorkshire Terrier Mix | Free Abdomen |
| SEX | 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. |
| Spayed Female | |
| AGE | ULTRASONOGRAPHIC FINDINGS |
| 14 Years | Primary Findings |
| WEIGHT | <ul style="list-style-type: none"> • Significant chronic renal changes with diffuse pinpoint cortical mineralization • A 9.0 mm splenic nodule that cause deviation of the splenic capsule • A mildly enlarged right adrenal gland |
| 13.3 Pounds | Secondary Findings |
| INTERPRETED BY | <ul style="list-style-type: none"> • A reactive hepatopathy • Heteroechoic pancreas with no evidence of active inflammation |
| Tam Mengine, DVM, DABVP (canine/feline practice) | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| IMAGING PERFORMED BY | The changes in both kidneys have progressed as compared to the scan from May of 2022. The diffuse mineralization can be due to chronic disease or may be associated with endocrinopathy. As there is subjective enlargement of the right adrenal gland, testing for Cushings disease should be considered if symptoms are present. The inflammatory changes noted in the pancreas and small intestine are not noted today, which is consistent with the history that gastrointestinal signs improved on the low-fat diet. The splenic nodule may be consistent with benign change, such as nodular hyperplasia or extramedullary hematopoiesis, but the presence of capsular deviation raises a concern for neoplasia. Fine needle aspiration with a 25G needle is recommended to rule out neoplastic disease. |
| Jack Reese | |
| HOSPITAL NAME | Additional recommendations for this patient include: |
| Willow Run VC | <ul style="list-style-type: none"> • A blood pressure measurement • A urine culture, particularly if urine sediment is active • Dietary and supportive care recommendations for renal disease based in the staging of the disease as outlined in the IRIS guidelines • If no other cause for the symptoms can be found, then chest radiographs would also be |
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recommended.

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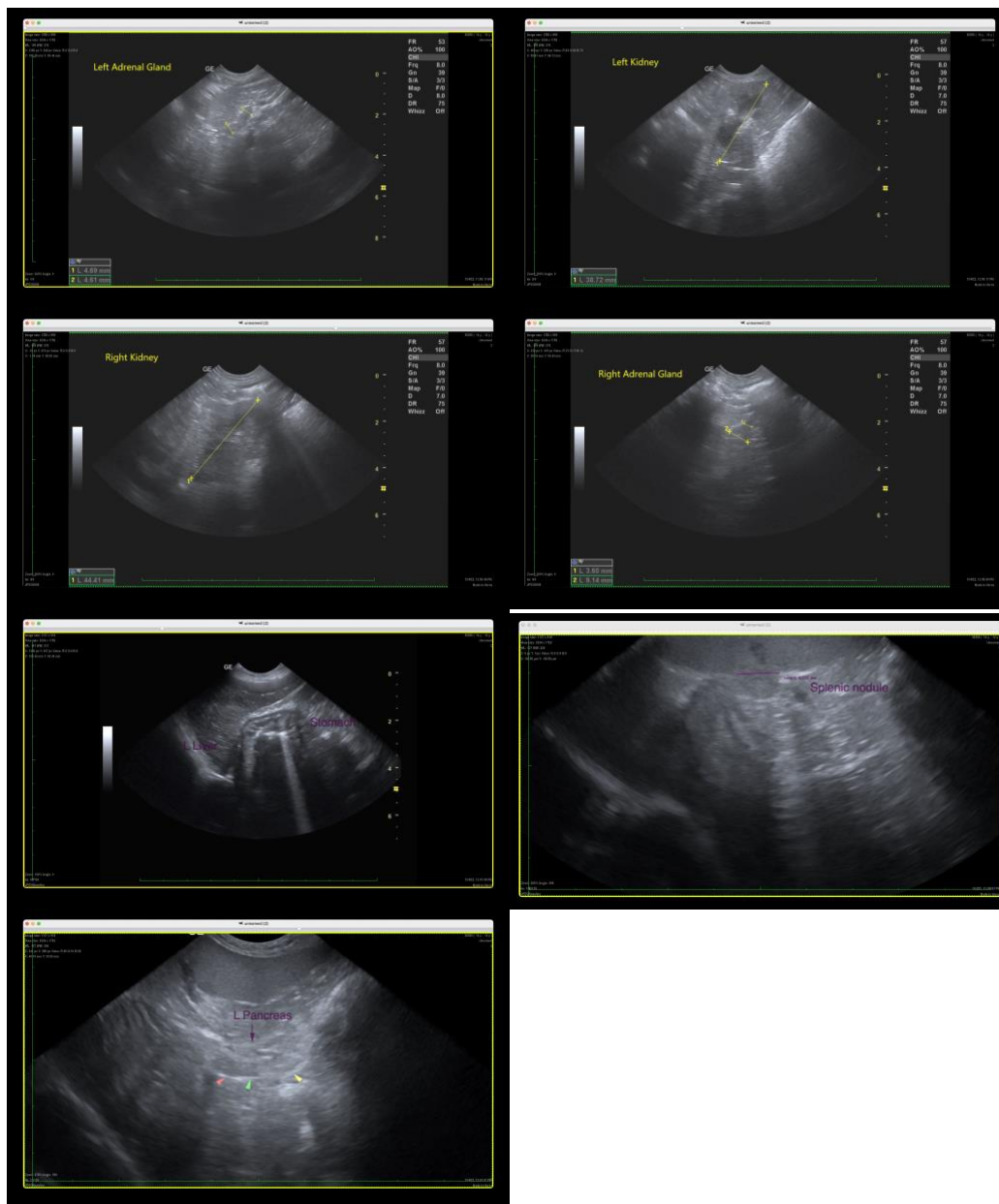
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com



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