



## PATIENT

Reese Veilleux

## SPECIES

Canine

## BREED

Maltese X

## SEX

Neutered Male

## AGE

15

## WEIGHT

11.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Beddington Trail AC

## REFERRING VET

Dr. Dhingra

## INVOICE

10698

## DATE

11/7/2025

## PRESENTING CLINICAL SIGNS

Elevated renal enzymes - non clinical.

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of renal enzymes on senior wellness exam. Stage 2 IRIS CRD.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened in the region of the apex and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 4.0 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 are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is trace pyelectasia present in the left kidney and mild pyelectasia present in the right kidney, with anechoic contents, The right renal pelvis measuring 3.6 mm in the transverse plane. The renal pelvic fat is of normal echogenicity. There are small cortical cysts present within the renal cortices of both kidneys. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (4.7 cm in length. The right kidney is 3.9 cm in length.)

### 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. Left adrenal measures 5.6 mm at the cranial pole and 5.3 mm at the caudal pole. Right adrenal measures 5.4 mm at the cranial pole and 5.1 mm at the caudal pole.

### Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. 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 and a moderate 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



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The stomach is moderately distended with ingesta. The gastric wall is 3.4 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. There is hyperechoic speckling noted within the mucosal layer. The duodenal wall measures 3.7 mm. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 2.0 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

### *Pancreas*

Both limbs of the pancreas are hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *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.

## PRIMARY FINDINGS

- Bilateral chronic renal changes, with pyelectasia, but no evidence of active inflammation.
- Thickened apical bladder wall, typical of cystitis.

## SECONDARY FINDINGS

- Benign splenic myelolipomas.
- Pancreatic remodeling, most typical of benign aging change.
- Small bowel mucosal speckling, which is likely an incidental finding, however if there are symptoms of small intestinal disease, this can also be associated with enteritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bladder wall would suggest the possibility of bacterial cystitis. Urinalysis and urine culture are recommended if not already performed.

The appearance of the kidneys is most typical of chronic change. The possibility of concurrent pyelonephritis is deemed unlikely, however if a urine sediment is active and/or culture is positive, then the possibility of simultaneous pyelonephritis cannot be excluded.

Additional recommendations for this patient would include blood pressure measurement, and dietary and supportive care recommendations, in concordance with IRIS guidelines.



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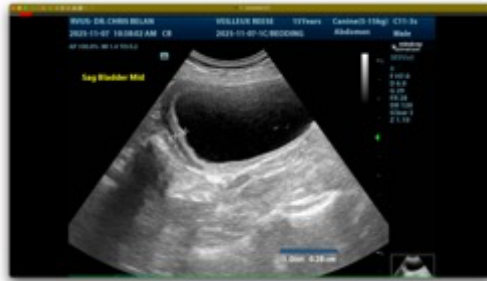
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com