



PATIENT

Beanz Bremner

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

12 Years

WEIGHT

31.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Allo

DATE

12/19/22

Invoice
20198

PRESENTING CLINICAL SIGNS

History: Ultrasound recommended by other clinic that this dog goes to as well. Has been on Benazepril for possible kidney issues. Follow up to that. Normotensive. Overweight.

Abnormal PE/Chem/CBC/UA Results: U/A - sp. grav- 1.031, pH 5.0, protein 3+. Protein/Creatinine ratio - high 1.6 Rads WNL Ongoing hypoproteinemia, and hypoalbuminemia. All other bloodwork WNL.

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.

The both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There are small cortical cysts present in both kidneys. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.5 cm in length. The right kidney is 6.3 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. The left adrenal gland height is 7.0 mm at the cranial pole and 6.5 mm at the caudal pole. The right adrenal gland height is 9.9 mm at the cranial pole and 6.5 mm at the caudal pole.

Spleen

A 1.6 cm isoechoic nodule is noted near the tail of the spleen, that deviates the splenic capsule. The surrounding omentum is normal. The borders of the rest of the spleen are scalloped and irregular. 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 empty. 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.



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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 jejunal wall measures up to 4.3 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A diffusely irregular spleen, with a 1.6 cm nodule that deviates the capsule

WEIGHT

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Secondary Findings

- Chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the spleen may be consistent with either neoplasia or an inflammatory splenitis or possibly even nodular hyperplasia or extramedullary hematopoiesis. Recommendations include:

- Ultrasound guided fine needle aspirate of the affected areas with a 25-gauge needle
- Three view chest radiographs

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There are no specific findings to explain the noted hypoalbuminemia. Although a urine protein to creatinine ratio of 1.6 would not in and of itself explain a low albumin. If this value was significantly higher prior to starting ace-inhibitors, then perhaps this patient does have a significant protein losing nephropathy. Although the intestines appear normal, a protein losing enteropathy also cannot be ruled out without intestinal biopsies.

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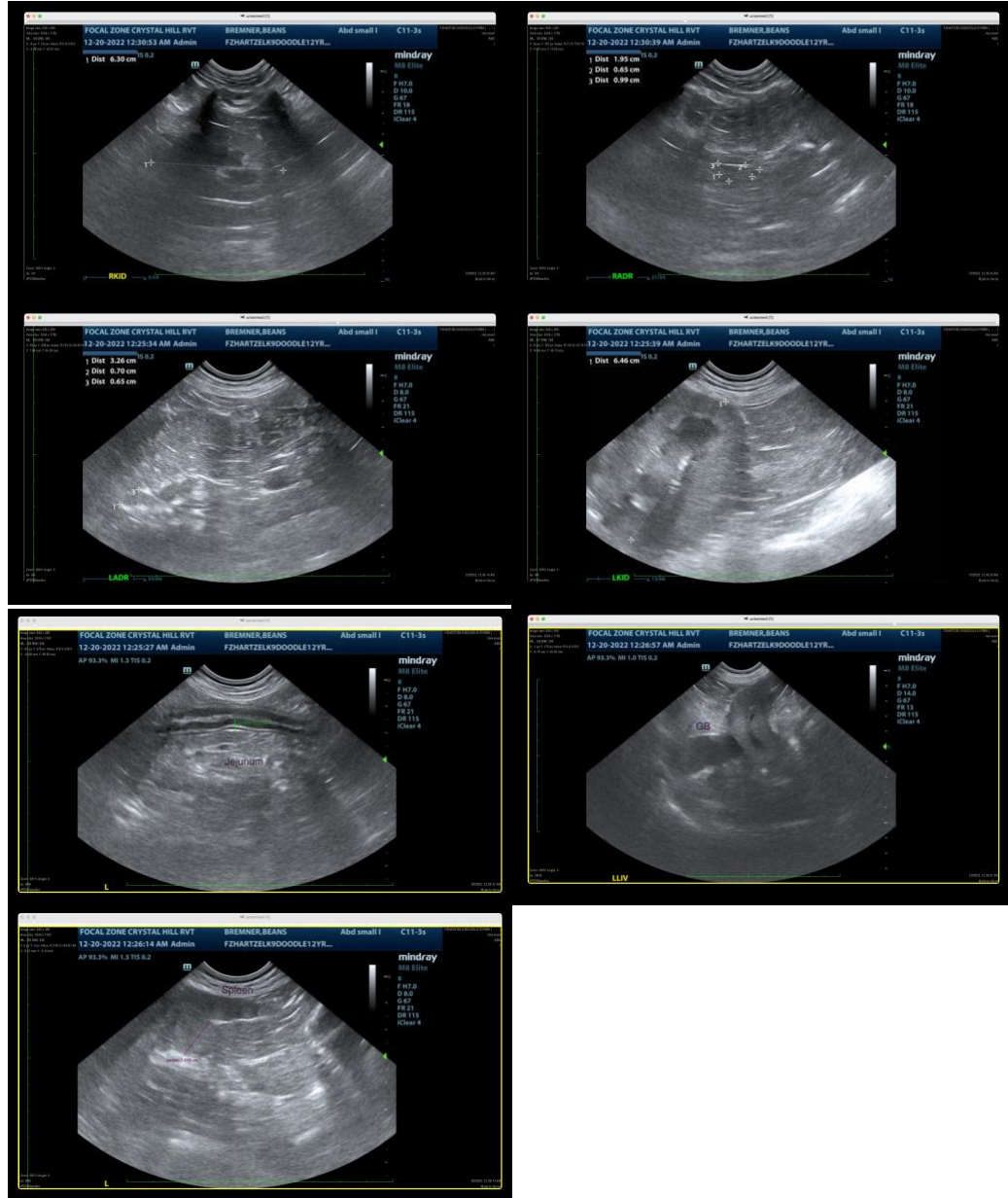
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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