



PATIENT

King Shamo

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

5 Years

WEIGHT

25.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Davis

INVOICE

18954

DATE

12/2/22

PRESENTING CLINICAL SIGNS

History: px: has been dribbling urine, having diarrhea and not eating for a few days with abdominal pain. has had similar episodes before. recent bw wnl, but usg was low Musculoskeletal: Abdomen distended, painful. Red tinged fluid obtained from abdomen. So painful needed sedation to scan. Mirtazapine 15mg q24h; Metronidazole 375mg q12h

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 diffusely enlarged measuring 1.6 cm x 3.6 cm, with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is mildly dilated.

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 is 6.8 cm in length. The right kidney is 6.3 cm in length.

Adrenal Glands

The adrenal glands are not specifically identified due to the large amount of ascites present.

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.

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. Wall thickness appears normal 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. Small intestinal walls measure up to 6.8 mm with normal layering. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 2.3 mm, with intact wall layering. The ileocecal junction is not distinctly visualized.

Pancreas



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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 a large amount of hypoechoic free fluid present throughout the peritoneal cavity. The 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

American Bulldog

Other

The included images of the heart show no evidence of pericardial effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large amount of ascites

AGE

5 Years

Secondary Findings

- A mildly enlarged prostate

WEIGHT

25.8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive cause for the large amount of ascites on today's scan. If blood work has not been checked since the ascites occurred, then it may be worth rechecking, as hypoalbuminemia can occur very rapidly. A full cardiac ultrasound is also recommended to rule out the possibility of right-sided heart failure. Fluid analysis and fluid culture are recommended, and as long as the fluid does not represent a hemoabdomen, then draining the ascites for comfort is recommended.

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The changes to the prostate are most likely represent benign hyperplasia, as it is my understanding the dog was neutered recently. The possibility of prostatic neoplasia cannot be ruled out. Traumatic catheterization could be considered in an attempt to get cells for cytology, or the prostate could be monitored ultrasonographically in 6-8 weeks.

IMAGING PERFORMED BY

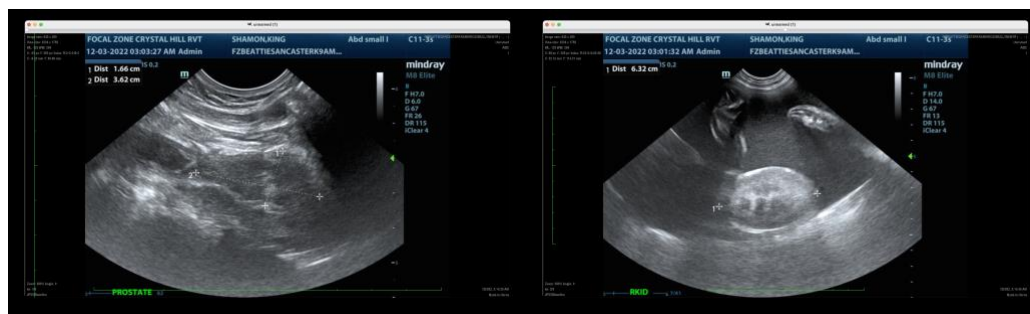
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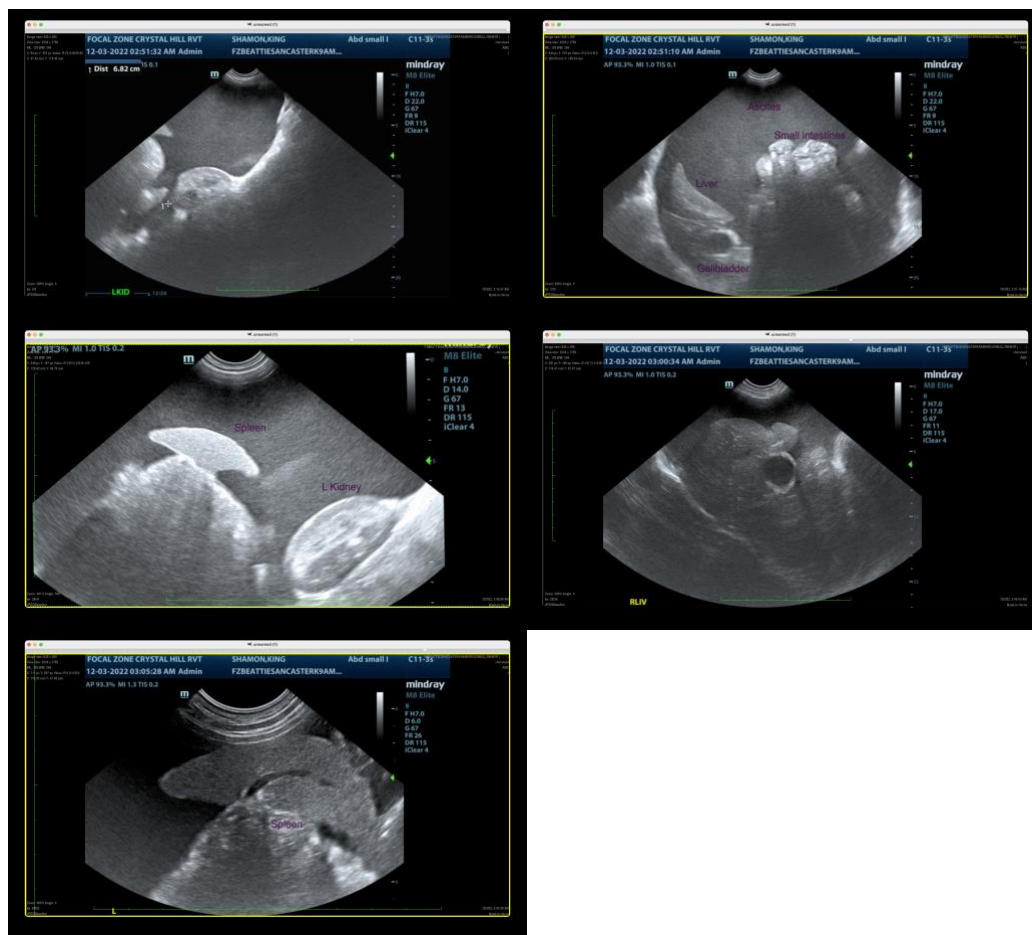
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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