



PATIENT PRESENTING CLINICAL SIGNS

Casey Wilkins History of vomiting, GI symptoms, concern for abdominal mass.
 Medication: Cerenia, Pepcid

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visualized to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Pit Bull

SEX The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 5.6 cm. The right kidney measures 5.7 cm.

Spayed Female

Adrenal Glands

AGE 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 7.8 mm cranially and 6.7 mm caudally. The right adrenal gland measures 5.9 mm cranially and 5.3 mm caudally.

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WEIGHT **Spleen**

42 Pounds The splenic parenchyma is diffusely mottled with small hypoechoic nodules up to 3.0 mm in size. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

INTERPRETED BY

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

Liver

The liver is of appropriate size and shape, with sharp borders. There are hypoechoic nodules present throughout the parenchyma, measuring up to 5.0 mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME **Gastrointestinal**

Easton Animal Hospital

The stomach is mildly distended with normal ingesta. The gastric wall is 4.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Yazwinski

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 5.3 mm. Jejunum wall measures 3.3 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.

DATE **Pancreas**

12/23/22

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.



PATIENT

Casey Wilkins

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.

SPECIES

Canine

PRIMARY FINDINGS

- Diffusely mottled liver and spleen

BREED

Pit Bull

SECONDARY FINDINGS

- Mild chronic renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver and spleen could be consistent with both benign and more serious etiologies. Fine needle aspirate of both organs with a 25-gauge needle is recommended to rule out round cell and other neoplasia. Additional recommendations include:

AGE

2010

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ A resting cortisol level is recommended, and can now be included as part of the GI panel to Texas A&M. Alternately a urine cortisol:creatinine ratio can be used to screen for hypoadrenocorticism
- ❖ Ongoing supportive care with Cerenia and Pepcid is recommended. Because there was food in the stomach, if this patient was properly fasted, then adding a promotility agent such as Metoclopramide might also be helpful.
- ❖ Although there are no changes to the appearance of the GI tract on the ultrasound, biopsy of the GI tract is sometimes necessary to definitively rule out inflammatory bowel disease and GI lymphoma.

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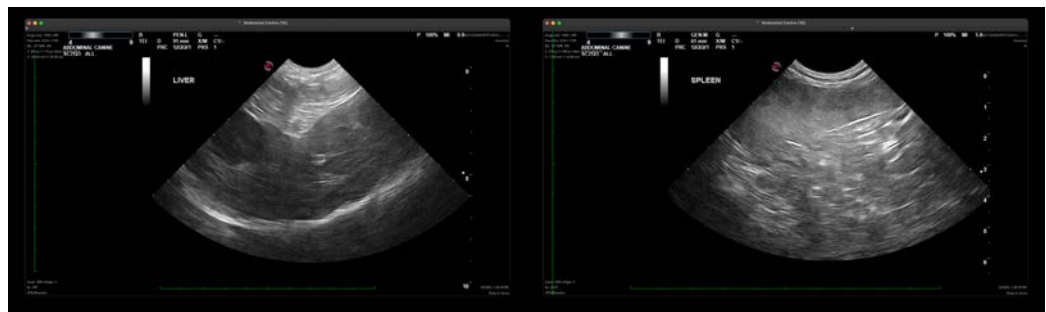
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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.





PATIENT

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SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

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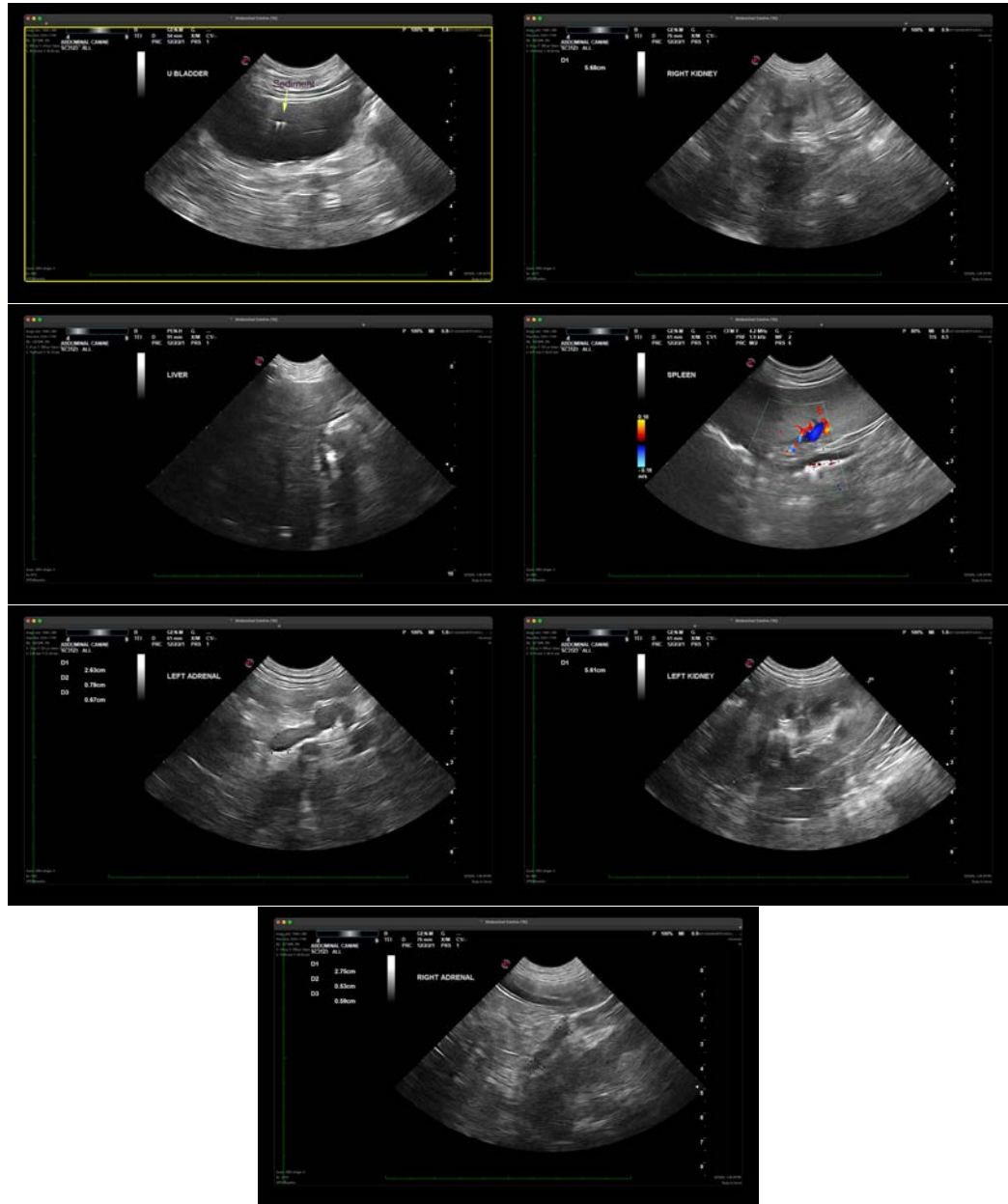
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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