



PATIENT

Belle Pandur

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

10 years

WEIGHT

92 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Latterner

INVOICE

42946

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: Recently presented for increased panting and polydipsia. On CBC / Chem ALP 1800, ALT 900. Chol 878 (normal T4). U/A and LDDS pending.

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 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 (7.7) cm in length. The right kidney is (8.3) cm in length.

Adrenal Glands

The left adrenal gland is of normal size and identified in its normal locations. It has appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (7.4) mm at the cranial pole and (7.2) mm at the caudal pole. The right adrenal gland is not distinctly visualized,

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 diffusely hyperechoic and subjectively enlarged, with diffuse, hypoechoic nodules measuring up to 3.7 cm in diameter. 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 gallbladder wall is focally thickened with small focal polypoid lesions. The wall thin and continuous with small focal polypoid lesion, and the cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately 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.



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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 duodenal wall measures (4.1) mm. The jejunal wall measures up to (3.2) mm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.7) 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:

1. Diffusely hyperechoic and enlarged liver with hypoechoic mottling.

SECONDARY FINDINGS:

1. Benign polypoid hyperplasia of the gallbladder wall.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported history of panting and polydipsia, hyperadrenocorticism is a likely differential for the appearance of the liver, and it is my understanding that testing for this disease is already in progress.

The right adrenal gland could not be visualized on today's scan, presumably due to the patient's size. If an adrenalectomy would be a consideration, then referral for additional imaging, including possible CT scan, would be recommended to rule out the possibility of an adrenal tumor.

If the patient does not have Cushing's disease, other possible etiologies for the changes in the liver include vacuolar hepatopathy, storage hepatopathy and less likely neoplasia.

Additional recommendations include:

- Screening for hyperlipidemia if not already performed.
- Bile acid testing.
- FNA or core biopsy of the liver, as long as coagulation parameters are normal.

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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