



PATIENT

Lola James

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

21254

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Diabetic, epileptic (controlled with keppra) recently approaching insulin resistance, episode of GI illness in 9/22, with abnormal CPL. On occ carprofen/gabapentin for arthritis. Most recent labwork (10/22) showed ALT 310, ALP 864

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, with the exception of a 3.0 mm nonobstructive urethrolith noted in the proximal urethra. There is also a 1.3 cm shadowing urolith within the bladder. The bladder wall is diffusely thickened with mucosal irregularities. Urethra visualized to 3.0 cm.

Both kidneys are hyperechoic and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.5 cm in length. The right kidney is 4.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. There is a small heteroechoic nodule arising from the caudal pole of the left adrenal gland, measuring 2.0 mm. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.9 mm at the cranial pole and 5.8 mm at the caudal pole. The right adrenal gland height is 4.6 mm at the cranial pole and 5.5 mm at the caudal pole

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. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with striating bile. The wall is normal with no evidence of regional inflammation or rupture. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal at 5.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. 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 diffuse mucosal speckling throughout the small bowel. The duodenal wall measures 4.1 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.

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.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A urolith and a nonobstructive urethrolith, with concurrent inflammatory change to the bladder.
- Early gallbladder mucocele
- Changes to the stomach wall, suggestive of chronic gastritis.

Secondary Findings

- Bilateral chronic renal changes
- A left adrenal nodule
- A reactive hepatopathy
- Mucosal speckling in the small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of chronic inflammatory disease, if gastrointestinal signs are still present, then supportive therapy, and perhaps a hypoallergenic diet trial, would be recommended.

The gallbladder mucocele shows no signs of current inflammation or imminent rupture, but ideally, a cholecystectomy should be considered.

The urethrolith shows no signs of obstruction at this time, but ideally, a cystotomy is indicated. Although the changes to the bladder wall are most likely from either infection or secondary to the presence of stones, neoplasia also cannot be ruled out, so a urine BRAF test would be a consideration.

The adrenal nodule most likely represents a benign adenoma, but early neoplastic disease cannot be ruled out, thus serial monitoring via ultrasound would be a consideration.

The changes to the liver are typical for dogs with endocrine disease, such as diabetes mellitus, and are likely incidental.



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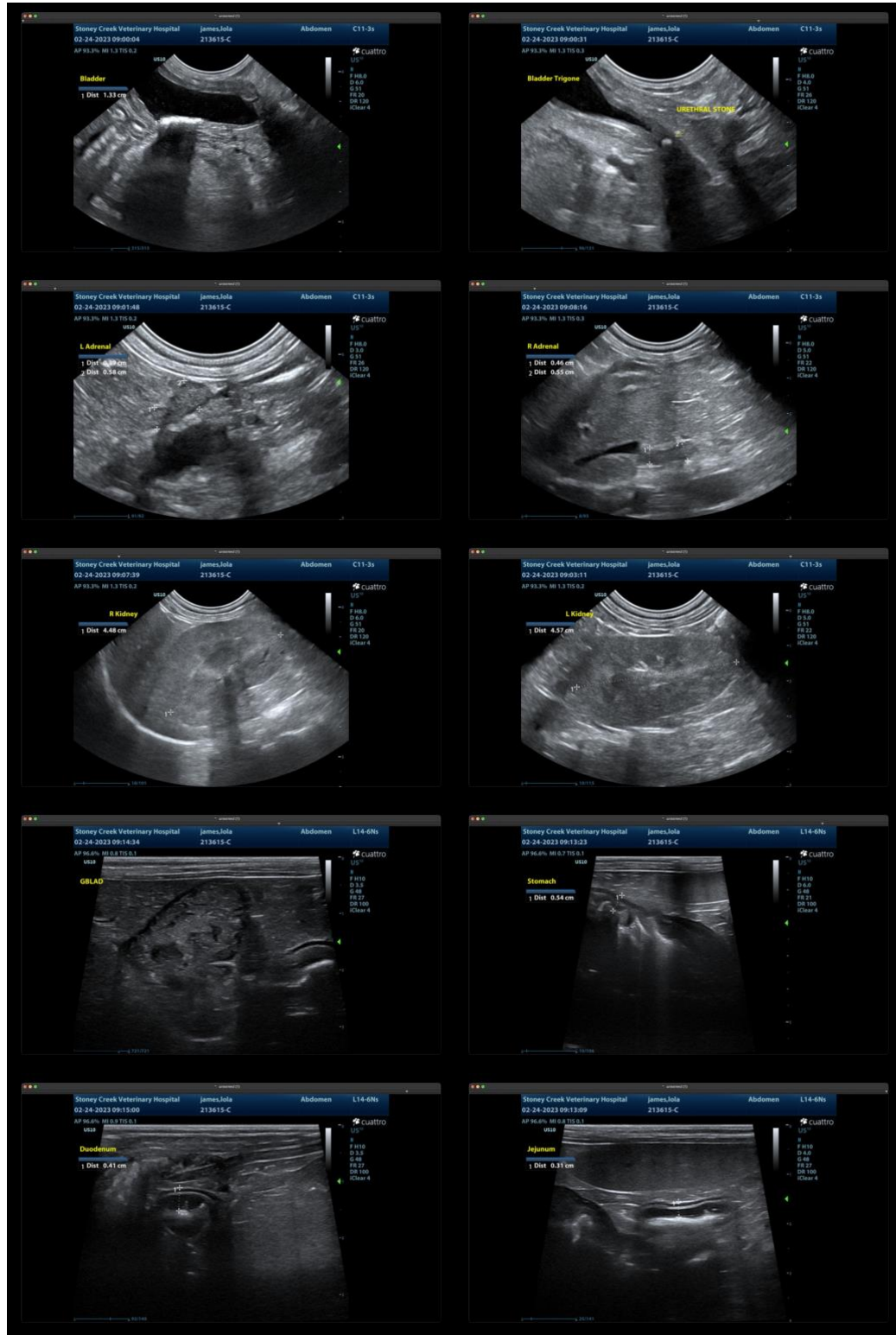
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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