



**PATIENT**

Holly Berry Yafanero

**PRESENTING CLINICAL SIGNS**

History: Presented for not defecating for the past 4 days. She has been lethargic and her appetite has been off. She seemed uncomfortable on abdominal palpation today.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Dachshund Mix

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.

**SEX**

Spayed female

The left kidney is of normal size and shape and exhibits 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 measures 4.6 cm in length.

**AGE**

10 years

Portions of the right kidney are visualized and appears to have appropriate corticomedullary differentiation.

**WEIGHT**

32.6 lbs

**Adrenal Glands**

The left adrenal gland is identified in its normal location, it is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 6.6 mm cranially and 5.6 mm caudally. The right adrenal gland is not distinctly visualized.

**INTERPRETED BY**

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

**Spleen**

The splenic parenchyma is diffusely mottled with small, hypoechoic nodules less than 1.0 cm in size and also small, hyperechoic, myelolipomas that measured < 1.0 cm in size. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**IMAGING PERFORMED BY**

Dr. Buss

**Liver**

The visualized portions of the liver appear to be 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.

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Woodall

The gallbladder is moderately distended with anechoic contents and a (small / large) 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.

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**Gastrointestinal**

The stomach is empty. 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.

**DATE**

2/27/23



<b>PATIENT</b>	
Holly Berry Yafanero	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 (3.3) mm. Intestinal motility appears normal.
<b>SPECIES</b>	
Canine	The visible portions of the colon are of normal thickness, up to (1.8) mm, with intact wall layering. The ileocecal junction is not visualized.
<b>BREED</b>	
Dachshund Mix	<b>Pancreas</b> The visualized areas 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.
<b>SEX</b>	
Spayed female	<b>Free Abdomen</b> 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.
<b>AGE</b>	
10 years	
<b>WEIGHT</b>	
32.6 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Tam Mengine, DVM, DABVP (canine/feline practice)	<b>PRIMARY FINDINGS:</b> <ul style="list-style-type: none"> <li>• Diffusely mottled splenic parenchyma.</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Buss	There is no apparent cause for the lack of defecation on today's ultrasound. Further clarification of the history, to determine whether the patient is having tenesmus with diarrhea, or actually not producing stool may be helpful. Abdominal radiographs to visualize the colon in its entirety including the passage through the pelvic canal would also be helpful to rule out constipation. A rectal exam is also recommended if not already performed. The stomach contained ingesta, and if the patient was fasted, this could indicate delayed gastric emptying. There was no evidence of an outflow obstruction.
<b>HOSPITAL NAME</b>	The splenic changes are non-specific and could be consistent with nodular hyperplasia, extramedullary hematopoiesis, splenitis or less likely, neoplasia. Recommendations include:
Kings VH	❖ ultrasound-guided fine needle aspiration of affected areas with a 25G needle
<b>REFERRING VET</b>	Only part of the right kidney, part of the liver, part of the spleen were visualized and the right adrenal gland was not visualized. I recommend full SDEP protocol to ensure that the full abdomen is assessed.
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**BREED**

Dachshund Mix

**SEX**

Spayed female

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**IMAGING  
PERFORMED BY**

Dr. Buss

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

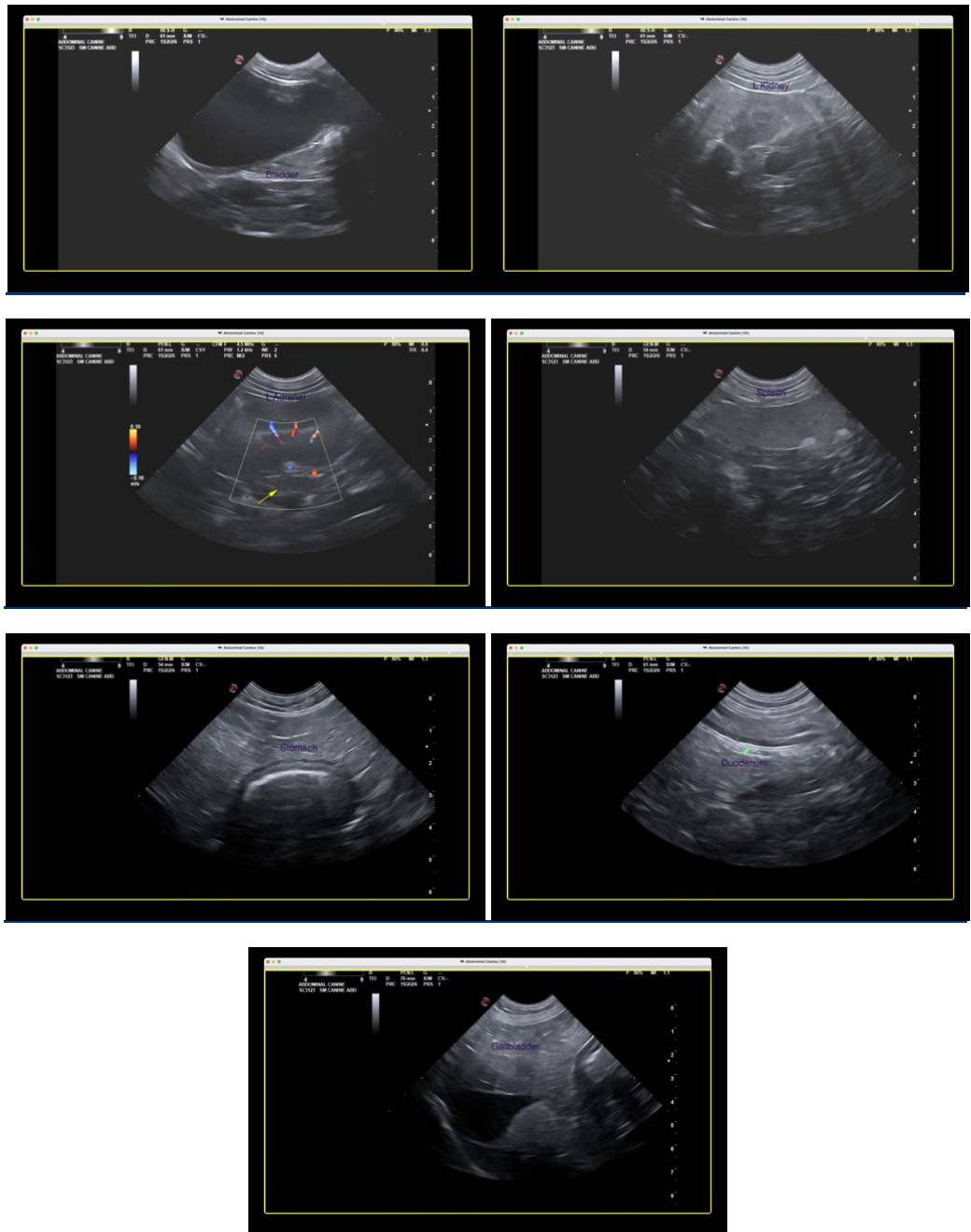
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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