
PATIENT

Tito Garcia

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

14 years

WEIGHT

15.8 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

 Creditview-Eglington
 AH

REFERRING VET

Ghobrial

INVOICE

12146

DATE

2.3.22

PRESENTING CLINICAL SIGNS

History: Chronic elevated ALT and ALKP Currently on liver support medication, Nutri-Cal and Probiotics. Previous history of pancreatitis. Ultrasound done last year at a different clinic showed liver changes and an FNA at that time was inconclusive. Dextoxafin-L

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. No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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. The left kidney is 4.1 cm in length. The right kidney is 4.6 cm in length.

Adrenal Glands

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 height is 5.9 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland height is 7.8 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring up to 7 cm in size, with no visible deviation of the splenic capsule. 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 scalloped, rounded borders and a 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.

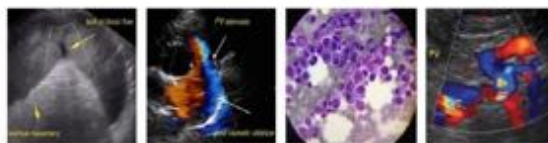
Gastrointestinal

The stomach is empty. The gastric wall is 6.8 mm with normal deviations due to rugal folds 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. The duodenal wall measures 4.3 mm. The jejunal wall measures up to 3.4 mm. Intestinal motility appears normal.

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.

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.

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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

- A diffusely rounded liver with scalloped borders

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Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

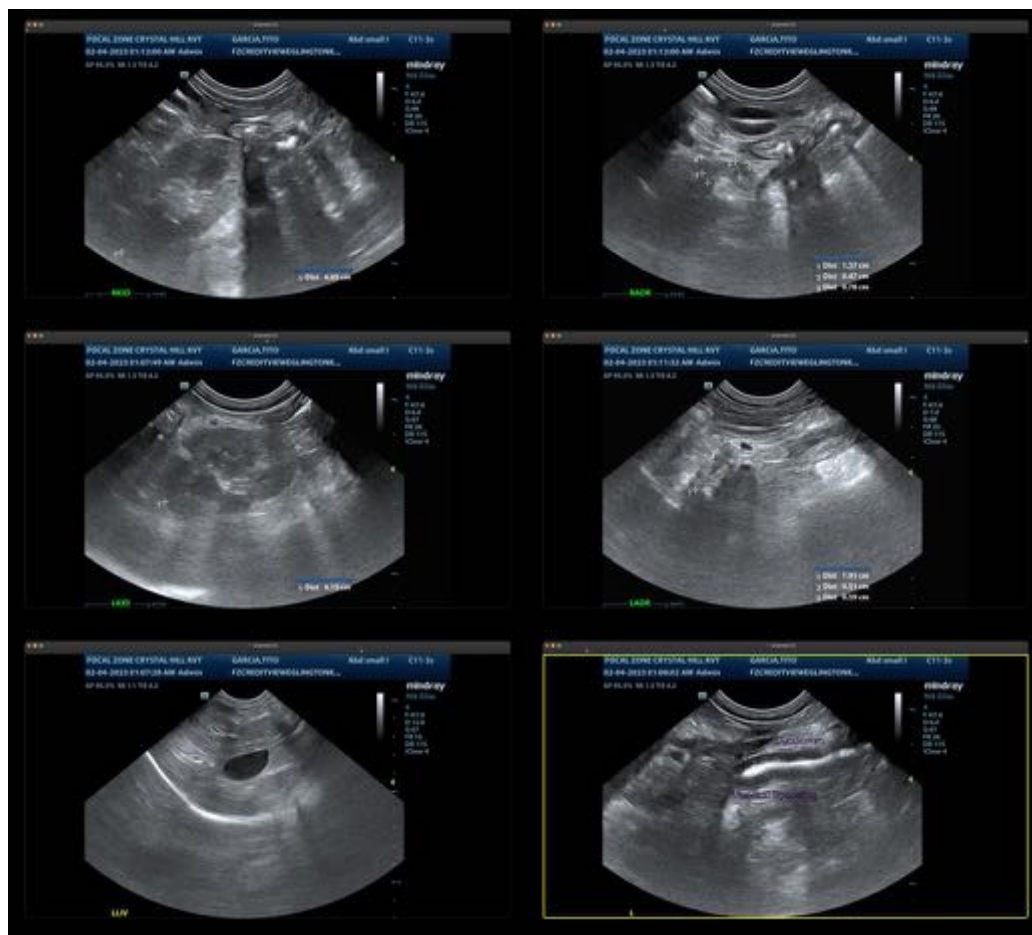
The changes in the liver are nonspecific and could be attributed to endocrine disease, other vacuolar hepatopathies, chronic infectious or inflammatory disease, or less likely, neoplasia.

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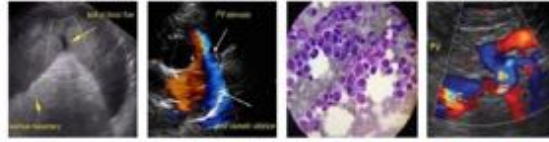
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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