



**PATIENT**

Finnegan McMenammin

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

69.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42643

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: Marked hematuria detected on pre-op labwork for eyelid mass removal. Patient has shown no signs of illness, but had lower urinary symptoms twice previously over the last year. CBC / Chem unremarkable (ALP 319)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The bladder wall is of normal thickness. There are two narrow based polyps arising from the bladder wall near the trigone. One measured 0.5 cm in length and one measured 1.0 cm in length. No masses or are noted. Urethra visualized to (3.0) 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.

Both kidneys are hyperechoic, and exhibit(s) (mildly decreased, moderately decreased, 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 (6.8) cm in length. The right kidney is (7.1) 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 (4.7) mm at the cranial pole and (7.8) mm at the caudal pole. The right adrenal gland height is (6.3) mm at the cranial pole and (6.8) mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. There is a 1.0 cm reticulated, hypoechoic nodule near the splenic tail. 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. There are hypoechoic nodules present throughout the parenchyma, measuring up to (1.0) cm. 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 and a 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**

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The stomach is mildly distended with fluid. The gastric wall is thickened up to 1.2 cm with normal deviation due to rugal folds and exhibits appropriate wall layering. However, the muscularis is disproportionately thickened relative to other layers. The pylorus is of normal appearance.

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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to (5.5)mm for duodenum and (3.0)mm for jejunum. Overall wall layering is preserved. 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 / is not visualized).

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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**

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There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, hyperechoic and rounded measuring up to 1.57 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Two small bladder polyps.
- Diffusely thickened gastric wall and focally thickened muscularis layer in the jejunum.

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**SECONDARY FINDINGS:**

- Small, reticulated splenic nodule.
- Reactive hepatopathy with hypoechoic nodules.
- Mildly enlarged, rounded, mesenteric lymph nodes.
- Chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the bladder wall are consistent with chronic inflammatory changes, or less likely neoplasia. Recommendations include:

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- ❖ a urinalysis and urine culture, if not already performed



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- ❖ BRAF testing could be considered if culture is negative or if there are persistent lower urinary tract symptoms. Information on performing this urine test is available from Antech Diagnostics: <https://www.antechdiagnostics.com/cadet-braf-plus/>

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The changes in the stomach and small intestine are consistent with chronic inflammatory change. As there is no reported clinical history of gastrointestinal signs, treatment should be selected as deemed appropriate.

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The nodules in the liver and spleen show no criteria of malignancy, but FNA would be required to definitively rule out neoplastic disease. Monitoring with serial ultrasound in 2-3 months can be considered as well as monitoring of the bladder polyps, stomach and intestinal changes and mesenteric lymph nodes.

**SEX**

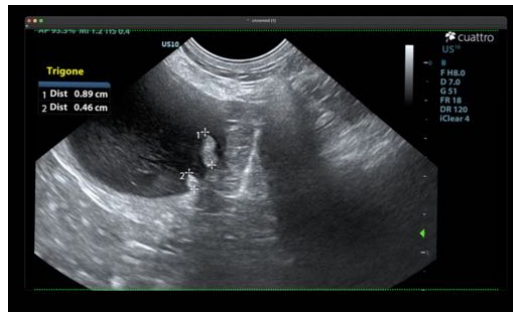
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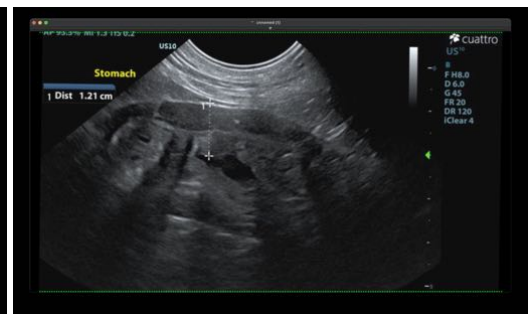
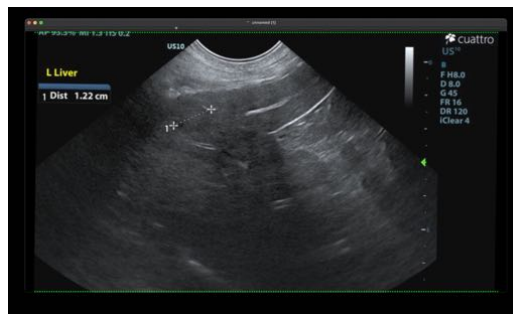
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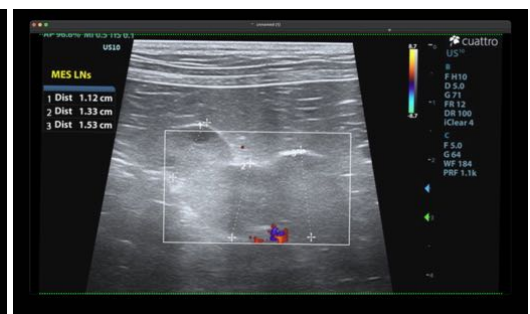


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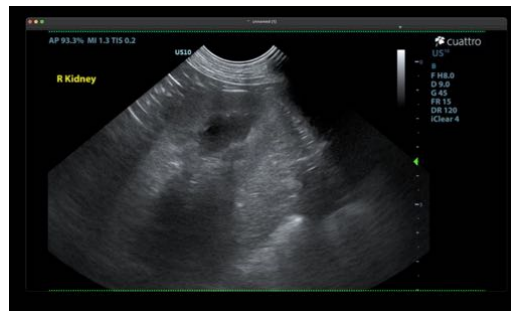
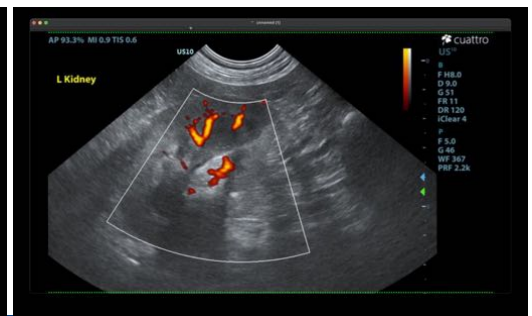
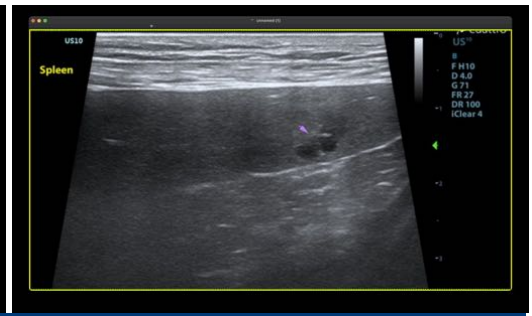
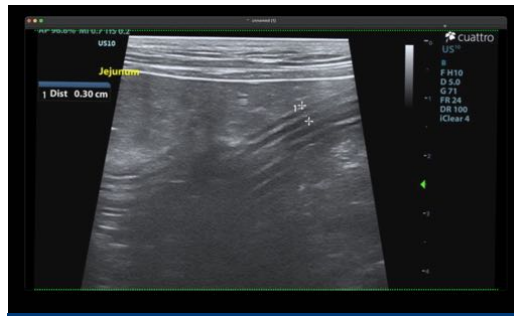
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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