



PATIENT

Piper Jiang

SPECIES

Canine

BREED

GSD

SEX

Spayed Female

AGE

18 Months

WEIGHT

29.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Legacy VC

REFERRING VET

Legacy VC

INVOICE

21550

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: Was given a pork bone a couple weeks ago. Had some initial vomiting which discontinued but now has had hyporexia and lethargy for past 10-14 days.

Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation 315 and ALP elevation 540.USG 1.012.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened (up to 5.4 mm) and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 1.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio, with a medullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.8 cm in length. The right kidney is 7.6 cm in length.

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 4.8 mm at the cranial pole and 5.2 mm at the caudal pole.

The right adrenal gland is not distinctly seen, but the region is unremarkable.

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 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.

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 moderately distended with gas and fluid. The gastric wall is focally thickened up to 1.2 cm, 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 3.8 mm. The jejunal wall measures up to 3.0 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 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 mesenteric and sublumbar lymph nodes are prominent, but still within the normal limits of length for a patient of this size. The exhibit normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly thickened gastric wall, consistent with gastritis
- Bilateral renal medullary rim sign, which may be incidental, but can also be seen with nephritis.

Secondary Findings

- Mildly thickened and irregular bladder wall, which may indicate cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the history of elevated liver values, dilute urine, and the medullary rim sign in the kidneys, testing for Leptospirosis is recommended.

Given the relatively small left adrenal, relative to patient size, along with the clinical history, screening for atypical Addison's disease with either a resting cortisol or ACTH stim is also recommended.

While there are multiple prominent lymph nodes present, their appearance is more typical of a reactive process, as opposed to a neoplastic process.

I have infrequently encountered patients with normal abdominal ultrasound findings, who did go on to have either inflammatory bowel disease or rarely even gastrointestinal lymphoma, so if symptoms persist, gastrointestinal biopsies would be a consideration.

Finally, the changes to the bladder wall may be incidental, but if not already performed, a urinalysis is recommended with culture if there is an inflammatory sediment.





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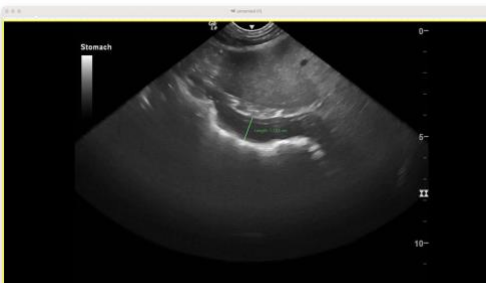
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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