



PATIENT

Mickey Allyn

PRESENTING CLINICAL SIGNS

History: Looked like he has lost a lot of weight and is not eating. They have been force feeding him canned I/D. His last weight was 21.2 that was 1-5-2023 and the weight we took today is 20.2.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German Hunting Terrier

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 (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

SEX

Neutered Male

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 (normal). The left kidney is 4.9 cm in length. The right kidney is 4.5 cm in length.

AGE

13 years, 8 mos

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 8.4 mm at the caudal pole. The right adrenal gland height is 5.9 mm at the cranial pole and 5.0 mm at the caudal pole.

WEIGHT

20.2 lbs

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Carissa Rhoades

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.

HOSPITAL NAME

Elizabeth AH

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Kim Allyn, DVM

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 focal mucosal speckling noted within the mucosa of the jejunum. The duodenal wall measures 4.7 mm. The jejunal wall measures up to 4.3 mm. Intestinal motility appears normal.

INVOICE

12417

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.

DATE

3.13.23



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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. The included apical view of the heart shows no effusions or masses, and subjectively normal systolic function.

ULTRASONOGRAPHIC FINDINGS

Findings

- Mucosal speckling in the small bowel, which can be incidental, but can also be an indicator of inflammatory bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive change on today's ultrasound to explain the noted weight loss. If an alternate explanation is not found within the pending bloodwork, then the following would be additional recommendations:

- Fecal parasite testing and/or empiric deworming with fenbendazole
- A hydrolyzed diet trial
- A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- Three view chest radiographs
- Geriatric-onset Laryngeal Paralysis and Polyneuropathy could be considered as a cause for unexplained weight loss in older large breed dogs
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.





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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