



PATIENT

Banjo Essaf

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

4 Years

WEIGHT

27.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Lough

INVOICE

45713

DATE

3/3/23

PRESENTING CLINICAL SIGNS

Banjo presented about 5 days ago for crying out. Abdomen was tense, and Banjo cried when picked up. It was unclear if this was GI related vs mm/skel. He was placed on gabapentin and rest, along with probiotic. On exam today, there is possible cervical sensitivity and decreased ROM. Abd rads are WNL, and US is performed to further rule out any other abdominal source of pain.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem, fecal is pending.

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 (normal). The left kidney measured 4.3 cm. The right kidney measures 4.2 cm.

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. It measures 3.3 mm at the cranial pole and 3.7 mm at the caudal pole. The right adrenal gland is not specifically visualized, but the region appears 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 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 normal ingesta. The gastric wall is 3.5 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. Intestinal motility appears normal. Jejunum wall measures 4.1 mm. Duodenum wall measures 5.1 mm.



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The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.

SPECIES

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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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Pug

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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Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Unremarkable canine abdomen

AGE

4 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

27.1 Pounds

There is no evidence on today's ultrasound that there is abdominal disease contributing to the noted pain. If the pending lab work is also unremarkable, then addition of an NSAID is recommended, as well as additional imaging of the musculoskeletal system, as indicated.

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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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