



PATIENT

Ruffie Simpson

SPECIES

Canine

BREED

Cockapoo Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Vet Wellness Center

REFERRING VET

Dr. Sepulveda

INVOICE

45711

DATE

3/3/23

PRESENTING CLINICAL SIGNS

x-rays - radiologist - density on abdomen - mass

Abnormal PE/Chem/CBC/UA Results: ALT 122, ALP 423, Last year ALT 301, ALP 424

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses or calculi 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).

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace dilation of the left renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.6 cm. The right kidney measured 4.1 cm.

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 measured 5.3 mm cranially and 5.8 mm caudally. The right adrenal gland measured 4.0 mm cranially and 3.3 mm caudally.

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 diffusely hyperechoic and subjectively enlarged. There is an isoechoic mass located in the region of the caudate lobe measuring 1.9 cm x 2.6 cm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with striating bile. The wall is normal, but there is evidence of regional inflammation. There is no evidence of gallbladder wall rupture. The cystic and common bile ducts are dilated.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (3.6 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. Duodenum measures 4.7 mm. Jejunum measures 3.2 mm.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT

Pancreas

Ruffie Simpson

There is a 3.4 cm x 5.3 cm mid abdominal mass effect with hyperechoic omental fat and cystic areas. The location is most consistent with the left limb of the pancreas. The rest of the pancreas appears unremarkable.

SPECIES

Canine

Free Abdomen

BREED

Cockapoo Terrier

There is focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Neutered Male

PRIMARY FINDINGS

- Mid abdominal mass effect, most likely represents necrotic and cystic pancreatic tissue
- Gallbladder mucocele with regional inflammation

AGE

13 Years

SECONDARY FINDINGS

- Small, isoechoic liver mass
- Chronic renal changes
- Mild inflammatory changes to the urinary bladder

WEIGHT

14 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The mid abdominal mass effect, which most likely represents a necrotic region in the left limb of the pancreas, would correlate with the mid abdominal mass noted on radiograph. Fine needle aspiration of this tissue is recommended to confirm its origin and to differentiate inflammatory from neoplastic disease. The gallbladder mucocele is mature and shows signs of regional inflammation. Thus, if the patient were stable enough for surgery, a cholecystectomy would be recommended. If this were performed, a biopsy of the liver mass or even excision could be considered at the same time. However, if the pancreatic disease is significant, then the patient may need to be stabilized medically prior to surgical intervention. 3-view chest radiographs would also be recommended.

IMAGING PERFORMED BY

Val Shumskaya

Given the changes to the kidneys and urinary bladder, a urinalysis would also be recommended, with culture if indicated.

HOSPITAL NAME

Vet Wellness Center

REFERRING VET

Dr. Sepulveda

INVOICE

45711

DATE

3/3/23





PATIENT

Ruffie Simpson

SPECIES

Canine

BREED

Cockpoo Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Vet Wellness Center

REFERRING VET

Dr. Sepulveda

INVOICE

45711

DATE

3/3/23



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)

info@SonoPath.com