

PATIENT PRESENTING CLINICAL SIGNS

Squirt Fitch History: routine geriatric screen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is present. The bladder wall is focally thickened 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 3.0 cm.

BREED

Puggle 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.

SEX

Neutered Male Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There are small cortical cysts present within the left kidneys. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.8 cm in length. The right kidney is 4.8 cm in length.

AGE

12 years **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 6.2 mm at the caudal pole. The right adrenal gland height is 1.2 cm at the cranial pole and 5.7 mm at the caudal pole.

WEIGHT

30.6 lbs **Spleen**

There are multiple hyperechoic masses within the splenic parenchyma measuring (up to) 5.0 mm in size, with no visible deviation of the splenic capsule. 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. There are hypoechoic nodules present throughout the parenchyma, measuring up to 3.0 mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Diane McFadden

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.

HOSPITAL NAME

AH of Sussex County

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 4.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr Spinks

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 4.8 mm. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

INVOICE

12603

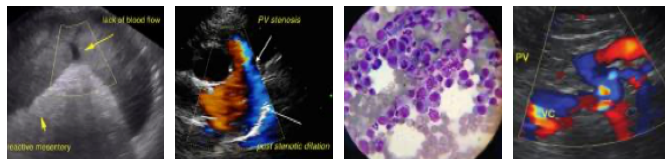
The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

DATE

3.31.23

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.



PATIENT

Free Abdomen

Squirt Fitch

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.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

Primary Findings

- Thickened bladder wall with mineralized sediment

BREED

Secondary Findings

Puggle

- Micronodular liver

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

The changes in the bladder wall are suggestive of cystitis. Urinalysis and culture are recommended and should be considered be correlated with any lower urinary tract signs.

AGE

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

12 years

WEIGHT

- Screening for diabetes mellitus and hyperlipidemia (if not already performed)
- Testing for Cushing's disease is recommended only if clinical signs support the diagnosis.
- If the ALT is increased, then initiation of liver support therapies such as same, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated.

30.6 lbs

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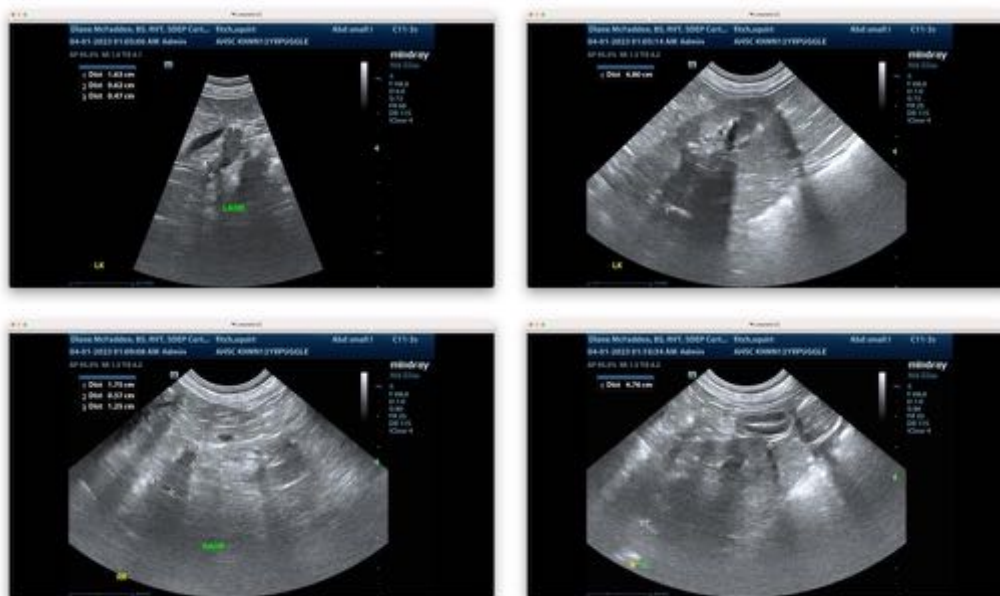
Dr Spinks

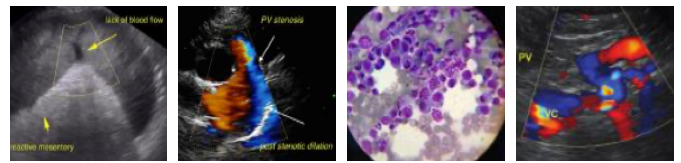
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PATIENT

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SPECIES

Canine

BREED

Puggle

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Neutered Male

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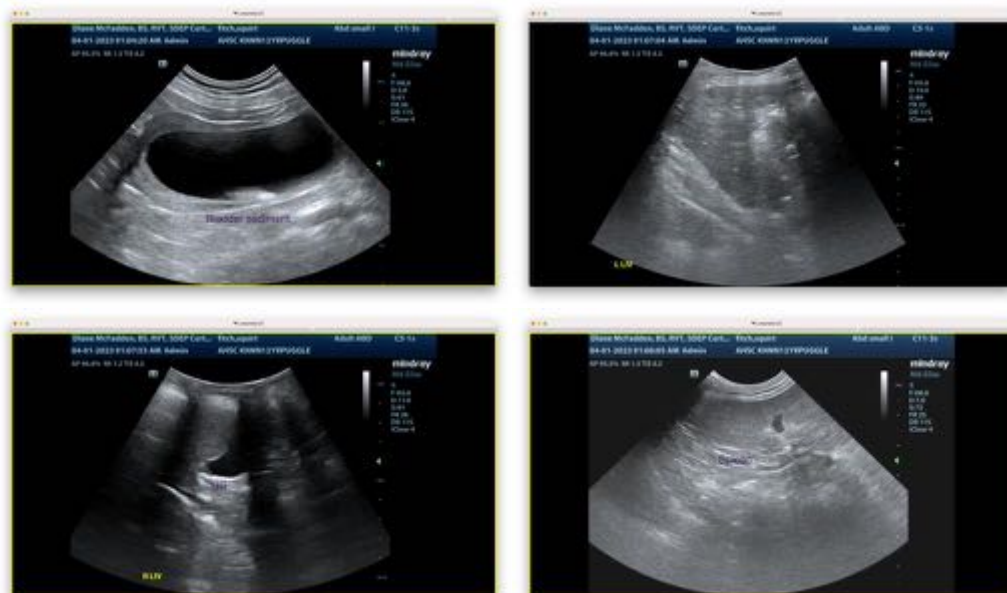
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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