



PATIENT

Porsche Downey

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed female

AGE

9 years

WEIGHT

9.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Henry

INVOICE

43247

DATE

3/9/23

PRESENTING CLINICAL SIGNS

History: Rescued 1 year ago. Has mammary masses but otherwise healthy, then recently became inappetant. CBC / Chem / U/A - BUN 80. Creat 2.1, Phos 6.2, UrineSpGr 1.015, UPC 1.0, quiet sediment

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

Both kidneys are hyperechoic and exhibit poor cortico-medullary differentiation. There is mild dilation of the 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 (3.7) cm in length. The right kidney is (3.3) cm in length.

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 (3.5 mm) at the cranial pole and (4.6 mm) at the caudal pole. The right adrenal gland height is (3.7 mm) at the cranial pole and (4.4 mm) at the caudal pole.

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. There is a small, cluster of anechoic cysts that measured up to 1.4 cm in diameter and located in the left cranial liver lobe. 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 and a small amount of freely-moveable echogenic sludge. 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 and gas. The gastric wall is (3.4) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



PATIENT	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 (3.2) mm. Intestinal motility appears normal.
Porsche Downey	
SPECIES	The visible portions of the colon are of normal thickness, up to (1.8) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
Canine	
BREED	<i>Pancreas</i>
Maltipoo	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.
SEX	
Spayed female	
AGE	<i>Free Abdomen</i>
9 years	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.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
9.8 lbs	PRIMARY FINDINGS:
INTERPRETED BY	End stage chronic renal changes.
Tam Mengine, DVM, DABVP (canine/feline practice)	SECONDARY FINDINGS:
IMAGING PERFORMED BY	Liver cysts.
Dr. Mengine	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	The changes in the kidneys are consistent with end stage, chronic renal disease. While the mild pyelectasia in both kidneys could indicate pyelonephritis, there is no evidence of active inflammation, either on the ultrasound or in the urinalysis. This is more likely due to chronic scarring. Recommendations include:
Stoney Creek VH	
REFERRING VET	❖ a CBC, chemistry panel, urinalysis with urine protein creatinine ratio, if not already performed.
Dr. Henry	❖ blood pressure measurement
INVOICE	❖ urine culture should also be considered, particularly if urine sediment is active
43247	❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines
DATE	❖ IV diuresis may be of benefit in bringing the levels down or if this is not feasible, daily subcutaneous fluid therapy may be of benefit.
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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.



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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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