

PATIENT

Lucy Marino

SPECIES

Canine

BREED

Puggle

SEX

Spayed Female

AGE

12.5 years

WEIGHT

35.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

12749

DATE

4.12.23

PRESENTING CLINICAL SIGNS

History: One week history of progressive lethargy, inappetence, uveitis OS, and 48-hr history of coughing. Presumptive diagnosis of DLE affecting nasal planum 1 month ago. CBC / Chem - non-regen anemia (new - Hct 19%), stable IRIS Stage 2 renal disease (Creat 2.0). Chest rads unremarkable. Minimal progression of L adrenal enlargement compared to 8/22 (caudal pole was 7.9mm at that time, Patient was repeatedly painful to probe pressure in the L cranial quadrant.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely 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 4.0 cm.

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.6 cm in length. The right kidney is 5.6 cm in length.

Adrenal Glands

The left adrenal gland is diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 5.8 mm at the cranial pole and 8.8 mm at the caudal pole. The right adrenal gland height is 7.1 mm at the cranial pole and 6.1 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. 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

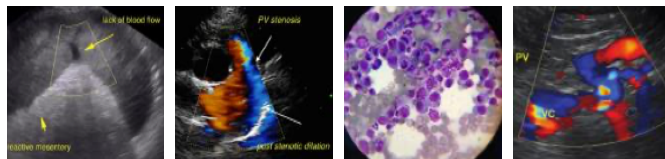
The stomach is empty. The gastric wall is 5.8 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. The duodenal wall measures 5.5 mm. The jejunal wall measures up to 5.7 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction IS visualized and appears normal.

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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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. The uterine stump is visible between the colon and urethra and shows no evidence of inflammation or neoplastic change. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

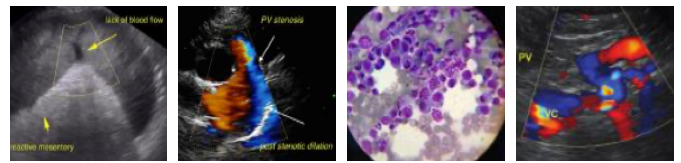
Findings

- A stable enlarged left adrenal gland
- Chronic renal changes
- Stable thickening of bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While there are some minor changes on today's ultrasound, they appear stable as compared to the ultrasound of August of 2022. There is no apparent explanation for the reported anemia, inappetence and vomiting. Given the reported discomfort on probe pressure in the region of the pancreas, pancreatitis is a possible cause for vomiting and decreased appetite, and does not always correlate with appearance on ultrasound. However, this would not explain the anemia. Bone marrow aspirate as well as CBC with path review would be recommended for definitive diagnosis.





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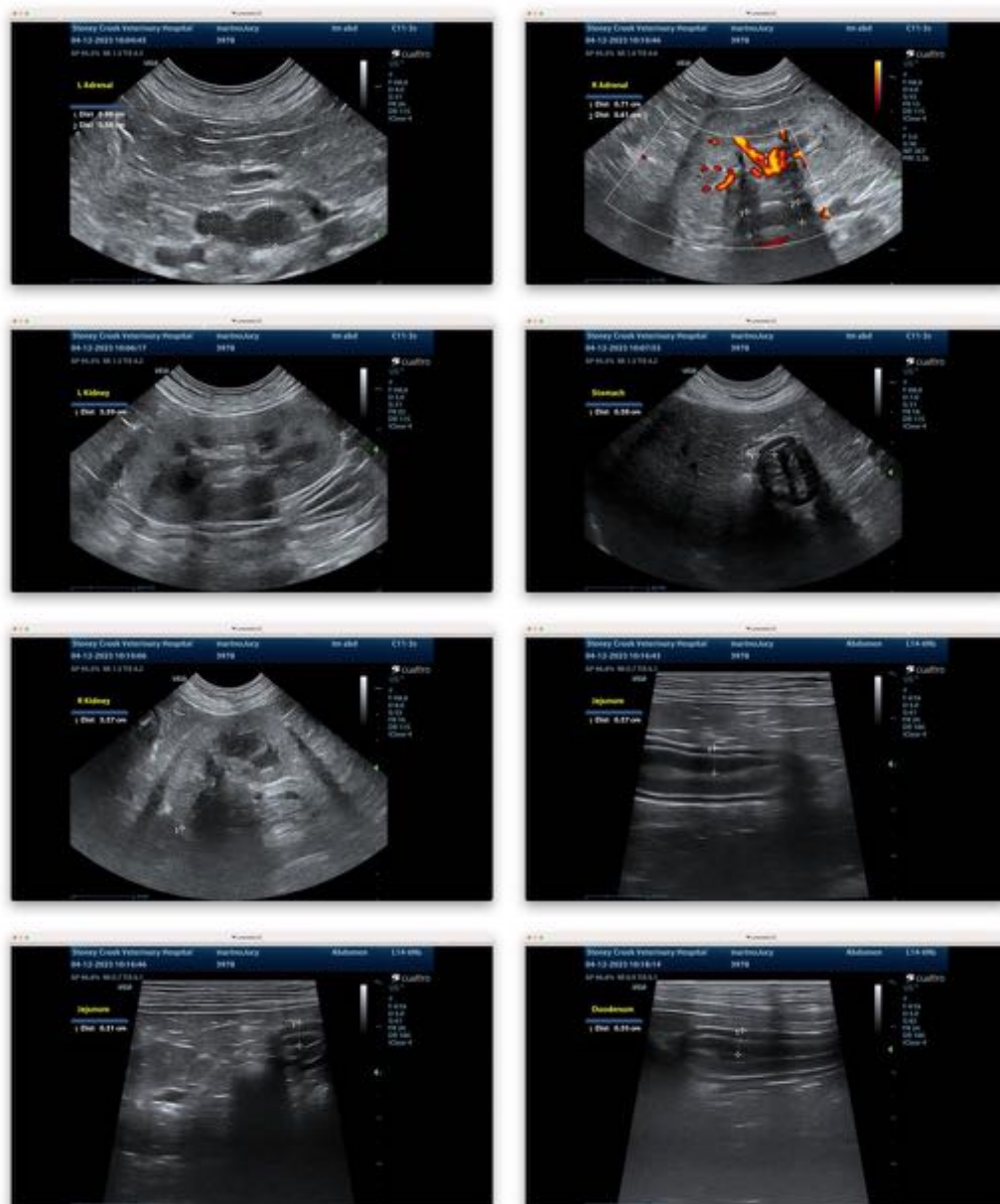
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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