



PATIENT

Meadow Johns

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

12 years

WEIGHT

81 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Keely Zhang

INVOICE

12757

DATE

4.13.23

PRESENTING CLINICAL SIGNS

History: Recent onset decreased appetite, vomiting and PU/PD. Eight-pound weight loss since 6/22. Lab-work: CBC/Chem - SDMA 15, ALT 156, ALP 211, GGT 43 - new since last year TT4 - 0.9 UA - free catch - 1.017 USG, 20-30 RBC. UPC 0.2

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 2.0 cm.

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 is 7.4 cm in length. The right kidney is 7.4 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 8.5 mm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland height is 9.9 mm at the cranial pole and 9.8 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, 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.

Liver

The hepatic parenchyma is diffusely interrupted with hypoechoic nodules, many of which have a hyperechoic center, and which measure up to 1.0 cm in diameter. The liver size appears subjectively enlarged. 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. 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 5.3 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 4.1 mm. The jejunal wall measures up to 2.7 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen



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There is focal free fluid present with the abdomen in the region of the spleen and left kidney. The associated 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.

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ULTRASONOGRAPHIC FINDINGS

Findings

- Diffuse hepatic nodules, many with a “target lesion” appearance
- Small amount of peritoneal effusion, consistent with regional peritonitis

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Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes in the liver are very concerning for hepatic neoplasia (such as sarcoma or round cell neoplasia). While a benign etiology such as end-stage cirrhosis is possible, it is deemed unlikely. Additional recommendations include:

- Three-view chest radiographs
- If definitive diagnosis is desired, then fine-needle aspirate or core biopsy of the liver would be necessary.
- If a biopsy is not pursued, then supportive therapy with antiemetics, liver support therapy and appetite stimulants could be considered for palliative care.

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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