

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Einstein Crompton	History: Presented for recent lethargy and inappetence. CBC / Chem / U/A - Hct 23% (non-regen) and Alb 2.6, else unremarkable.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b> The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. 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.
<b>BREED</b>	
Bulldog Mix	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.
<b>SEX</b>	
Neutered Male	Both kidneys exhibit mildly decreased corticomedullary differentiation. An infarct is seen within the renal cortex of the right kidney. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.2 cm in length. The right kidney is 5.8 cm in length.
<b>AGE</b>	
13 years	<b>Adrenal Glands</b> 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 7.2 mm at the cranial pole and 6.6 mm at the caudal pole. The right adrenal gland height is 6.2 mm at the cranial pole and 5.5 mm at the caudal pole.
<b>WEIGHT</b>	
43 lbs	<b>Spleen</b> The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. There is a 2.8 x 2.0 x 1.8 cm hypoechoic, inhomogenous region, that shows no blood flow on doppler assessment, near the tail of the spleen. There is a small thrombus visible within the splenic artery.
<b>INTERPRETED BY</b>	
Tam Mengine, DVM, DABVP (canine/feline practice)	<b>Liver</b> 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.
<b>IMAGING PERFORMED BY</b>	
Dr. Tam Mengine	The gallbladder is distended with striating bile. The wall is normal with no evidence of regional inflammation or rupture. The cystic and common bile ducts are normal / not visible.
<b>HOSPITAL NAME</b>	
Stoney Creek VC	<b>Gastrointestinal</b> The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.
<b>REFERRING VET</b>	
Dr. James Peters	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 4.9 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.
<b>INVOICE</b>	
12832	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.
<b>DATE</b>	
4.21.23	



**PATIENT**

**Pancreas**

Einstein Crompton

The entirety of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SPECIES**

**Free Abdomen**

Canine

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.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Bulldog Mix

**Primary Findings**

**SEX**

- Mature gall bladder mucocele
- Splenic thrombus with evidence of prior infarct

Neutered Male

**Secondary Findings**

**AGE**

- Infarct in the right kidney
- Chronic renal changes
- Chronic pancreatic remodeling

13 years

**WEIGHT**

43 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

While today's ultrasound provides no definitive explanation for the noted anemia, there are several findings of concern. The gall bladder mucocele may be the cause of the reported lethargy and inappetence, and surgical removal is recommended as soon as possible. Based on the lesion in the spleen, either a biopsy or a splenectomy would be recommended at the same time.

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

Changes to the kidneys are mild and should be correlated with laboratory findings and clinical signs.

**IMAGING PERFORMED BY**

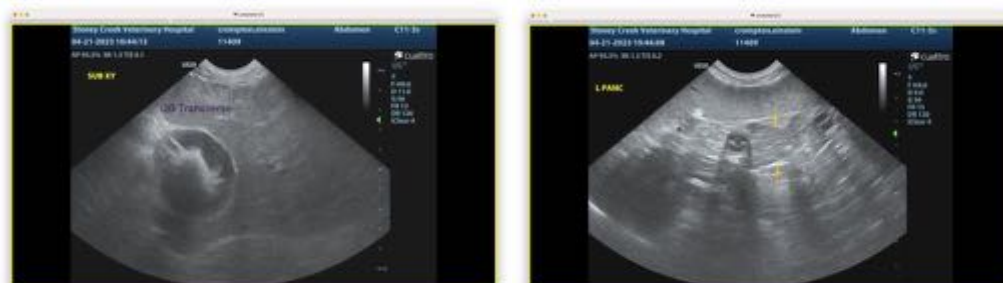
Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VC

**REFERRING VET**

Dr. James Peters



**INVOICE**

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**DATE**

4.21.23



**PATIENT**

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**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

43 lbs

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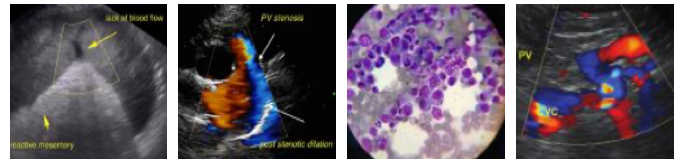
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Einstein Crompton

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.

**SPECIES**

Canine

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

43 lbs

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