



**PATIENT**

Derby Hoffman

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

28.3

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Kuzimski

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

Dr. Kuzimski

**INVOICE**

46860

**DATE**

4/22/23

**PRESENTING CLINICAL SIGNS**

Presents with a decreased appetite for the past week, Vomiting and loose stool since Wednesday. She did eat her dinner last night but nothing since.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild thrombocytopenia COMP: BUN 6.6, ALP 340 EPOC: pCO2 27.2

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

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 measures 6.6 cm. The right kidney measures 6.5 cm.

**Adrenal Glands**

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 4.4 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

**Spleen**

The splenic parenchyma is diffusely mottled with small hypoechoic nodules. The splenic capsule is smooth and continuous, and there are no masses noted.

**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 mildly distended with normal ingesta. 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.

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. Intestinal motility appears normal. Jejunum wall measures 2.1 mm. Duodenum wall measures 2.2 mm.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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**Pancreas**

The visualized portions 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.

**Free Abdomen**

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.

**PRIMARY FINDINGS**

- Unremarkable canine abdomen

**SECONDARY FINDINGS**

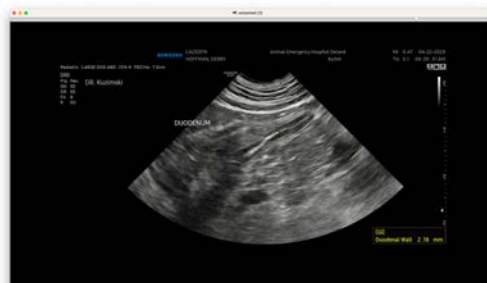
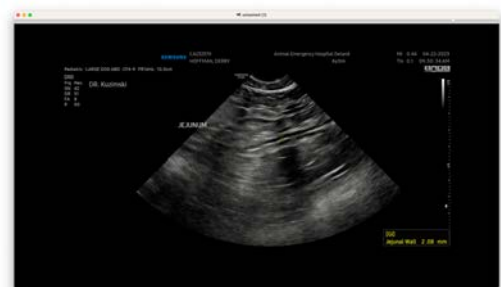
- Diffusely mottled spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although within normal limits, the left adrenal gland is subjectively small for this patient, thus a resting cortisol level would be recommended to rule out atypical Addison's as a cause for the reported clinical signs. The mottling of the spleen is non-specific and presumed to be an incidental finding. This can be caused by nodular hyperplasia, extramedullary hematopoiesis, or less likely splenitis.

Additional recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.





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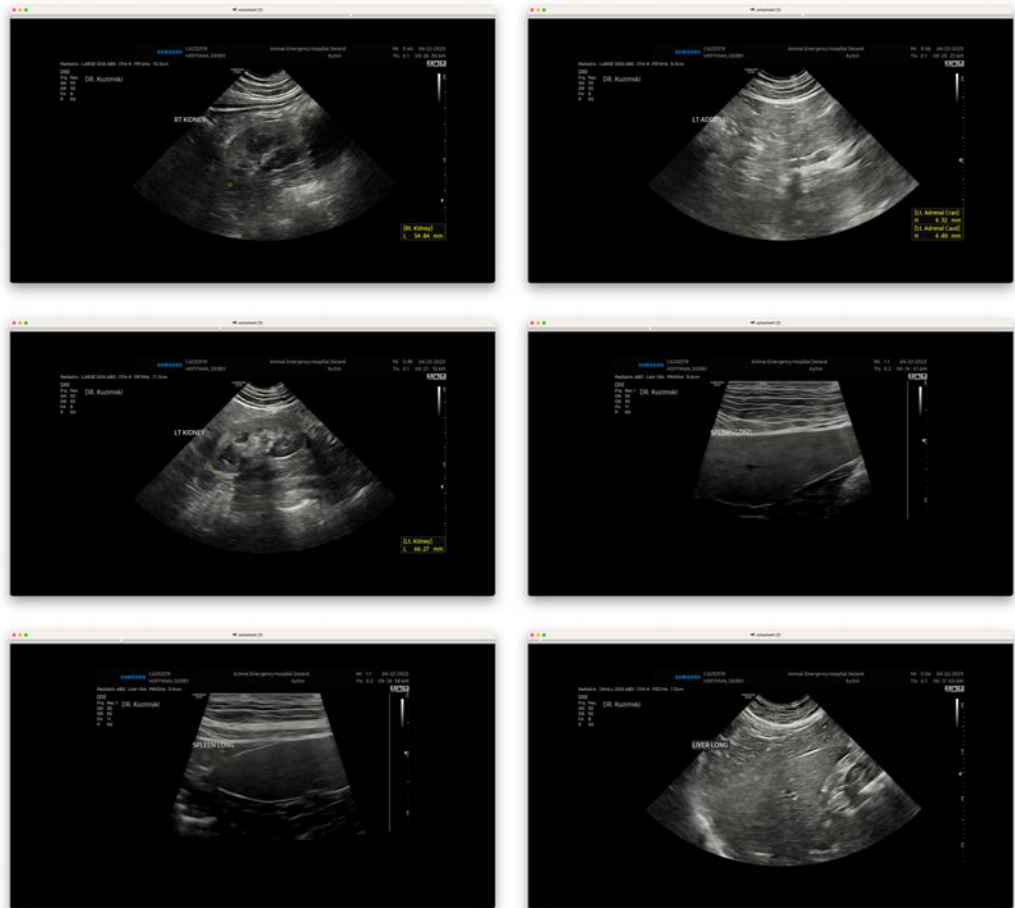
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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