



**PATIENT**

Udo Winward

**SPECIES**

Canine

**BREED**

SH Pointer

**SEX**

Neutered Male

**AGE**

7.5 years

**WEIGHT**

50 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mandy Becker

**INVOICE**

12699

**DATE**

4.6.23

**PRESENTING CLINICAL SIGNS**

History: Mild to mod elevation in ALT, 1st noticed 11/22 (ALT = 478), recheck this month ALT = 215. Patient may be PU/PD for several years Ultrasound performed immediately after anesthetized dental procedure, drugs included Dexdomitor, hydromorphanol, ketamine, propofol and isoflurane.

**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.

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.

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 6.9 cm in length. The right kidney is 6.2 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 6.4 mm at the cranial pole and 7.0 mm at the caudal pole. The right adrenal gland height is 6.6 mm at the cranial pole and 6.9 mm at the caudal pole.

**Spleen**

The spleen appears diffusely enlarged. The capsular margins are regular and the parenchyma is normal. 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 5.6 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 4.9 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.0 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. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Splenomegaly, otherwise unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The diffusely enlarged spleen is most likely secondary to the use of Dexmedetomidine for sedation. However, if there are signs of systemic illness, such as weight loss or anorexia, then fine-needle aspirates of the spleen could be considered. There is no evidence of hepatic disease on today's ultrasound; so core biopsy would likely be necessary to definitive diagnosis the cause of the mildly elevated ALT. Serial monitoring, possibly with the addition of liver-supportive supplements would be a reasonable consideration.





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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**