



PATIENT

Rosie Coyne

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

19 Pounds

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

47075

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Picky appetite (chronic) and recently more drooling. Weight stable. On labwork, ALT ~ 180 / ALP 220 - did 1 week amoxicillin, rechecked values - now ALT 258, ALP 218. Normal CBC & U/A

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 hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.1 cm. The right kidney measures 4.6 cm.

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 measured 5.2 mm cranially and 6.9 mm caudally. The right adrenal gland measured 7.5 mm cranially and 5.4 mm caudally.

Spleen

There is a hyperechoic mass within the splenic parenchyma measuring up to 1.0 cm in size, 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 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 hypoechoic fluid. 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. There is diffuse mucosal speckling noted throughout the duodenum. Intestinal motility appears normal. Wall thickness measures up to 4.3 mm for the duodenum and 3.3 mm for the jejunum.

The visible portions of the colon have increased thickness, up to 2.7 mm with intact wall layering. The ileocecal junction is visualized and 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.

PRIMARY FINDINGS

- Unremarkable liver and gallbladder

SECONDARY FINDINGS

- Mucosal speckling in the duodenum, which may indicate inflammation or may be an incidental finding.
- Mildly thickened colon wall, which may indicate colitis or may be an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no changes on today's ultrasound to explain the elevation in liver enzymes. As there was no response to a trial with Amoxicillin, one month of therapy with Denamarin and Ursodiol is recommended, followed by a recheck of lab results in one month. If results are improved, then this therapy could be continued long-term.

The changes in the duodenum and colon are mild, and in the absence of specific gastrointestinal signs, may be incidental. However, if the patient develops unexplained weight loss, further reduction of appetite, vomiting, or diarrhea, then the possibility of an inflammatory bowel disease should be considered.





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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)

info@SonoPath.com