



PATIENT PRESENTING CLINICAL SIGNS

Bella Buffington

Presented at our hospital for increased breathing/ slower, NE for 5 days, gums yellow just noticed 2 hours ago, history of 9th decreased eating, 11th not eating and diarrhea started, house treated with ant spray outside, Monday not eating anything but few treats, no bloodwork done but rads showed inflamed GI tract, gave Cerenia, did a fecal no results yet, vomiting up water when Cerenia is wearing off, rDVM thought P was a pyrethrin toxicity Previous Health Concerns: hypothyroidism (diagnosed 3m ago), arthritis Current Medications: Cerenia-8am, levothyroxine- Saturday, aspirin (dog)- 1:50p, Petalyte 5p 3 oz.

SPECIES

Canine

BREED

Basset

SEX

Spayed Female

AGE

12 Years

WEIGHT

27.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

43261

DATE

6/17/23

Abnormal PE/Chem/CBC/UA Results: Rads: Liver enlargement, irregular edges, mild ascites, otherwise empty GI tract

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A large amount of echogenic 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). Left kidney measures 7.9 cm. Right kidney measures 8.1 cm.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. Normal phrenic vasculature is found in the normal location. Left adrenal measures 8.3 mm cranially and 9.6 mm caudally. Right adrenal measures 1.0 cm cranially and 6.7 mm caudally.

Spleen

The splenic parenchyma is diffusely mottled with small hypoechoic nodules measuring up to 1.0 cm in size, which deviate the splenic capsule. There are also several small hyperechoic nodules present, consistent with myelolipomas. 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 diffusely hyperechoic and subjectively enlarged. There are diffuse hypoechoic nodules throughout the parenchyma, as well as a 4.0 cm x 2.7 cm inhomogeneous mass arising from the caudal aspect of the liver. The margins are irregular and are surrounded by hyperechoic fat and a small amount of free fluid. 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.



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Gastrointestinal

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The stomach is empty. The gastric wall is normal in thickness at 4.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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.

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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 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 focal free fluid present within the abdomen in the region of the liver. The 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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PRIMARY FINDINGS

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- Diffusely nodular spleen with capsular expansion
- Diffusely nodular liver with irregular margins and a 4.0 cm x 2.7 cm inhomogeneous mass
- Regional peritonitis in the region of the liver

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SECONDARY FINDINGS

- Bilaterally mildly enlarged adrenal glands
- Large amount of bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver and spleen along with the associated inflammatory change are concerning for infiltrative neoplasia. While a benign inflammatory or regenerative process is possible, it is deemed less likely. Given the elevated total bilirubin, coagulation testing would be recommended prior to performing aspirates or biopsies of the liver and spleen. Additional recommendations include:

REFERRING VET

Dr. Moser

- 3-view chest radiographs
- Full CBC, chemistry, and urinalysis (if not already performed)

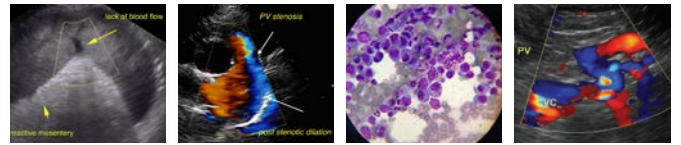
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The changes to the adrenal glands are most likely benign hyperplasia. The significance of the urinary sediment should be correlated with the presence or absence of clinical signs and the findings of urinalysis.

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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.

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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.

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