



PATIENT PRESENTING CLINICAL SIGNS

Dakota Martin
Rectal bleeding starting this AM. Dark and chunky. Lethargic today. Vomiting once about an hour before visit. Not eating much today. Diabetic. O reports not being able to regulate dakota BG and have had to increase vetsulin to 9U BID. O reports BG sits around 530 normally

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Spot BG 227 CBC: HCT 56.9 WBC 16.95 Neuts 15.04 plts 555 Chem 17: Gluc 305 ALP 1795 (ALP in Nov 2021 788) ALT 75 (wnl) EPOC: HCT 63 Gluc 316 Lact 4.59 pH 7.345 UA: USG 1.042 pH 6.0 1000+ glucose, ketone negative no bacteria or crystals

BREED

Pug X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

AGE

9 Years

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is trace pyelectasia noted in both kidneys. There is no evidence of nephrolithiasis, mineralization, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.8 cm in length. The right kidney is 4.8 cm in length.

WEIGHT

5.8

Adrenal Glands

INTERPRETED BY

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. Left adrenal measures 4.8 mm cranially and 4.9 mm caudally. Right adrenal measures 4.3 mm cranially and 3.5 mm caudally.

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

Spleen

IMAGING PERFORMED BY

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Dr. Brittany Gardner

Liver

HOSPITAL NAME

Wilvet Salem

The liver is diffusely hyperechoic and subjectively enlarged. There is a 1.2 cm hyperechoic nodule within the caudal aspect of the liver, consistent with myelolipomas. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Brittany Gardner

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.

INVOICE

43266

Gastrointestinal

DATE

6/18/23

The stomach is moderately distended with a mix of normal ingesta and shadowing foreign material. The gastric wall is normal in thickness (3.2 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. Duodenum wall measures 4.6 mm. Jejunum wall measures 3.0 mm.

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT

Pancreas

Dakota Martin

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.

SPECIES

Canine

Free Abdomen

BREED

Pug X

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.

SEX

Neutered Male

PRIMARY FINDINGS

- Ingesta and foreign material in the stomach, which should be correlated with fasting history.

SECONDARY FINDINGS

- Trace pyelectasia in both kidneys, which is an incidental finding in diabetic patients.
- Reactive hepatopathy, which is a common incidental finding in diabetic patients.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The history is most consistent with acute hemorrhagic diarrhea syndrome. The significance of the foreign material in the stomach is unclear, as there is no evidence of obstruction. Recommendations include:

- Treatment with IV fluids, with further monitoring of the stomach contents, particularly if vomiting continues.
- Fecal parasite testing and empiric fenbendazole treatment
- Probiotic therapy
- Bland diet
- Treatment with 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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SEX

Neutered Male

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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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