


PATIENT PRESENTING CLINICAL SIGNS

Carson McCartin History: Presented 6/10 for lethargy, has fever, joint pain, was diagnosed newly Anaplasma + and also mod thrombocytopenia. Started on doxy + pred - initially better, then after 5 days started vomiting so began tapering pred. Controlled with Cerenia, but when stopped vomiting resumes. Recheck bloodwork today - platelets normal, but ALT 550, ALP 1271, CPL abnormal

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

Jack Russel Terrier

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There are multiple shadowing uroliths present, measuring up to 4.0 mm. No masses are noted. Urethra visualized to 3.0 cm.

SEX

Neutered Male

The prostate is not visible due to shadowing from both the colon and the pelvis.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.5 cm in length. The right kidney is 4.6 cm in length.

AGE

8 years

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 5.0 mm at the cranial pole and 3.4 mm at the caudal pole. The right adrenal gland height is 6.8 mm at the cranial pole and 4.6 mm at the caudal pole.

WEIGHT

18 lbs

Spleen

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.

INTERPRETED BY

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

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dr. Tam Mengine

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.

HOSPITAL NAME

Stoney Creek VH

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Gerald Latterner

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 4.7 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 0.9 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

INVOICE

13441

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. The patient is resentful to pressure in the region of the right limb of the pancreas.

DATE

6.21.23



PATIENT

Carson McCartin

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Findings

BREED

Jack Russel Terrier

- Multiple small uroliths in bladder
- Reactive hepatopathy, consistent with the prednisone use
- Pain in the right limb of the pancreas, which may suggest pancreatitis despite normal appearance
- Mild chronic renal changes

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 years

The changes in the liver are most likely secondary to the prednisone use. It is my understanding that the prednisone is now being tapered off, which hopefully will allow the liver enzymes to return to normal. Doxycycline can also cause elevation in liver values, but again, this should resolve once the doxycycline course is completed.

WEIGHT

18 lbs

Empirical treatment for pancreatitis is recommended, with pain management, antiemetics, and a low-fat, bland diet.

INTERPRETED BY

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

At this time, the uroliths show no evidence of obstruction, but monitoring for urethral obstruction is recommended, and a cystotomy could be considered once the patient is recovered to remove stones.

IMAGING PERFORMED BY

Dr. Tam Mengine



HOSPITAL NAME

Stoney Creek VH



REFERRING VET

Dr. Gerald Latterner

INVOICE

13441

DATE

6.21.23



PATIENT

Carson McCartin

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered Male

AGE

8 years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Gerald Latterner

INVOICE

13441

DATE

6.21.23



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