

**PATIENT PRESENTING CLINICAL SIGNS**

Chloe Rockenbach History: Several-month history of seeming uncomfortable, 2-day history of soft stool and tenesmus. CBC / Chem unremarkable, U/A pending. Patient very tense on probe pressure

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**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 is a shadowing uroliths present, measuring up to 2.5 mm. No masses are noted. Urethra visualized to 3.00 cm.

BREED

Shih Tzu

Both kidneys exhibit mildly decreased corticomedullary differentiation. There are many small, non-obstructed nephroliths present within the renal medulla and pelvis. There is no evidence of pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.1 cm in length.

SEX

Spayed Female

**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 4.0 mm at the cranial pole and 4.4mm at the caudal pole. The right adrenal gland height is 8.6 mm at the cranial pole and 5.2 mm at the caudal pole.

AGE

12 years

**Spleen**

There are multiple hyperechoic masses (up to 1.00 cm) within the splenic parenchyma, 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.

WEIGHT

16.8 lbs

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

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.

**Gastrointestinal**

The stomach is mildly distended with gas and fluid. The gastric wall is 3.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

**HOSPITAL NAME**

Stoney Creek VH

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

**REFERRING VET**

Amanda Carmellini

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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**PATIENT**

Chloe Rockenbach

**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**

- Multiple nephroliths
- Small urolith within the urinary bladder

**BREED**

Shih Tzu

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

It is likely that the presence of nephroliths within the kidneys are responsible for Chloe's recent history of discomfort. There is a nephrolith in the right kidney that appears to be about to pass. Based on the presence of a small stone in the bladder, she is likely passing nephroliths frequently. Recommendations include increasing water intake by adding water to food or feeding a lower urinary diet that encourages thirst. Treatment with ongoing NSAIDs or other pain medication may also be of benefit.

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**WEIGHT**

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PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

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**REFERRING VET**

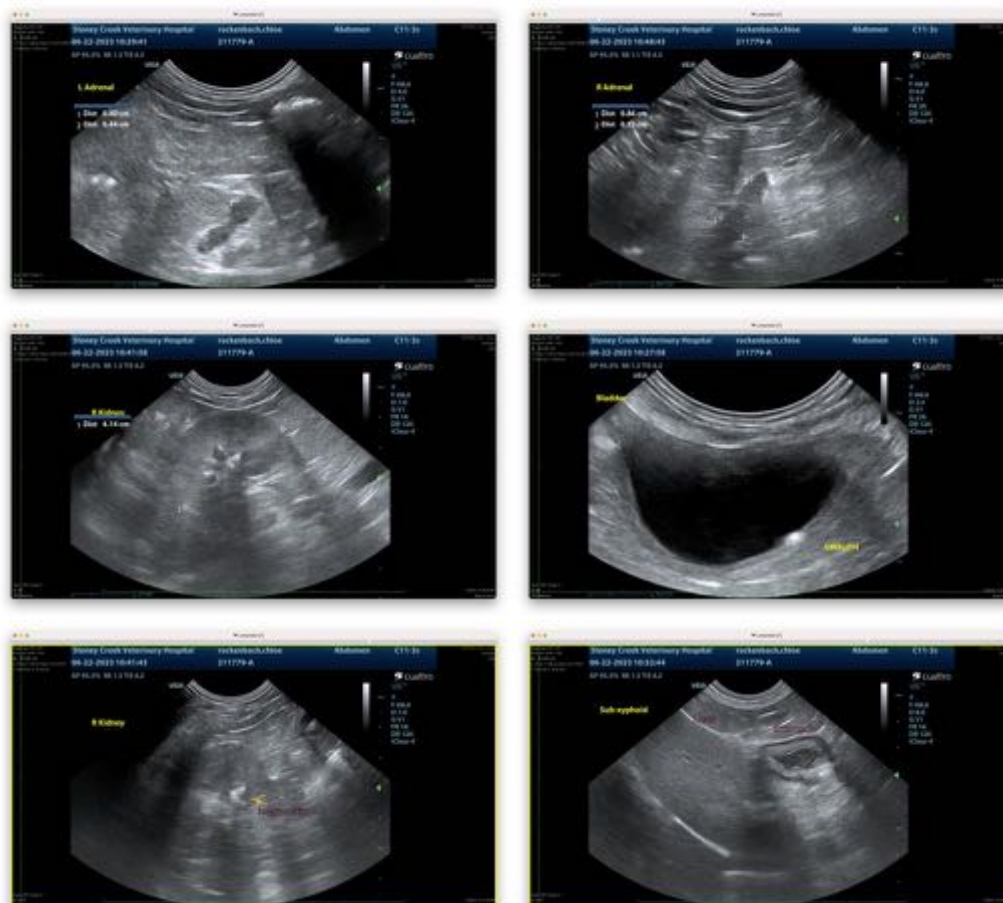
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Chloe Rockenbach

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

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Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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