



PATIENT

Bella Jennings

PRESENTING CLINICAL SIGNS

Newly diabetic, as of 6/23/2022. Pelvic limb weakness(neuropathy) and weight loss. Began insulin Humulin N, starting at 18 units SQ BID. Blood work otherwise all within normal limits. Abnormal PE/Chem/CBC/UA Results: 6/23/2022: Glucose over 600 6/30/2022: Glucose 110mg/dl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

BREED

Labrador Retriever

SEX

Spayed Female

The left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 7.6 cm.

AGE

11 years

The right kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 7.1 cm.

WEIGHT

80.8 lbs

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 (0.69) cm at the cranial pole and (0.69) cm at the caudal pole. The right adrenal gland height is (0.73) cm at the cranial pole and (0.61) cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Cerf

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.

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REFERRING VET

Dr. Cerf

The gallbladder is mildly distended with anechoic bile and a large amount of mobile sludge. 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

The stomach is moderately gas filled. The gastric wall is (3.7) cm 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. The duodenal wall measures (0.47 cm). The jejunal wall measures up to (0.41) cm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (0.13) cm, with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Labrador Retriever

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is a 3.7 cx 4.0cm mass well circumscribed mass is in the region of the left pancreatic limb or the superimposing omentum. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SEX

Spayed Female

AGE

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Free Abdomen

There is no evidence of free fluids 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.

WEIGHT

80.8 lbs

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

3.7 x 4.0 cm mass associate with the left limb of the pancreas – differentials include abscess, granuloma, or less likely neoplasia

SECONDARY FINDINGS:

Age related renal changes.

Non-specific hepatopathy and gallbladder sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding the mass adjacent to the left limb of the pancreas include:

- ❖ three-view chest radiographs to screen for metastasis
- ❖ fine needle aspiration with a 25G needle , or alternately surgical resection with histopathologic assessment.
- ❖ further assessment via CT scan could also be considered
- ❖ If the mass is in fact an inflammatory lesion associated with the pancreas, then consider a history of prior pancreatitis, which may relate to the recent diagnosis of diabetes mellitus.

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Other recommendations include:

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease

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(including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

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- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing’s disease is recommended only if clinical signs support the diagnosis
- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

BREED

Labrador Retriever

The mobile sludge in the gallbladder shows no evidence of mucocele formation at this time.

SEX

Spayed Female

Recommendations include:

- ❖ monitoring for progression in 2-3 months time is recommended
- ❖ treatment with ursodiol could be considered, especially if there are concurrent elevations in cholestatic enzymes

AGE

11 years

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

WEIGHT

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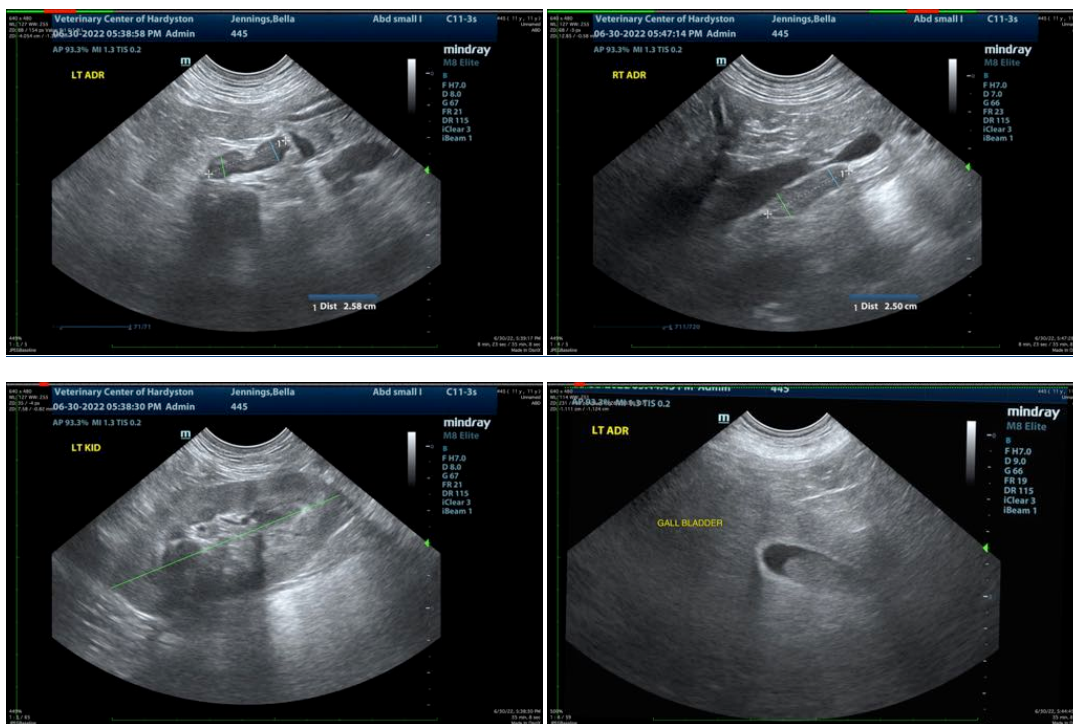
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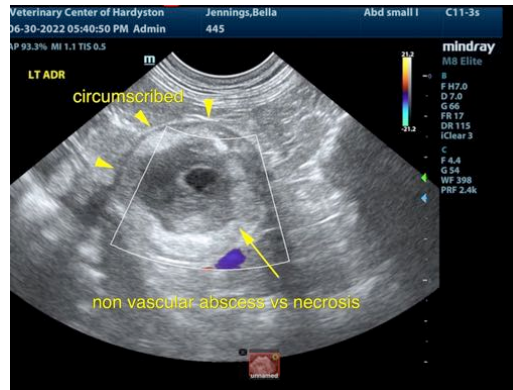
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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