



PATIENT

Cinna Novotny

SPECIES

Canine

BREED

Soft Coat Wheaton Terrier

SEX

Female

AGE

9 years

WEIGHT

44.6 lbsS

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

31378

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: History of elevated AST that is continuing to rise. CPK is also quite elevated and the Amylase is elevated again with mild anemia and Lymphocytosis. A UA and Cardiopet Pro BNP were both done and came back within normal limits. Patient does have a history of allergies for this time of year and was recently seen for eye discharge. No other symptoms have been noted though.
Abnormal PE/Chem/CBC/UA Results: Attached are the most recent BW results and a radiograph taken today

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 kidneys are hyperechoic, and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (5.9) cm in length. The right kidney is (4.5) cm in length.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and measured 0.4 cm. The cranial pole is not visualized, yet the region appears unremarkable. The right adrenal gland is not clearly visualized, but the region appears unremarkable.

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.

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.

The gallbladder is moderately distended with anechoic bile and a small amount of mobile sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall has 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 with intact wall layering. The ileocecal junction is visualized and appears 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

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Unremarkable abdomen for the patient's age.

SECONDARY FINDINGS:

Chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no clear cause on the ultrasound for the mild elevations in AST and CK. Given that the elevations are mild it is possible that the minor muscle injury could have contributed to the elevations.

The low albumin and cholesterol suggest the possibility of functional liver disease or intestinal losses. Thus bile acid testing could also be considered. If liver function testing is normal and the patient is otherwise asymptomatic then serial monitoring of the chemistry values is reasonable.

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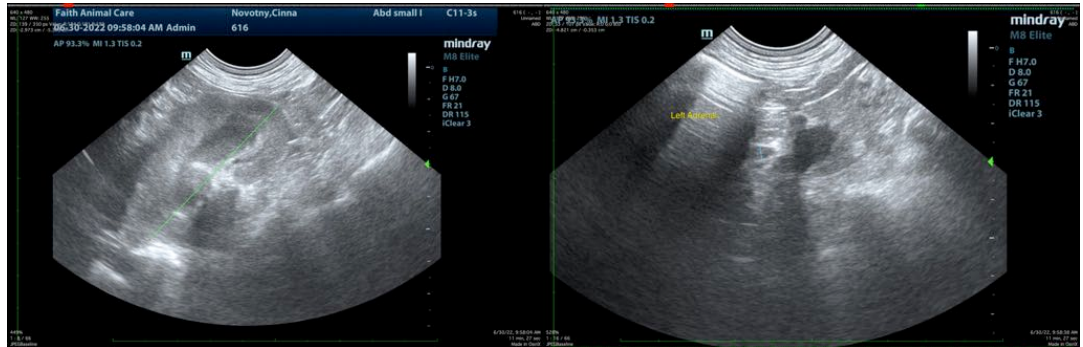
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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