



PATIENT

Roxy Padula

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

39440

DATE

7/12/22

PRESENTING CLINICAL SIGNS

6 week history of urinary incontinence that resolved with proin - had urinalysis and culture prior to starting proin that were normal. Four week history of bloody diarrhea, metronidazole-responsive but always returns. CBC / Chem unremarkable, snap CPL abnormal. Intermittent inappetance as well. GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

There is a 7.0 mm soft tissue mass arising from the apex of the bladder wall. The surrounding wall has mild scalloping. The bladder is moderately distended with anechoic urine. No luminal sediment present. The ureteral papillae, trigone and pelvic urethra are of normal appearance. The ureters are not visible (normal). No calculi noted.

The kidneys are hyperechoic, and exhibit mild decrease in cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 4.3 cm. The right kidney measured 4.3 cm.

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 measured 4.6 mm at the cranial pole and 4.2 mm at the caudal pole. The right adrenal gland measured 4.2 mm at the cranial pole and 5.3 mm at the caudal pole.

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 a small amount of dependent 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 is 0.43 cm 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. The duodenal wall measures 0.42 cm. The jejunal wall measures up to 0.39 cm. Intestinal motility appears normal.



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

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Pancreas

The pancreas is mildly hypoechoic with very mildly hyperechoic surrounding omental fat. It is not painful to probe pressure. The pancreatic duct appears normal.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mildly inflamed pancreas

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SECONDARY FINDINGS:

- 7.0 mm bladder wall mass
- Chronic renal changes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

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- ❖ a cPLI level is recommended for confirmation and monitoring purposes.
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) are warranted.
- ❖ a highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- ❖ complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- ❖ if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.
- ❖ Additionally, fecal parasite testing and empiric Fenbendazole treatment and probiotic therapy are recommended.

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

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- ❖ 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

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The changes in the bladder wall are consistent with chronic inflammatory changes, or less likely neoplasia. Recommendations include:

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- ❖ a urinalysis and urine culture, if not already performed
- ❖ BRAF testing could be considered if culture is negative or if there are persistent lower urinary tract symptoms.

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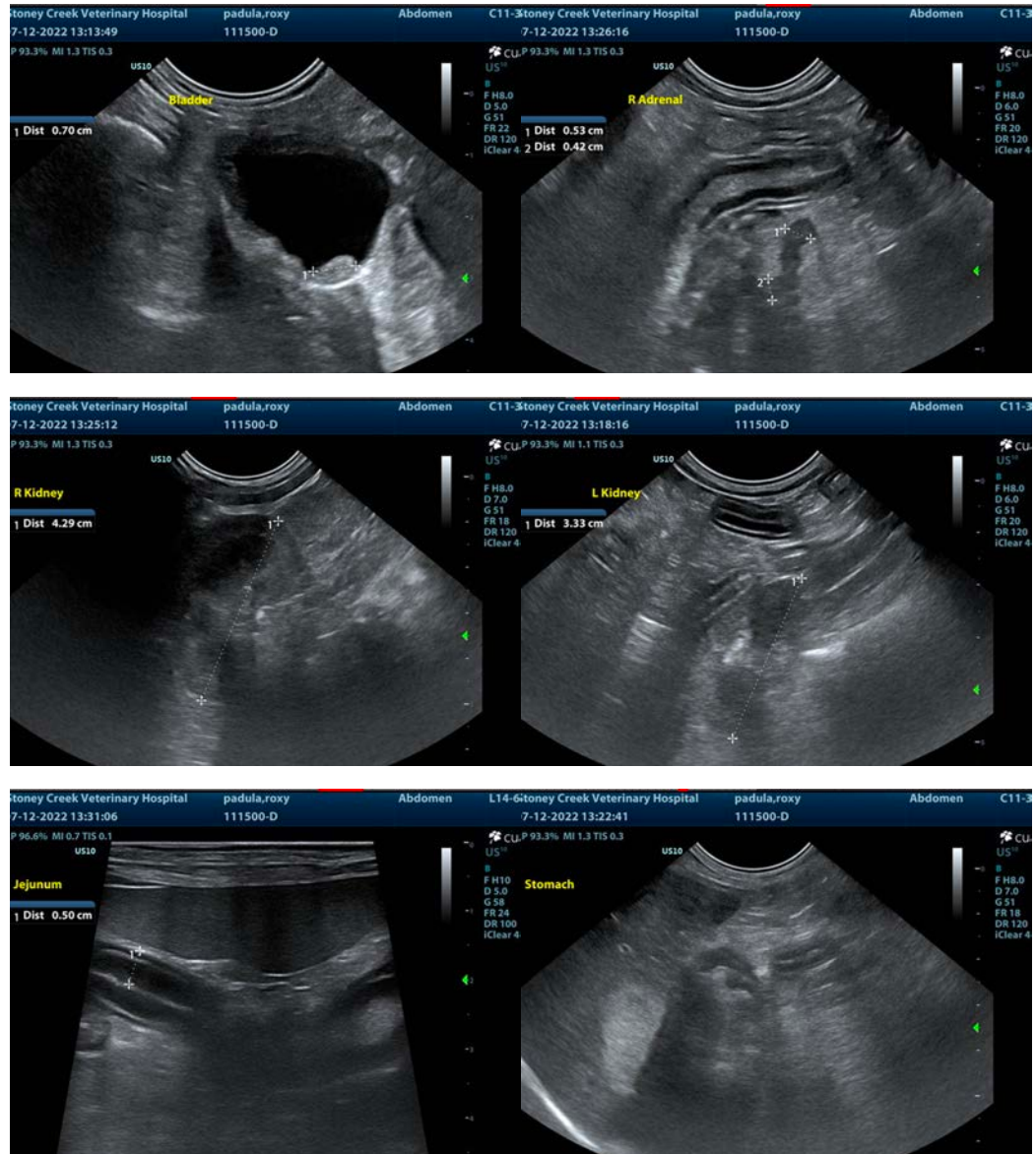
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com