



PATIENT

Maggie Robson

PRESENTING CLINICAL SIGNS

History: Patient had wellness CBC / Chem in Oct had slightly elevated ALT of 149. Recheck of ALT in June was 303. Patient is asymptomatic

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

BREED

Coonhound

SEX

Spayed female

Both kidneys hyperechoic, and exhibit moderately decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 5.4 cm and the right kidney also measured 5.4 cm.

AGE

12 ½ 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 (6.2) mm at the cranial pole and (6.8) mm at the caudal pole. The right adrenal gland height is (5.6) mm at the cranial pole and (5.1) mm at the caudal pole.

WEIGHT

42 lbs

INTERPRETED BY

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

Spleen

There are numerous, hyperechoic masses within the splenic parenchyma measuring (up to 1.0 cm) in diameter, with no visible deviation of the splenic capsule. The masses are concentrated primarily around the splenic hilus. 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. Mengine

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.

HOSPITAL NAME

Stoney Creek VH

The gallbladder is moderately distended with anechoic contents. There is a small amount of echogenic material floating in the gallbladder lumen along with a 2.6 cm, hyperechoic shadowing structure. 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 empty. The gastric wall is (0.51 cm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

DATE

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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 (0.46) cm). The jejunal wall measures up to (0.36 cm). Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (0.18 cm), with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Coonhound

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.

SEX

Spayed female

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.

AGE

12 ½ years

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Reactive hepatopathy and mineralized structure in the gallbladder.

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SECONDARY FINDINGS:

Chronic renal changes.

Splenic myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 (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

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Ongoing monitoring for evidence of cholecystitis or obstruction is recommended. The shadowing structure is consistent with the cholelith, but does not appear to be causing problems at this time. A recheck of the hyperechoic material in the gallbladder is recommended after 6 weeks of Ursodiol therapy.

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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

BREED

Coonhound

SEX

Spayed female

The splenic myelolipomas are likely to be a benign incidental change, but due to the large number ongoing ultrasonographic monitoring every 2-3 months could be considered.

AGE

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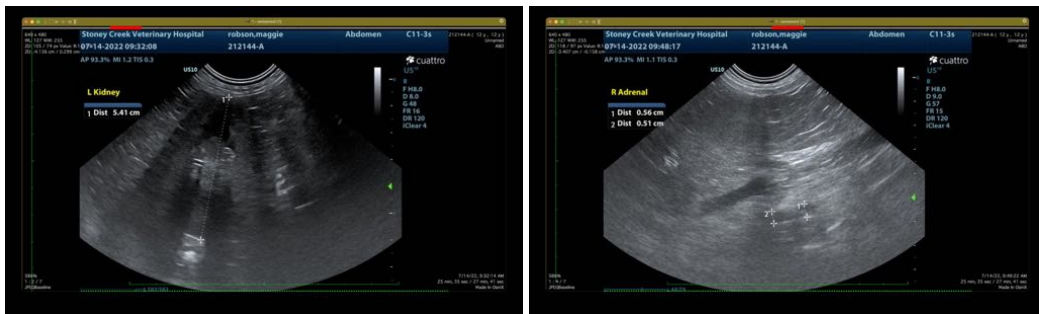
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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