



PATIENT PRESENTING CLINICAL SIGNS

Coconut Leinhauser History: Recent onset Horner's syndrome - CBC / Chem - ALT 561, ALP 265. This past weekend had an episode of bloody diarrhea.

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Neutered Male

AGE

11.5 years

WEIGHT

41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Amanda Carmellini

INVOICE

13733

DATE

7.18.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There are small cortical cysts present within both kidneys. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.9 cm in length. The right kidney is 5.8 cm in length.

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 4.2 mm at the cranial pole and 5.7 mm at the caudal pole. The right adrenal gland height is 5.2 mm at the cranial pole and 6.0 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 anechoic contents and a small amount of freely-moveable echogenic 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 moderately distended with normal ingesta. The gastric wall is 4.7 mm 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 5.0 mm. The jejunal wall measures up to 4.4 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, 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.

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. There is a single sublumbal lymph node with a 3.0 mm mineralized nodule within it. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable liver and GI tract

Secondary Findings

- Mild chronic renal changes
- Mineralized iliac lymph node, which is presumably an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no changes on today's ultrasound to explain the facial nerve paralysis, the recent elevation in liver enzymes, or gastroenteritis. Given that the patient's symptoms and lab-work are reported to be returning to normal, it may be that there was a transient inflammatory process affecting both the GI tract and liver. Additional diagnostics to determine the cause of facial nerve paralysis would involve advanced imaging of the skull and cervical spine, such as with a CT.





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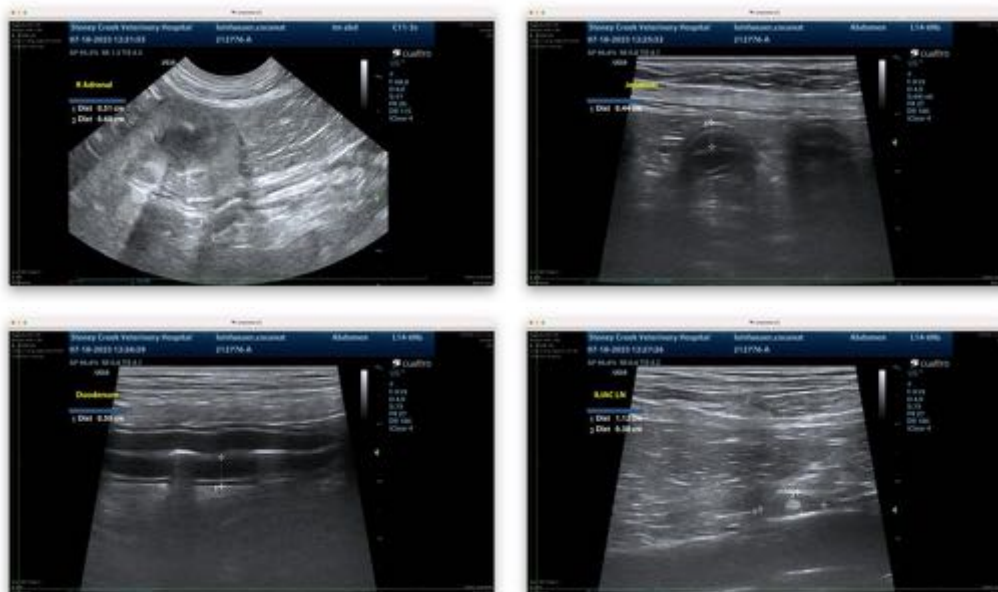
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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