



PATIENT

June Bug Wright

SPECIES

Canine

BREED

Beagle/Hound Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

45 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

16530

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: weight loss, vomiting, decrease appetite

Abnormal PE/Chem/CBC/UA Results: muscle wasting, mid abdominal organomegaly, rads show lack of detail and suggestion of mass mid abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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). The bladder wall is mildly thickened, up to 5.0 mm and has a slightly irregular mucosal surface. No masses or calculi are noted.

The right kidney is hyperechoic, and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is (5.5) cm in length.

The left kidney is hyperechoic and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. There are numerous tiny cysts throughout the renal cortex. The proximal ureter is not visible (normal). The left kidney is (7.3) cm in length.

Adrenal Glands

The left gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (6.0) mm at the cranial pole and (7.0) mm at the caudal pole.

The right adrenal gland is not clearly visualized, due to the presence of the large liver mass.

Spleen

There is 4.9 cm x 4.4 cm mass arising from the tail of the spleen, as well as multiple hypoechoic expansive lesions throughout the splenic parenchyma. 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 diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. There is 9.0 cm x 8.0 cm heteroechoic mass arising from the caudal aspect of the liver. The mass is surrounded by hyperechoic omental fat.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal contents. The gastric wall is (2.8) mm 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 (5.0) mm. The jejunal wall measures up to (4.5) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

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There is hyperechoic omental fat and mesentery throughout the free abdomen. There is no evidence of free fluid within the peritoneal cavity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

Primary Findings

- Large hepatic mass
- Multiple splenic masses

WEIGHT

45 Pounds

Secondary Findings

- Acute pancreatitis
- Chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has a large mass arising from the liver, as well as multiple masses associated with the splenic body and tail. Both lesions are concerning for malignancy. A fine needle aspirate, after checking coagulation profile, would be necessary for a definitive diagnosis. Alternately, surgical resection of both the hepatic mass and a splenectomy could be considered. Three view chest radiographs are recommended and a CT prior to surgery could help with planning.

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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.

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Finally, while the chronic renal changes are unlikely to be related to this patients clinical signs,



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monitoring of renal values and urinalysis is recommended. The changes to the urinary bladder could be consistent with UTI and should be correlated with urinalysis findings.

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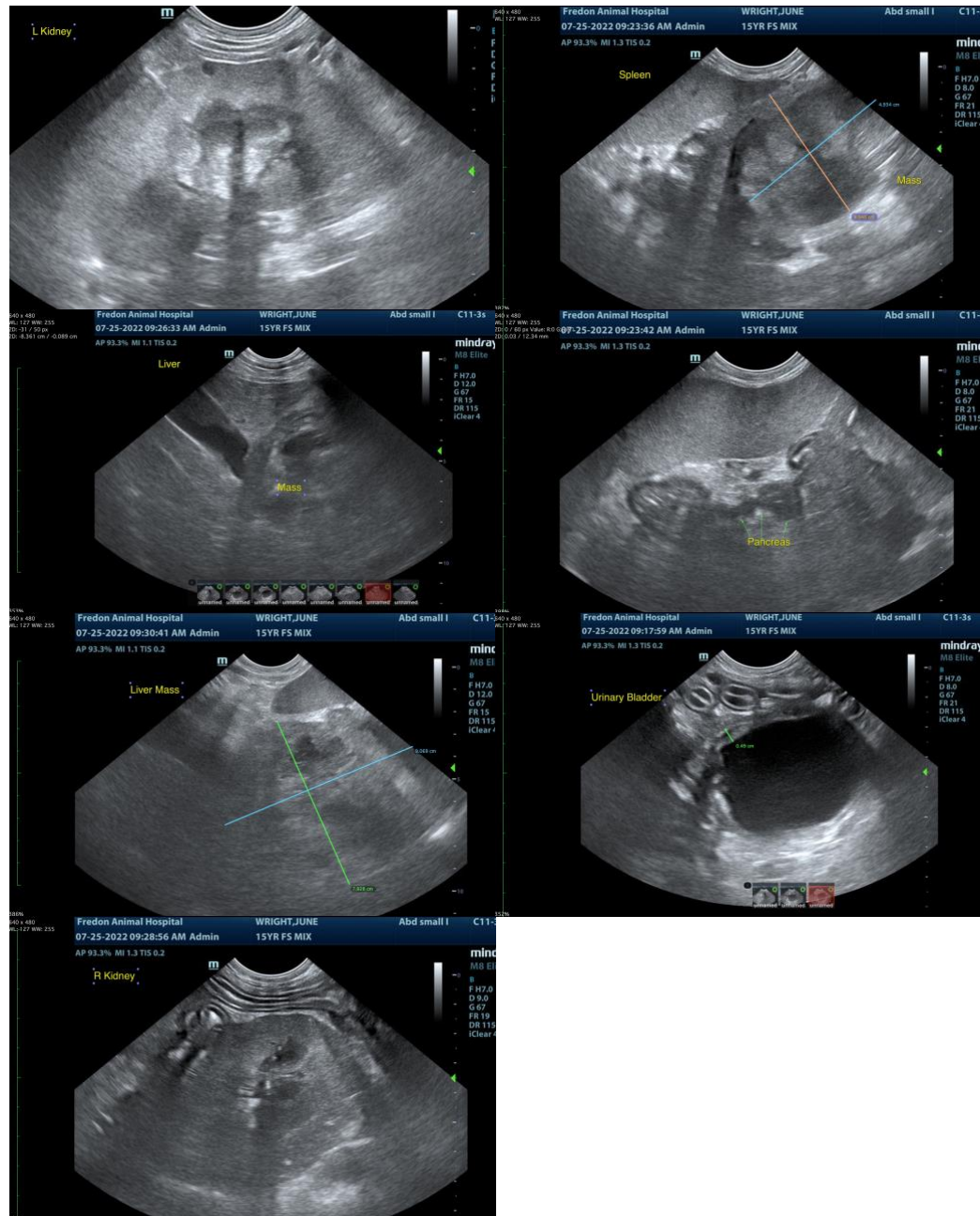
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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