



PATIENT PRESENTING CLINICAL SIGNS

Cooper Witt History: 6-week-history of diarrhea, sometimes with frank blood.
Vomiting ~ 1/week. No weight loss. Symptoms improve while taking pro-pectalin.
SPECIES Negative fecal, CBC / mini-chem at ER showed hypoglycemia, else unremarkable.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Chesapeake Bay Retr

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.

SEX

Neutered Male

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.

AGE

4 years

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.8 cm in length. The right kidney is 7.5 cm in length.

WEIGHT

107 lbs

Adrenal Glands

INTERPRETED BY

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 7.2 mm at the cranial pole and 6.3 mm at the caudal pole. The right adrenal gland height is 5.5 mm at the cranial pole and 7.4 mm at the caudal pole.

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

IMAGING

Spleen

PERFORMED BY

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.

Dr. Tam Mengine

HOSPITAL NAME

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.

Stoney Creek VH

REFERRING VET

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.

Dr. Kapolka

Gastrointestinal

INVOICE

The stomach is moderately distended with normal ingesta. The gastric wall is 3.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 5.1 mm for duodenum and 3.9 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

DATE

7.27.23

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.



PATIENT *Pancreas*

Cooper Witt
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.

SPECIES

Canine

BREED

Chesapeake Bay Retr

SEX

Neutered Male

AGE

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WEIGHT

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**IMAGING
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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.

ULTRASONOGRAPHIC FINDINGS

Findings

- Mildly thickened muscularis layer in the small bowel, which may suggest infiltrative bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, such as inflammatory bowel disease. Infiltrative neoplasia (such as lymphoma) is possible but deemed unlikely. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, with cobalamin supplementation if indicated.
- A resting cortisol level is recommended, and can now be included as part of the GI panel to Texas A&M. Alternately a urine cortisol: creatinine ratio can be used to screen for hypoadrenocorticism.
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.





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SPECIES

Canine

BREED

Chesapeake Bay Retr

SEX

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HOSPITAL NAME

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REFERRING VET

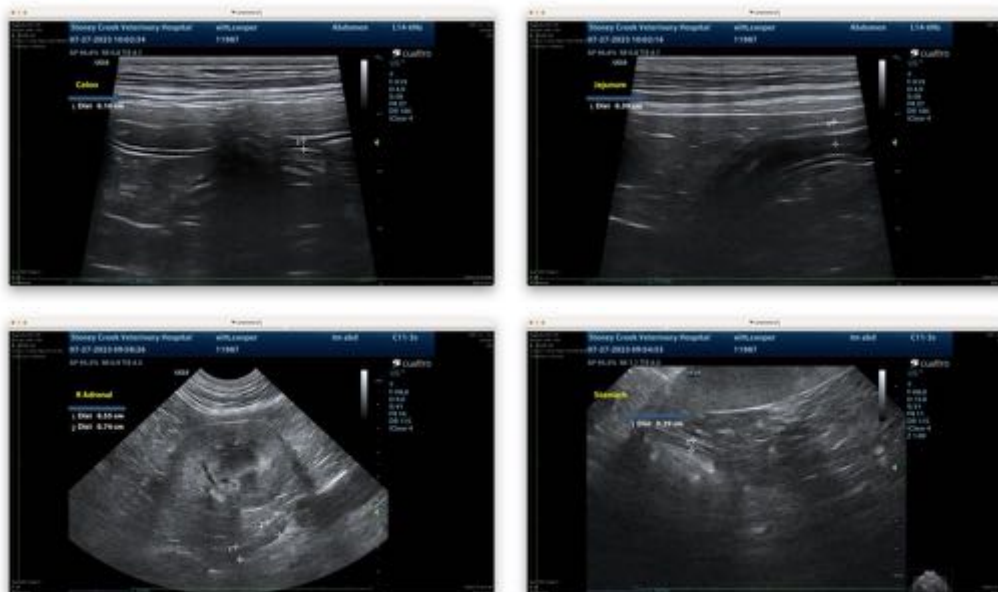
Dr. Kapolka

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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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