



PATIENT

Bruno Toro

SPECIES

Canine

BREED

Silver Lab

SEX

Male

AGE

2 Years

WEIGHT

51.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

39354

DATE

7/8/22

PRESENTING CLINICAL SIGNS

Hx of chronic severe bronchitis Patient has been on chronic steroids Diarrhea on and off for the past month now watery with hematochezia Weight loss Poor response to supportive care
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, intermittent dry hacking cough with increased bronchial sounds all lung sounds CBC/Chem: hypoalbuminemia Fecal: NPS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is nearly empty, containing a small amount of hypoechoic urine. The wall appears thickened, but this is likely due to lack of distention. The prostate is not visualized, presumably due to its intrapelvic location.

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 7.0 cm in length. The right kidney is 6.6 cm in length.

Adrenal Glands

The left adrenal 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 measures 4.7 mm at the cranial pole and 6.5 mm at the caudal pole.

The right adrenal gland is not clearly visualized, but the region is within normal limits.

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 diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is markedly 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 wall is mildly thickened with intact wall layering up to 8.9 mm. It is mildly distended with anechoic fluid. The pylorus is of normal appearance.

There is a focal segment of small bowel with a thickened muscularis layer, with a total wall measurement up to 6.6 mm. The remainder of the small intestines are 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.



PATIENT

Bruno Toro

SPECIES

Canine

BREED

Silver Lab

SEX

Male

AGE

2 Years

WEIGHT

51.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

39354

DATE

7/8/22

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. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Several mild to moderately enlarged mesenteric lymph nodes are noted, measuring up to 2.8 cm in length.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thickened stomach wall and focal thickening of small intestinal mucosa
- Mesenteric lymphadenopathy

SECONDARY FINDINGS:

- Reactive hepatopathy – consistent with chronic steroid use.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the stomach and small intestine are consistent with gastroenteritis of unknown etiology. Recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, anti-emetics, antacids and gastroprotectants as clinically indicated.
- ❖ A trial with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel are recommended due to the chronic nature of the diarrhea and the weight loss.
- ❖ Additionally, given the history of coughing and now diarrhea, fungal titers would be considered.
- ❖ Finally, the focal area of thickened small intestine should be monitored, and biopsies should be considered if the appearance progresses, or if symptoms persist.



PATIENT

Bruno Toro

SPECIES

Canine

BREED

Silver Lab

SEX

Male

AGE

2 Years

WEIGHT

51.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

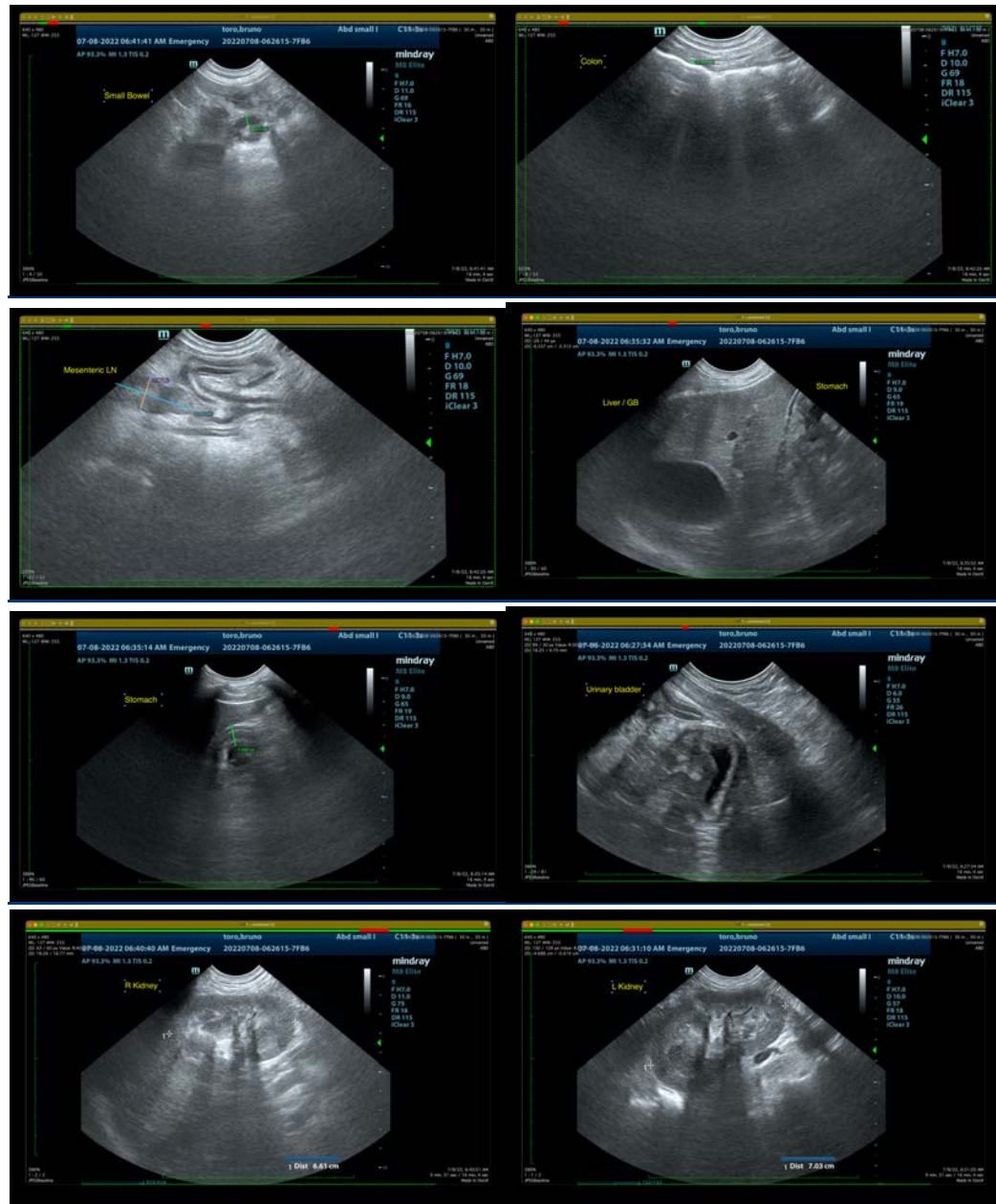
Dr. Cristina Polit

INVOICE

39354

DATE

7/8/22



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