



PATIENT

Kora Austin

SPECIES

Canine

BREED

Blue Heeler X

SEX

Spayed Female

AGE

8.2 Years

WEIGHT

39 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

39341

DATE

7/8/22

PRESENTING CLINICAL SIGNS

Pet has episodic intermittent history of getting pale gums, abdomen seeming bloated and seeming lethargic- episodes only last for a couple of minutes and then pet is back to normal. Has visited ER and Reg vet on 3 separate occasions after these episodes and nothing found by the time pet is seen. Pet is normal in between these episodes r/o- intermittent arrhythmias? shunt? adrenal issue? seizures? Doing ultrasound before referral to cardio/internal med

Abnormal PE/Chem/CBC/UA Results: cbc/chem/lytes/t4 all normal on blood work 1 month ago

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is 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. The pelvic urethra was visualized to 1.0 cm.

The kidneys are hyperechoic, and exhibit moderate loss of cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.2 cm. The right kidney measures 5.5 cm.

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 measures 3.3 mm at the cranial pole and 3.8 mm at the caudal pole. The right adrenal gland measures 4.2 mm at the cranial pole and 3.2 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 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 empty. The gastric wall is 4.2 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. Duodenum wall measures up to 4.2 mm. Jejunum wall measures 3.4 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.1 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Unremarkable abdomen for patient age

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SECONDARY FINDINGS:

- Chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include thoracic radiographs and ECG, and ideally echocardiogram to rule out underlying cardiac disease. A holter monitor study may be necessary if the patient is suffering from intermittent arrhythmias. Ammonia levels or bile acid testing could be considered to thoroughly rule out hepatic encephalopathy.

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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

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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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