



PATIENT

Molly Snow Gladden

SPECIES

Canine

BREED

Old English Bulldog

SEX

Female

AGE

9 Months

WEIGHT

30.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

39343

DATE

7/8/22

PRESENTING CLINICAL SIGNS

Ever since Molly was a puppy (starting in January 2022 at 8-9 weeks), she has had chronic, but intermittent soft stools and GI upset (lethargy, reduced appetite, vomiting). She presented yesterday for acute vomiting and did not respond well to Cerenia (continued to vomit overnight after injection yesterday afternoon).

Abnormal PE/Chem/CBC/UA Results: BCS 6/9, quiet attitude. Previous Diarrhea PCR panel - clostridium perfringens in March 2022 but recovered well following treatment with metronidazole. Owner has continued probiotics for her. 7/2022 - CBC - unremarkable, Chem - Glob 3.9, ALT 213, GGT 17 Hospitalized with IV fluids, started therapy for possible ascending cholangiohepatitis. TAMU GI panel, cortisol pending.

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 urethra was visualized to 2.0 cm.

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 6.7 cm in length. The right kidney is 7.2 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 measures 2.9 mm at the cranial pole and 5.4 mm at the caudal pole. The right adrenal gland measures 5.5 mm at the cranial pole and 4.2 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.



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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 jejunal wall measures up to 4.0 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.9 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.

SEX

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Other

The uterus was visualized with mildly thickened walls, but no significant amount of intrauterine fluid.

AGE

9 Months

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There are multiple mildly enlarged mesenteric lymph nodes measuring up to 2.8 cm in length. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Reactive mesenteric lymph nodes

SECONDARY FINDINGS:

- Uterus suggestive of estrus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel and cortisone level are already pending, which is excellent. Leptospirosis testing may also be considered, given the elevated ALT.

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The changes in the (stomach / small intestine / colon) are consistent with gastroenteritis of unknown etiology. Recommendations include:

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- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, anti-emetics, antacids and gastroprotectants as clinically indicated.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

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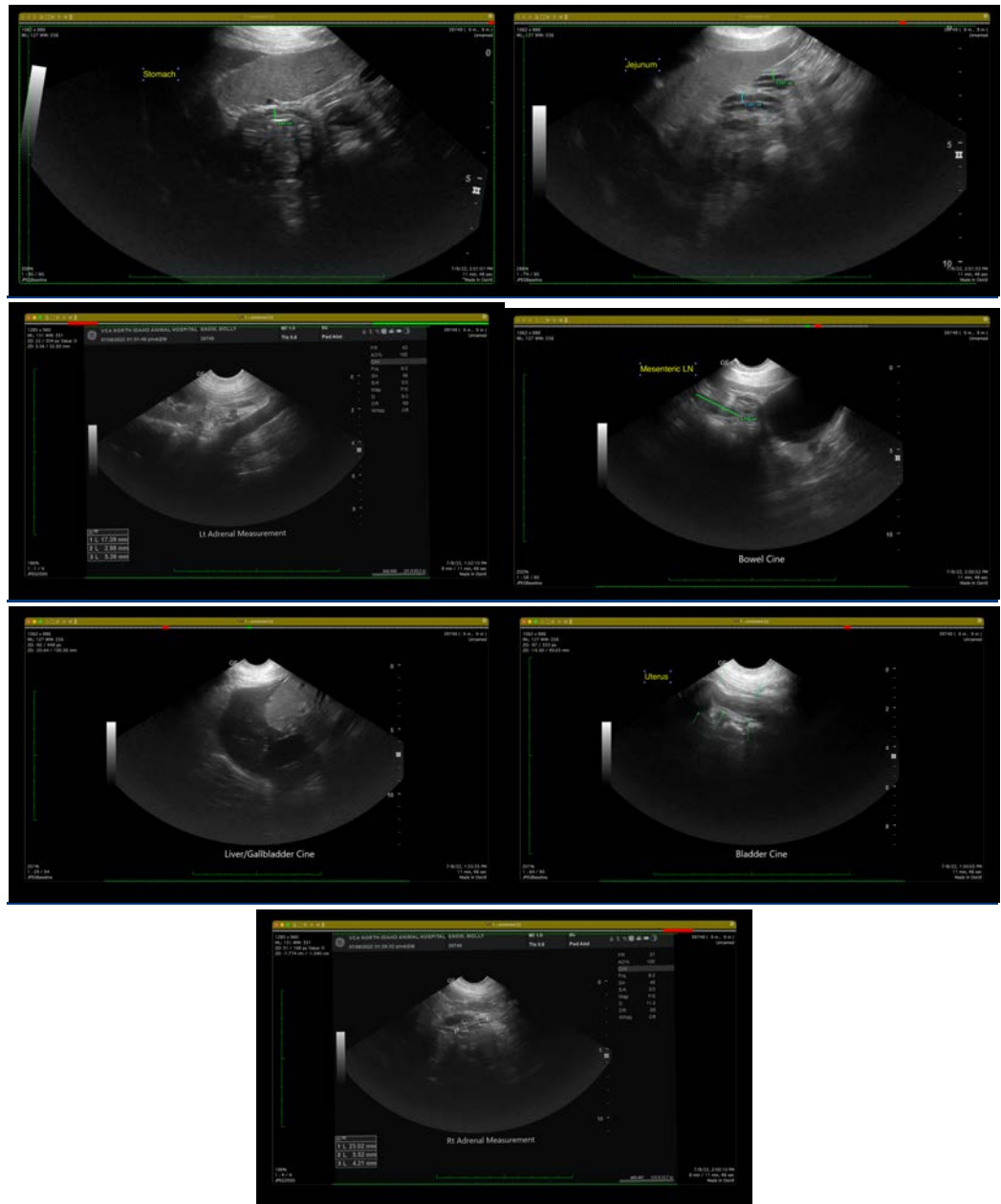
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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