



PATIENT

Brody Smith

PRESENTING CLINICAL SIGNS

History: Weight loss (6 pounds) since last weight check in April, and 2 weeks of poor appetite. Normal CBC / Chem / T4, U/A pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Pelvic urethra is visualized to (2.0) cm.

BREED

German Shepherd

SEX

Neutered Male

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 7.5 cm in length. The right kidney is 7.6 cm in length.

AGE

1.8 Years

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 height is 4.8 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland height is 8.8 mm at the cranial pole and 6.1 mm at the caudal pole.

WEIGHT

94 Pounds

Spleen

The splenic parenchyma is diffusely mottled with tiny hypoechoic nodules. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

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

HOSPITAL NAME

Stoney Creek VH

Gastrointestinal

The stomach is empty. The gastric wall is 4.7 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 4.0 mm. The jejunal wall measures up to 3.1 mm. Intestinal motility appears normal.

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.

INVOICE

16886

Pancreas

DATE

0-17-20



PATIENT

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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

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.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

- A micronodular spleen. This is typical for this breed.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

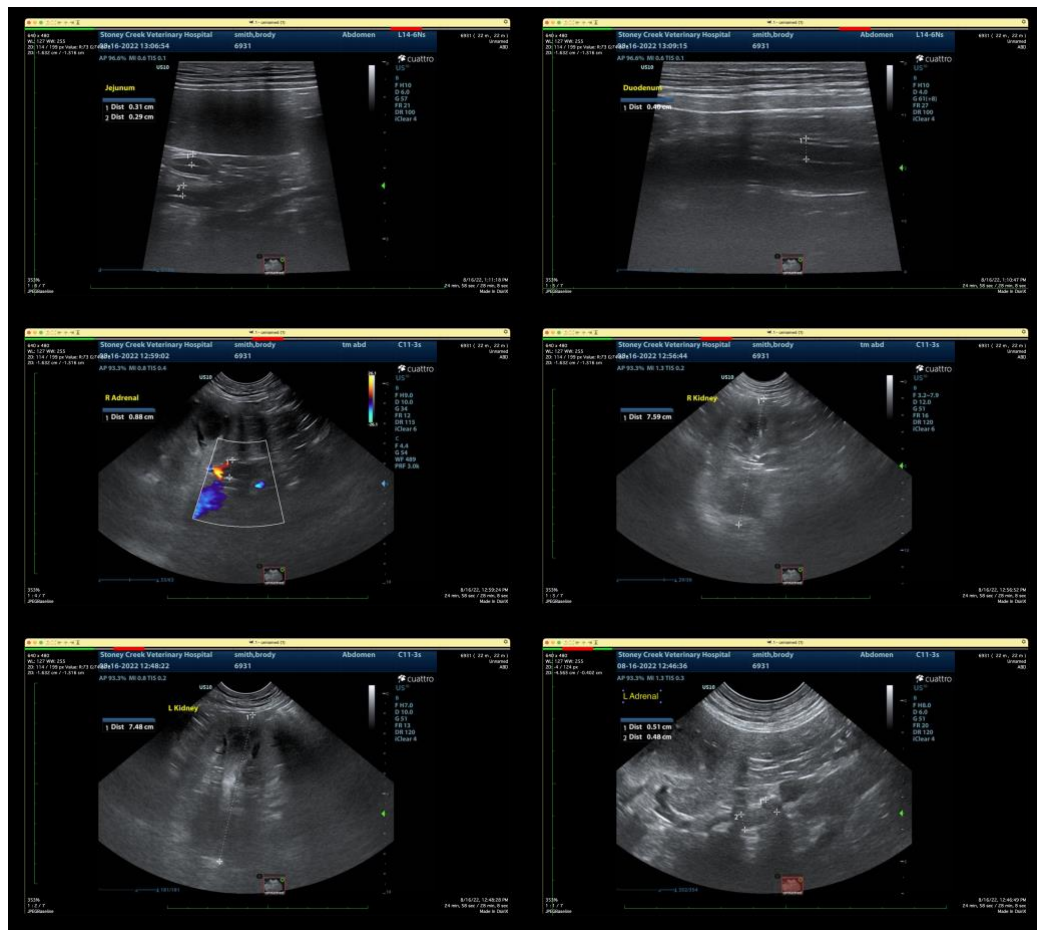
While the changes in the spleen are likely a normal variant for this breed, fine needle aspirate of the spleen is recommended, if clinical signs persist. Other possible causes for weight loss and inappetence include atypical Addisons disease, exocrine pancreatic insufficiency, intestinal parasitism, and inflammatory bowel disease. If not already performed, a fecal parasite check is recommended. A hydrolyzed or novel protein diet trial is recommended. If signs persist, a GI panel and resting cortisol level are recommended. Thoracic radiographs could also be considered to rule out intrathoracic disease as a possible cause for clinical signs.

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06/17/2022



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SPECIES

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BREED

German Shepherd

SEX

Neutered Male

AGE

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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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