



**PATIENT**

Max LeFevre

**SPECIES**

Canine

**BREED**

Rottweiler Mix

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

94 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

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

**INVOICE**

16887

**DATE**

0-16-20

**PRESENTING CLINICAL SIGNS**

History: Presented for 13-pound weight loss & Occ vomiting, on CBC/ Chem / U/A patient has low albumin (2.3) & cholesterol (64), no proteinuria, neg fecal O&P and antigen test.

**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. Urethra visualized to 2.5 cm.

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.

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 7.1 cm in length. The right kidney is 7.4 cm in length.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. The left adrenal has flattened poles, relative to patient size. The right adrenal appears normal. The left adrenal gland measures 4.0 mm at the cranial pole and 4.4 mm at the caudal pole. The right adrenal gland measures 7.4 mm at the cranial pole and 6.6 mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal homogeneous parenchyma with a smooth continuous capsular surface. Several small hypoechoic nodules, measuring up to 1.0 cm in diameter are noted throughout the splenic body. 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 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.

**Gastrointestinal**

The stomach is empty. The gastric wall is 5.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are overall normal up to 4.5 mm. Overall wall layering is preserved. The duodenal wall measures 5.2 mm.

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***

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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 mesenteric lymph nodes were mildly enlarged, up to 1.9 cm x 0.6 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Rottweiler Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Neutered Male

- Mild intestinal changes, typical of inflammatory bowel disease with reactive mesenteric lymph nodes.

**AGE**

**Secondary Findings**

8 Years

- Hypoechoic splenic nodules
- Diffuse hypoechoic nodules throughout the liver

**WEIGHT**

94 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The laboratory findings and appearance of the small intestines support a diagnosis of protein losing enteropathy. The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

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- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ 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. (dog only - Resting cortisol levels could also be considered).

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The hypoechoic nodules in the spleen have a honeycomb-like pattern and are concerning for round cell neoplasia. Regenerative nodules and splenitis are other possible differentials. Fine needle aspirate with a 25-gauge needle is recommended for definitive diagnosis.

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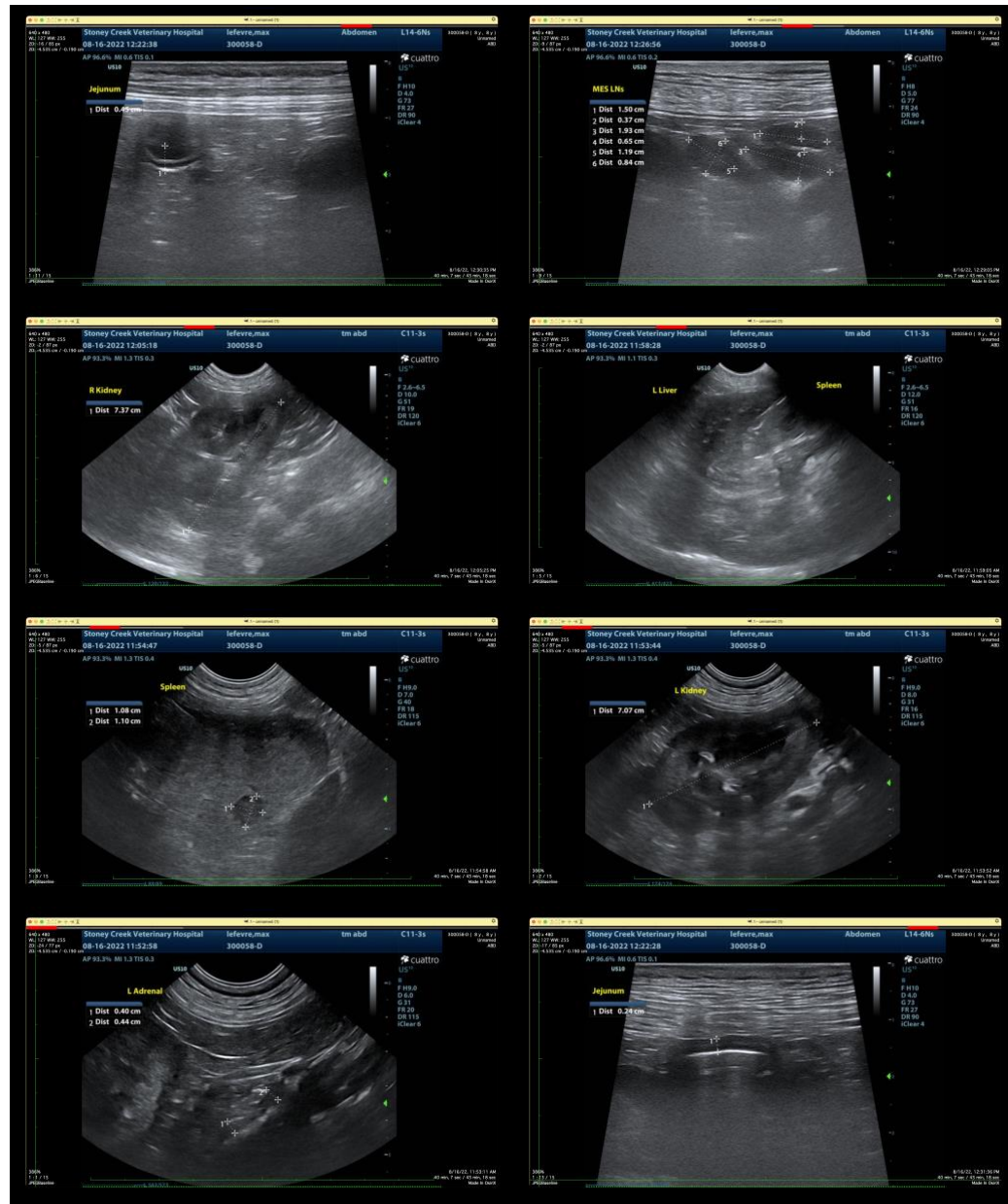
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08/16/2022



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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