



**PATIENT PRESENTING CLINICAL SIGNS**

Freesia Brulton seen for vomiting and diarrhea in aug-BW showed alb 17, rechecked aug 11 and now pcv is 36(was 45), ALb still at 17. no murmurs on ausc but possibly some missed beats.  
Abnormal PE/Chem/CBC/UA Results: please see attached BW

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Lab

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (to a depth of 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

**SEX**

Spayed Female

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 measures 6.2 cm. The right kidney measures 6.2 cm.

**AGE**

9 Years

*Adrenal Glands*

**WEIGHT**

30 kg

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 6.9 mm at the cranial pole and 6.8 mm at the caudal pole. The right adrenal gland measures 6.0 mm at the caudal pole and 1.2 cm at the cranial pole. The cranial pole has a rounded appearance and is otherwise normal in echogenicity with normal phrenic vasculature.

*Spleen*

**INTERPRETED BY**

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

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*

**IMAGING PERFORMED BY**

Kelly Reschny

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.

**HOSPITAL NAME**

Sixteen Mile VC

The gallbladder is moderately 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*

**REFERRING VET**

Dr. Bile

The stomach is mildly distended with normal ingesta. 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.

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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. Jejunum measures up to 3.9 mm. Duodenum measures 5.4 mm. Intestinal motility appears normal.

**DATE**

8/19/22

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized.



## PATIENT

Freesia Brulton

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## SEX

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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.

### *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.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS:

- Unremarkable canine abdomen

### SECONDARY FINDINGS:

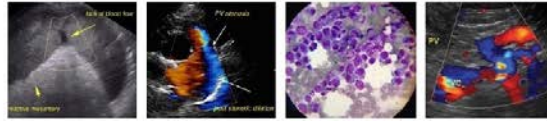
- Rounded appearance to the cranial pole of the right adrenal gland

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious cause for the low albumin and gastrointestinal symptoms on today's ultrasound. Evaluation of the stomach wall is somewhat compromised by the presence of food in the stomach. If the patient was properly fasted, then delayed gastric emptying may be occurring. Further recommendations include:

- Urinalysis with urine protein to creatinine ratio.
- Pre- and post-prandial bile acids to rule out hepatic dysfunction as a cause of low albumin.
- An Alpha fecal proteinase inhibitor test (if available) could be used to further determine whether protein losing enteropathy is present. To my knowledge, this test is only available at the Texas A&M GI Lab.
- Gastrointestinal endoscopy or exploratory for biopsies may be necessary to definitively determine whether there is gastrointestinal disease.

The changes in the right adrenal gland are mild and may be consistent with benign hyperplasia, or less likely adenoma, adenocarcinoma, pheochromocytoma. Rechecking the gland in 2 months could be considered to assess for further changes. If symptoms of Cushing's disease are present, then a low-dose Dexamethasone suppression test or ACTH stim test would be recommended.



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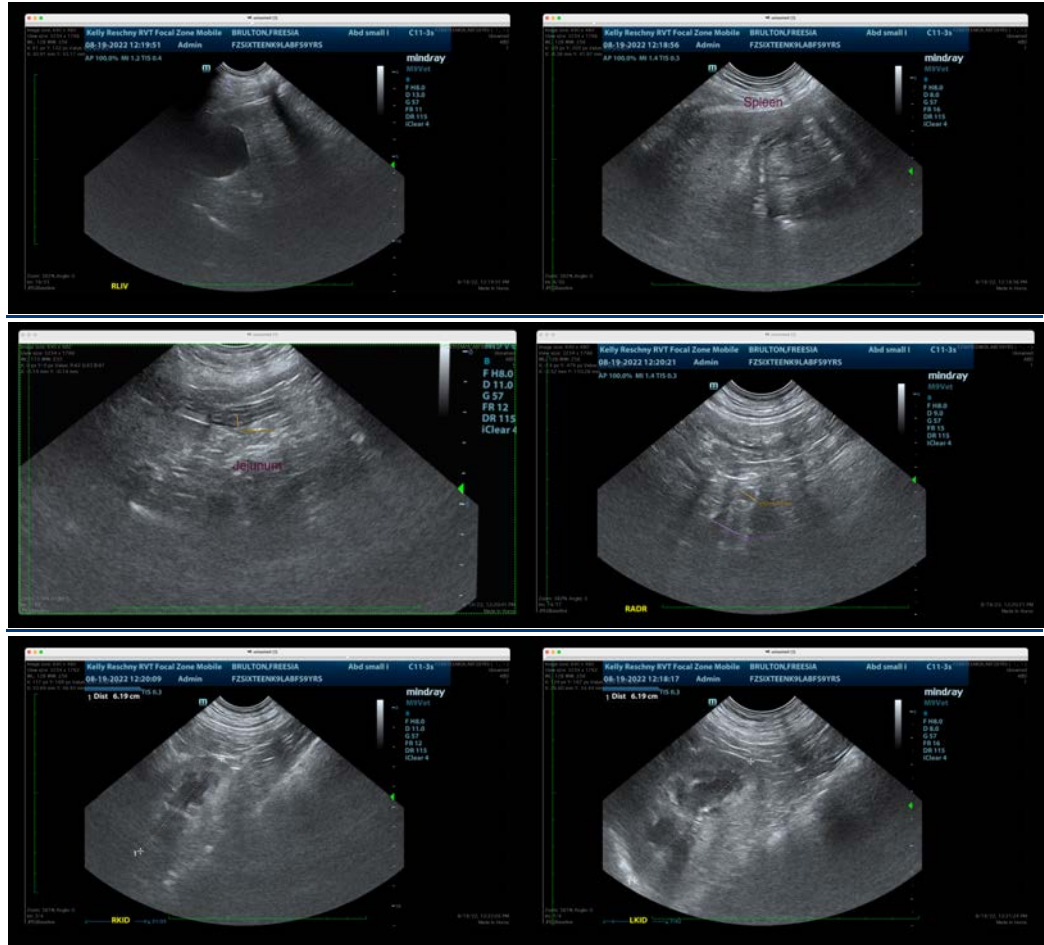
Dr. Bile

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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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