

PATIENT PRESENTING CLINICAL SIGNS

Trixie Ciere
Was a rescue from hoarding situation, unsure if was ever spayed. Spay scar not obvious. August 12/22: Phoned indicating she is vomiting (her housemate too). Disp Cerenia and recommended gastro LF canned. Owner then stated that she is convulsing. Took her to a clinic in the west end of Hamilton to be assessed. August 12/22: HREVC: presented with complaints above, along with agitated, loose green stool, PU/PD, has been on Cerenia, Gabapentin, Omeprazole.

SPECIES

Canine

BREED

JRTX

Abnormal PE/Chem/CBC/UA Results: August 12/22: Initial blood work @ HREVC: Hgb 21.2 g/dL (12-18), HCT 60.0% (37-55), MCV 73 mm (60-72), MCH 25.8 pg (19.5-24.5), TBili 10 umol/L (0-9), Cl 101 mmol/L (102-1200). Pet hospitalized on IVF & supportive therapies. U/A was done @ HREVC - no results given in report to us. August 14th: F/U Blood @ HREVC: ALT 442 (was 600 yesterday), PCV 49%. Rad report : August 13/22 - rads taken by HREVC & submitted

SEX

Female (Spayed?)

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 (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.

AGE

10 Years

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 4.5 cm. The right kidney measures 6.1 cm.

WEIGHT

29.2 Pounds

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 caudal pole and 4.0 mm at the cranial pole. The right adrenal gland measures 7.4 mm at the caudal pole and 6.5 mm at the cranial pole.

INTERPRETED BY

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

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.

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Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Keir

The gallbladder is moderately distended with anechoic contents. A small amount of sludge is present. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

INVOICE

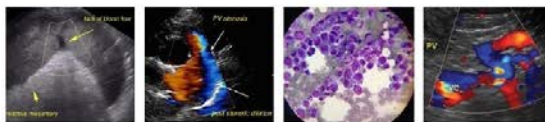
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Gastrointestinal

The stomach is mildly distended with anechoic fluid. The gastric wall is thickened (8.6 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is thickened.

DATE

8/19/22



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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. Duodenal wall measures 5.4 mm. Jejunal wall measures up to 3.9 mm. Intestinal motility appears normal.

SPECIES
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The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction.

Pancreas

BREED
JRT X
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
Female (Spayed?)
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.

AGE
10 Years

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hyperechoic and subjectively enlarged liver
- Diffusely thickened gastric wall – consistent with gastritis.

SECONDARY FINDINGS:

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

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- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed

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- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered

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Dr. Keir

- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated.

INVOICE

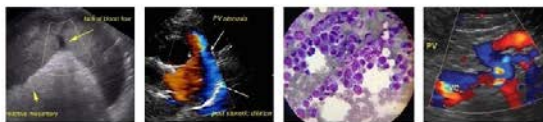
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The changes in the stomach are consistent with chronic gastritis. Recommendations include:

- ❖ Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotadine, and gastroprotectants such as sucralfate.
- ❖ Dietary therapy with either a highly digestible, low fat diet, or a hydrolyzed or novel protein diet is recommended. Feeding frequent small meals is preferred if feasible.

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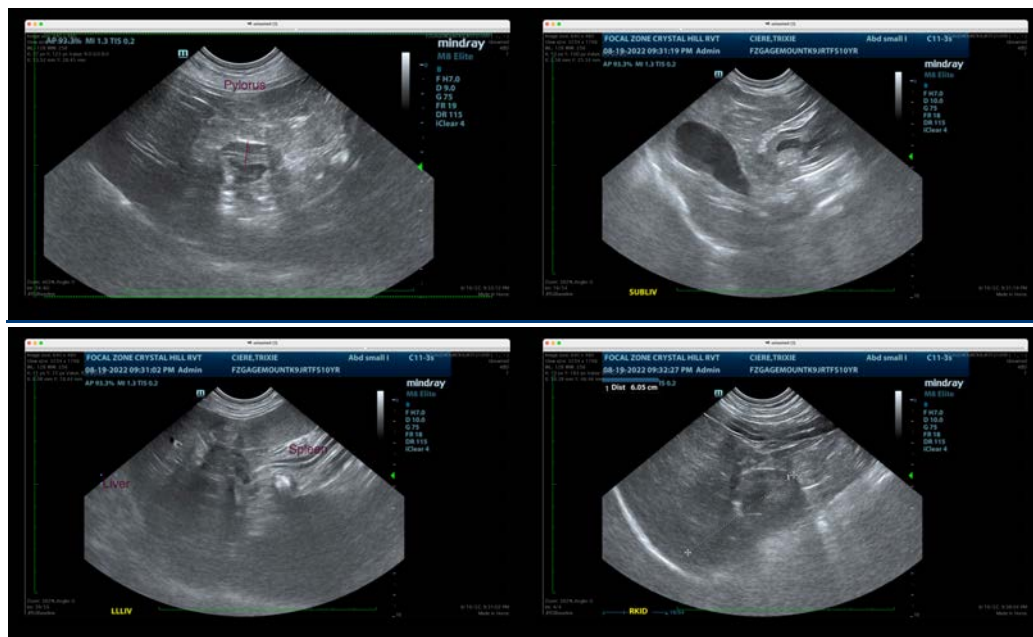
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- ❖ Fecal parasite testing and empiric fenbendazole treatment
- ❖ Endoscopic biopsies are recommended for definitive diagnosis, and to determine whether corticosteroid therapy would be indicated.
- ❖ Empiric treatment for helicobacter gastritis could be considered. Repeat ultrasound at the end of therapy can assess response, along with monitoring for resolution of clinical signs. Treatment protocol is as follows, for a duration of 28 days :
 - Azithromycin 5mg/kg PO once daily for 5 days, then every other day thereafter
 - Metronidazole 10mg/kg PO BID
 - Amoxicillin 20mg/kg PO BID
 - Omeprazole 0.7 - 1 mg/kg q24h

A uterus and ovaries are not observed in this patient. However, they are not always visible in the anestrus dog. If it is desired to determine with certainty whether this patient is spayed, the Cornell “ovarian remnant” panel could provide additional information.





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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)

info@SonoPath.com