



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brooklyn Walrath
SPECIES History: Presented 7/15 for acute vomiting and diarrhea – lab-work showed BUN 45, Creat 2.8 (was 2.0 in 2022), ALT 162, ALP ~ 806. Received Cerenia inj + Fortiflora and metronidazole. Vomiting improved but not resolved, diarrhea persists. Has lost 9 pounds since March.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Boxer 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 2.0 cm.

SEX

Spayed Female Both kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.7 cm in length. The right kidney is 5.5 cm in length.

AGE

13 years

Adrenal Glands

WEIGHT

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 5.0 mm at the cranial pole and 6.6 mm at the caudal pole. The right adrenal gland height is 6.9 mm at the cranial pole and 8.4 mm at the caudal pole.

61.3 lbs

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.

IMAGING PERFORMED BY

Dr. Tam Mengine

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.

HOSPITAL NAME

West Chester VMC

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.

REFERRING VET

Dr. Mowday

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

INVOICE

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The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 5.5 mm for duodenum and 5.2 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

DATE

8.2.23

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.



PATIENT *Free Abdomen*

Brooklyn Walrath

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. There is a single lymph node in the region of the mesentery which is significantly enlarged and rounded (measuring 3.00 x 1.70 cm). It is hyperechoic in echogenicity. The surrounding omental fat is normal. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse infiltrative bowel changes
- Enlarged mesenteric lymph node

Secondary Findings

- Mild chronic renal changes
- Reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small intestine and colon are most consistent with infiltrative bowel disease, which includes both inflammatory disease and infiltrative neoplasia. While the enlarged lymph node is not hypoechoic, as might be suspected with a neoplastic process, it is significantly enlarged and rounded. Thus fine-needle aspirate for both cytology and culture of the lymph node is recommended to rule out neoplastic disease or infection. Additional recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, with cobalamin supplementation if indicated.
- A resting cortisol level is recommended, and can now be included as part of the GI panel to Texas A&M. Alternately a urine cortisol: creatinine ratio can be used to screen for hypoadrenocorticism.
- 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.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.





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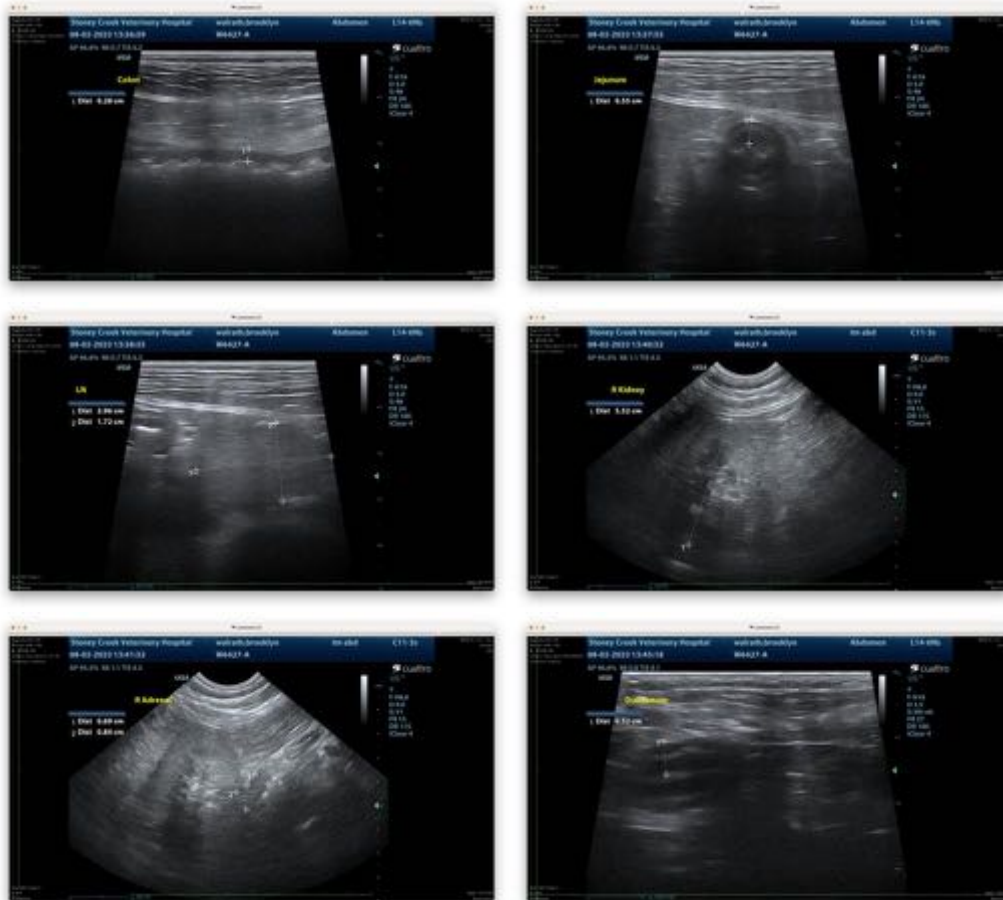
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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