

PATIENT

Gracie Ellenbogen

SPECIES

Canine

BREED

Basset Hound Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

55 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Brenda King VS

REFERRING VET

Dr. Brenda King

INVOICE

17056

DATE

8/26/22

PRESENTING CLINICAL SIGNS

History: Parathyroid independent hypercalcemia, searching for cause. Basal cortisol pending. Current med: Trazadone 100mgs (1-1.5 tabs PO) 2 hrs prior to car ride.

Abnormal PE/Chem/CBC/UA Results: CBC: HGB 21.5. Chem: calcium 12.7, PTH (1.00), iCa (1.76), Calcium 14.7. USG: 1.003, blood trace.

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 2.0 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 5.9 cm in length. The right kidney is 6.0 cm in length.

Adrenal Glands

The right adrenal gland is identified in its normal locations. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland height is 1.1 mm at the cranial pole and 5.8 mm at the caudal pole.

The left adrenal gland is not distinctly visualized but the region is unremarkable.

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.

Liver

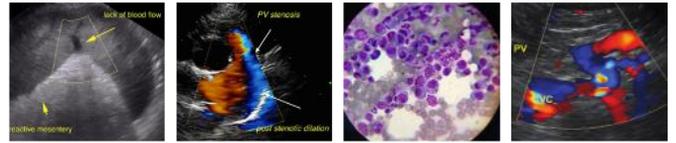
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is markedly 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 2.8 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. The medial iliac lymph nodes are moderately enlarged and heteroechoic, measuring up to 3.4 cm x 5.9 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

- Moderately enlarged medial iliac lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the medial iliac lymph nodes is concerning for neoplastic disease, although a reactive process is also possible. If not already performed, a rectal exam is recommended to screen for apocrine gland adenocarcinoma. If the rectal exam is normal, then aspiration of the iliac lymph nodes, with a 25 gauge needle is recommended for a definitive diagnosis.

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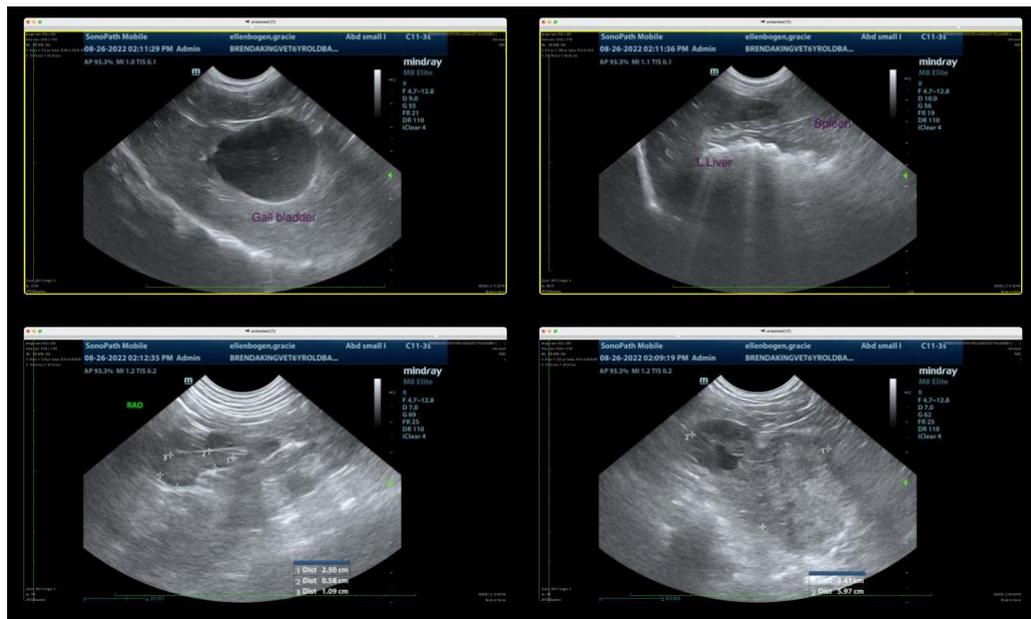
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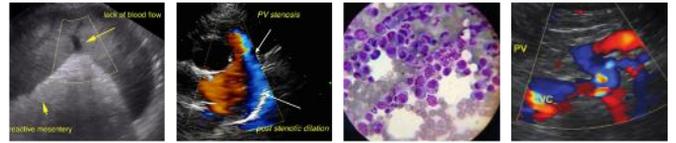


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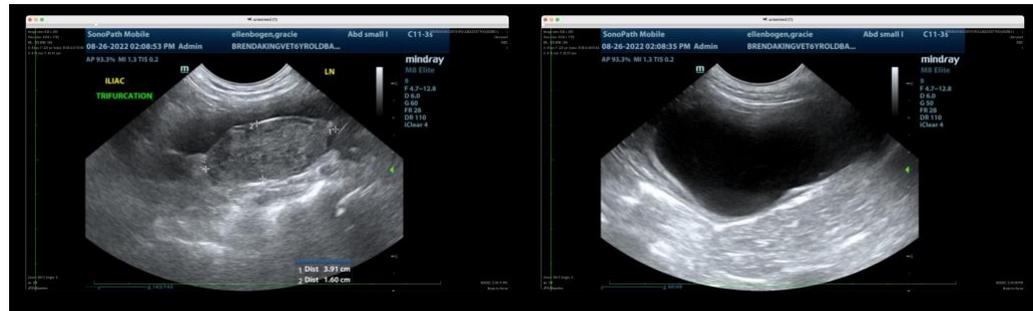
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com