

PATIENT PRESENTING CLINICAL SIGNS

Ryleigh Robertson

History: Not eating, vomiting. Has been on IVF, Ampicillin, Metronidazole, Cerenia
Abnormal PE/Chem/CBC/UA Results: ALT 228(0-120) ALP 993(0-140) GGT 26(0-14)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

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

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 6.2 cm in length. The right kidney is 7.0 cm in length.

AGE

5 Years

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 height is 6.7 mm at the cranial pole and 6.2 mm at the caudal pole. The right adrenal gland height is 1.2 mm at the cranial pole and 7.0 mm at the caudal pole.

WEIGHT

81 Pounds

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

St. Catharine's AH

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Bector

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. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

INVOICE

17061

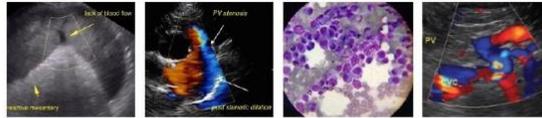
The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

DATE

8/26/22

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

Ryleigh Robertson

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary Findings

BREED

Pitbull

Secondary Findings

SEX

Spayed Female

- Mildly enlarged hyperechoic liver. The changes to the liver are mild and nonspecific.
- Ingesta in the stomach, which may or may not be significant, depending on patient fasting status

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 Years

Recommendations for further investigation would include:

WEIGHT

81 Pounds

- Screening for metabolic disease, such as diabetes mellites and hyperlipidemia
- Screening for Cushings disease, only if clinical signs are present
- Supportive care, as already instituted, with a recheck of liver values in 1-2 weeks. If liver values continue to elevate or patient status deteriorates, fine needle aspirate of the liver could be considered for a definitive diagnosis, after checking coagulation profiles.

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

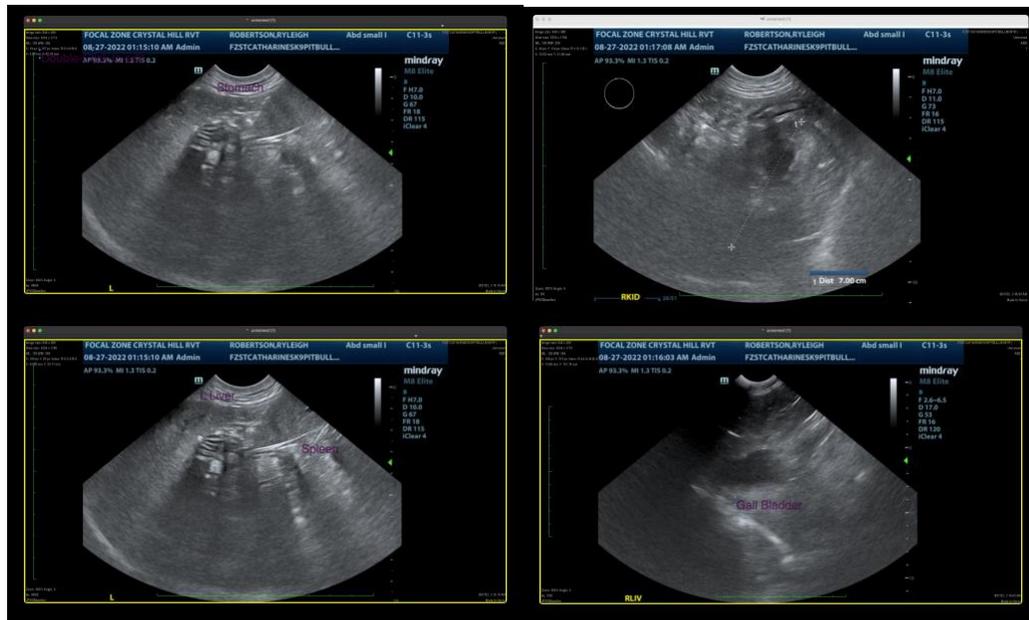
Dr. Bactor

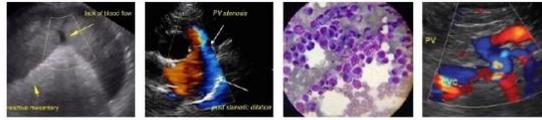
INVOICE

17061

DATE

8/26/22





PATIENT

Ryleigh Robertson

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

5 Years

WEIGHT

81 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

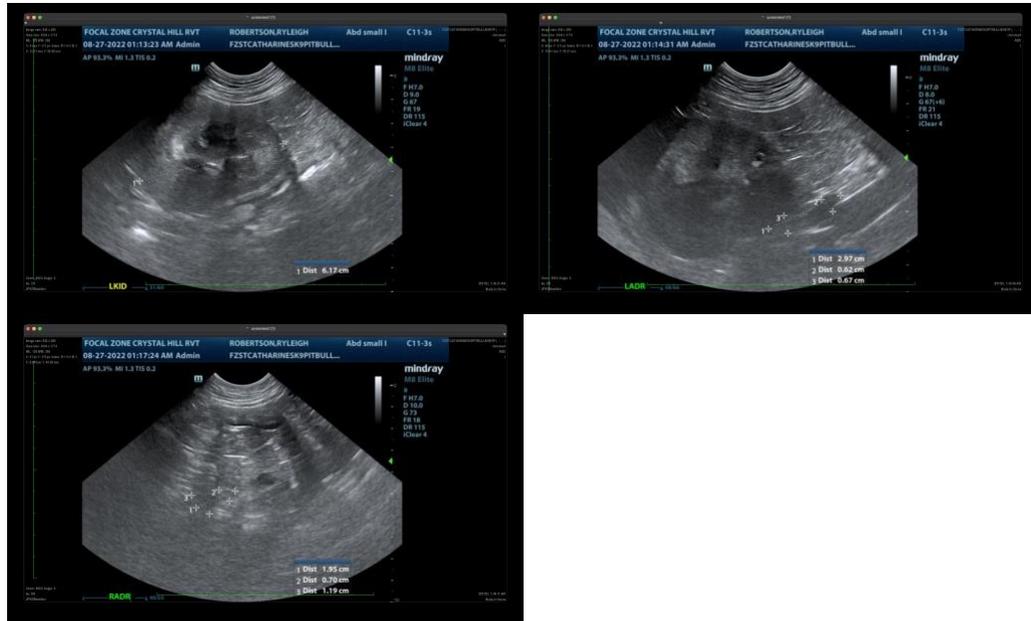
Dr. Bector

INVOICE

17061

DATE

8/26/22



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