



PATIENT

Terpsichore Caldwell

PRESENTING CLINICAL SIGNS

History: Mild elevation in ALT on routine labs. O reports she has been slightly "off" and lost weight.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador Retriever Mix

Urinary System

The urinary bladder wall is mildly thickened at the apex, measuring 4.1 mm. It is moderately distended with anechoic urine and no luminal sediment is present. The ureteral papilla, trigone and pelvic urethra are of normal appearance. The ureters are not visible (normal). No masses or calculi are noted. There is mild mucosal irregularity at the apex. The pelvic urethra is visualized to 1.0 cm and is normal.

SEX

Spayed Female

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.

AGE

8 Years 9 Months

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 4.8 cm in length. The right kidney is 6.4 cm in length.

Adrenal Glands

WEIGHT

43 Pounds

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.6 mm at the cranial pole and 4.7 mm at the caudal pole.

The right adrenal gland is diffusely enlarged with slightly irregular margins as compared to the left adrenal gland. There is appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland height is 8.9 mm at the cranial pole and 8.9 mm at the caudal 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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Prescott

Liver

The liver is objectively small and effusively hypoechoic. It has an appropriate shape with sharp borders and increased portal markings. The portal and hepatic vasculature appear normal in size in appearance with no evidence of congestion or thrombosis. The porta hepatis is not specifically visualized.

HOSPITAL NAME

Rondout Valley VA

The gallbladder is markedly distended with anechoic bile. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

REFERRING VET

Dr. Prescott

Gastrointestinal

The stomach is mildly distended with anechoic fluid. The gastric wall is 3.5 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. The duodenal wall measures 5.4 mm. The jejunal wall measures up to 2.5 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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Canine

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. There is a mildly enlarged medial iliac lymph node, measuring 1.0 cm in length with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely hypoechoic liver

AGE

8 Years 9 Months

Secondary Findings

WEIGHT

43 Pounds

- A mildly enlarged and irregular right adrenal gland
- A mildly thickened bladder apex with mucosal irregularity
- A reactive medial iliac lymph node

INTERPRETED BY

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DABVP (canine/feline
practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are nonspecific and could be attributed to infectious, inflammatory, or infiltrative neoplastic disease. Ultrasound guided or laparoscopic biopsies would be needed for a definitive diagnosis. Other recommendations include bile acid testing to further assess severity of hepatic disease, PCR testing for Leptospirosis, supportive care with therapies, such as SAM-e, vitamin E and Ursodiol.

IMAGING PERFORMED BY

Prescott

The changes in the bladder wall are consistent with chronic inflammatory changes, or less likely neoplasia. Recommendations include:

HOSPITAL NAME

Rondout Valley VA

- a urinalysis and urine culture, if not already performed
- BRAF testing could be considered if culture is negative or if there are persistent lower urinary tract symptoms.

REFERRING VET

Dr. Prescott

The appearance of the right adrenal gland may be indicative of adrenal hyperplasia, either in response to stress or hyperadrenocorticism, or an early malignancy, such as pheochromocytoma or adenocarcinoma. Recommendations include:

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- blood pressure measurement to screen for pheochromocytoma
- if signs of Cushings are present, then adrenal function testing with either a low dose dexamethasone suppression test or ACTH stim test is recommended

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- monitoring the adrenal gland for changes in size or appearance, via serial ultrasounds at 6–8-week intervals

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The reactive medial iliac lymph node is of uncertain significance, and likely incidental. If not already performed, a rectal exam should be considered to further assess for intrapelvic disease.

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HOSPITAL NAME

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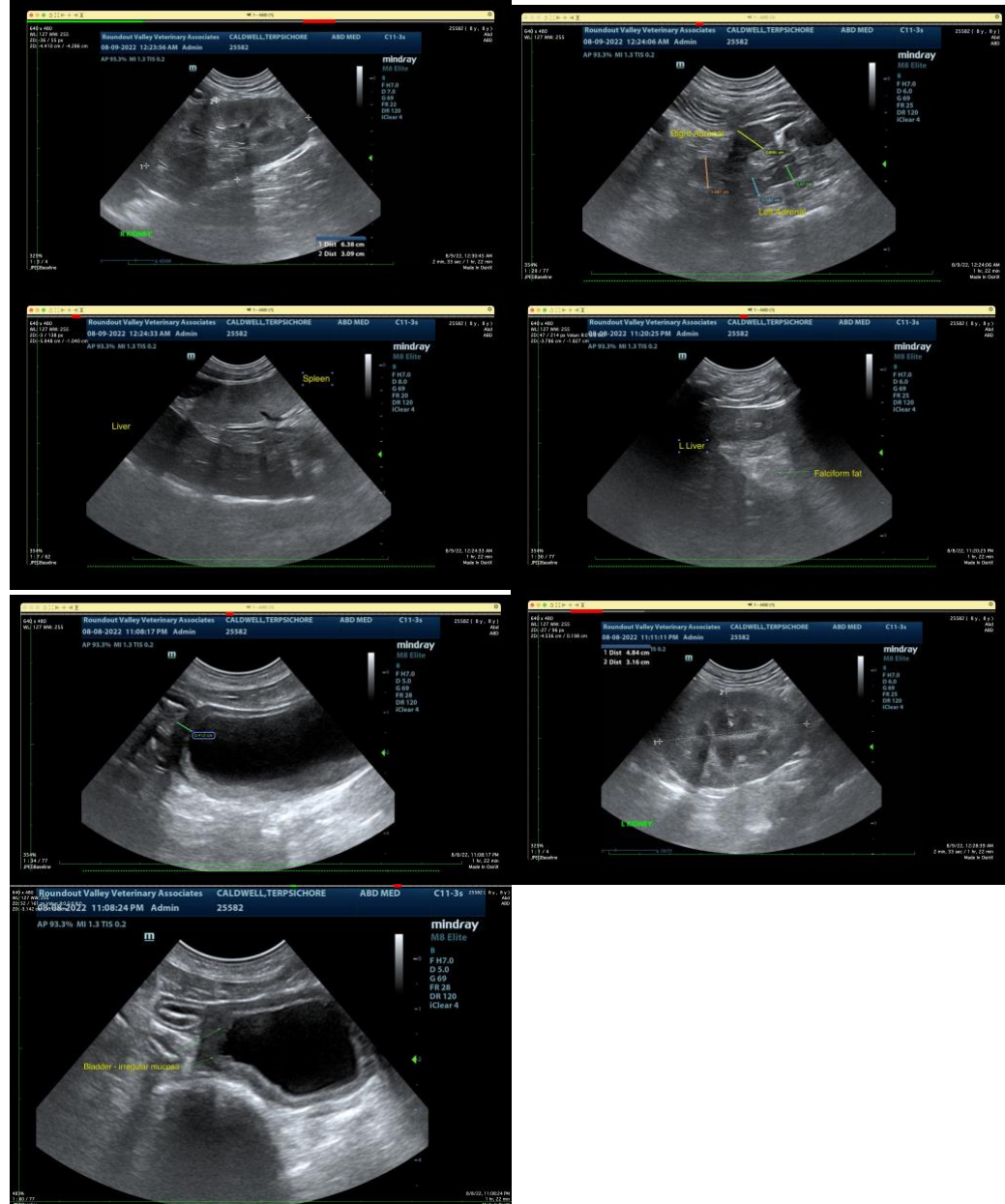
Dr. Prescott

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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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