



PATIENT

Lola Hazlett

PRESENTING CLINICAL SIGNS

Adopted a few months ago, has been PU/PD since adoption. Presented 7/22 for grand mal seizure. CBC / Chem / U/A all wnl except ALT 185, ALP 3034, Urine SpGr 1.008 and UPC 5.0. Normotensive.

SPECIES

Canine

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 (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

BREED

Chihuahua X

The kidneys exhibit moderately decreased corticomedullary differentiation. There is focal mineralization present within the renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 5.24 cm. The right kidney measured 6.39 cm.

SEX

Spayed Female

Adrenal Glands

AGE

16 Years

The adrenal glands are both identified in their normal locations. There is a heterochoic mass arising from the cranial pole of each adrenal gland, the left measuring 2.1 cm x 2.4 cm and the right measuring 2.1 cm x 1.7 cm. Vascular invasion is not evident. There is hyperechoic omental fat surrounding the right adrenal gland. The left adrenal gland measures 6.1 mm at the cranial pole. The right adrenal gland measures 5.0 mm at the cranial pole. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature.

WEIGHT

19 Pounds

Spleen

INTERPRETED BY

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

The spleen is of appropriate size and has a normal, homogenous parenchyma with tiny focal mineralizations throughout, and 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

IMAGING PERFORMED BY

Dr. Tam Mengine

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

Stoney Creek VH

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

Gastrointestinal

REFERRING VET

Dr. Tam Mengine

The stomach is moderately distended with normal ingesta. The gastric wall is 4.1 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. Jejunum wall measures 4.3 mm. Duodenum wall measures 5.0 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is visualized.



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Pancreas

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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.

SPECIES

Canine

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.

BREED

Chihuahua X

PRIMARY FINDINGS

- Bilateral adrenal masses and associated inflammation on the right side

SEX

Spayed Female

SECONDARY FINDINGS

- Chronic renal changes
- Reactive hepatopathy

AGE

16 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged left and right adrenal glands could be consistent with a benign adenoma, adenocarcinoma, pheochromocytoma or hyperplastic change. Given the inflammation around the right adrenal gland, an adrenal malignancy is a concern. Recommendations include:

WEIGHT

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- ❖ three-view chest radiographs to screen for metastasis
- ❖ blood pressure measurement to screen for pheochromocytoma
- ❖ if signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended
- ❖ measurement of urine catecholamine metabolites can help to identify a pheochromocytoma. Availability of this testing has been variable, but may currently be available from Marshfield Laboratories or Idexx Laboratories.
- ❖ fine needle aspiration with a 25G needle could be considered if a coagulation profile is normal.
- ❖ further assessment via CT scan would also be warranted, especially if adrenalectomy is a consideration.

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The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

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- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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The changes to the liver and spleen are reactive, and likely secondary to the adrenal disease.

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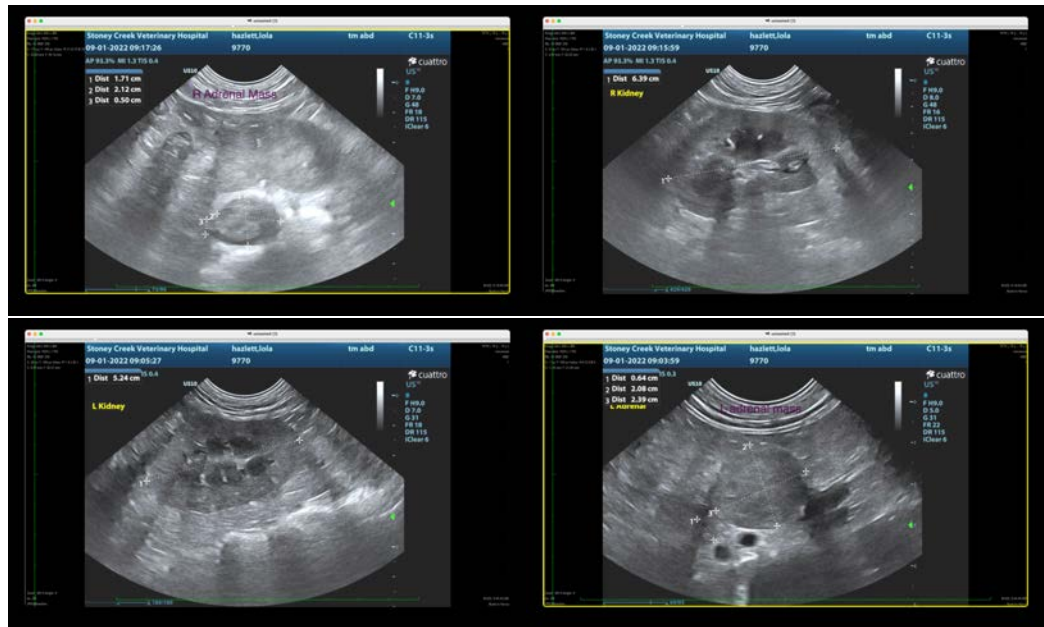
Dr. Tam Mengine

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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)

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