



**PATIENT**

Zena Pastore

**PRESENTING CLINICAL SIGNS**

Presented for ongoing diarrhea, CBC / Chem showed low Alb (1.1), Globs (2.5) and Chol (88), else unremarkable. Fecal, cortisol level pending. -tm

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

**BREED**

Bulldog

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 measures 4.3 cm. The right kidney measures 5.3 cm.

**SEX**

Spayed Female

**Adrenal Glands**

**AGE**

5 Years

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 measures 4.2 mm at the caudal pole.

**WEIGHT**

41 Pounds

The right adrenal gland is not visualized due to the presence of ascites.

**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 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.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

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**

Stoney Creek VH

**Gastrointestinal**

The stomach is moderately distended with normal ingesta. The gastric wall is 3.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

**REFERRING VET**

Dr. Tam Mengine

The small bowel has diffuse changes to the normal 1:3 muscularis/mucosal ratio and diffuse mucosal fogging with focal striation. The jejunum measures up to 5.8 mm in thickness. The duodenum measures up to 5.7 mm.

**INVOICE**

41695

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction.

**DATE**

9/27/22



**PATIENT**

*Pancreas*

Zena Pastore

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 a large amount of hypoechoic free fluid present throughout the peritoneal cavity. The omentum and intraabdominal fat are hyperechoic. The mesenteric lymph nodes are mildly enlarged up to 1.5 cm in length with a normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Bulldog

**SEX**

Spayed Female

- Diffusely thickened small bowel with mucosal fogging
- Enlarged mesenteric lymph nodes

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

5 Years

The changes to the bowel and lymph nodes are most consistent with protein losing enteropathy due to inflammation. Fine needle aspirate of the lymph nodes would be necessary to rule out lymphoma, though this is considered less likely. Recommendations include:

**WEIGHT**

41 Pounds

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with either an ultra low-fat or hydrolyzed diet
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ 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. (dog only - Resting cortisol levels could also be considered).

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**IMAGING  
PERFORMED BY**

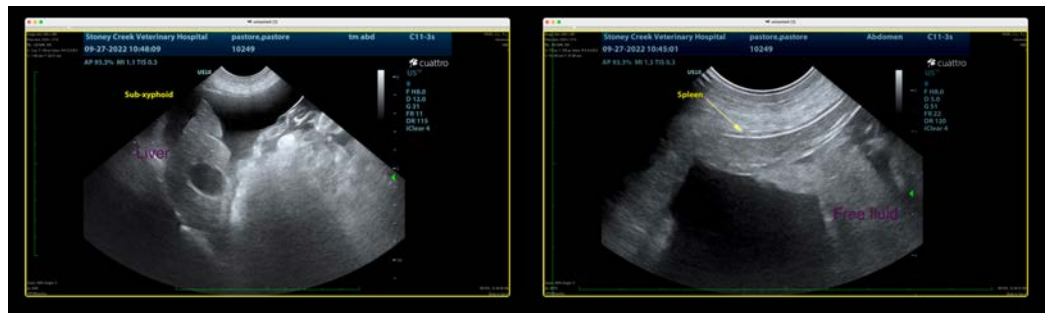
Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

41 Pounds

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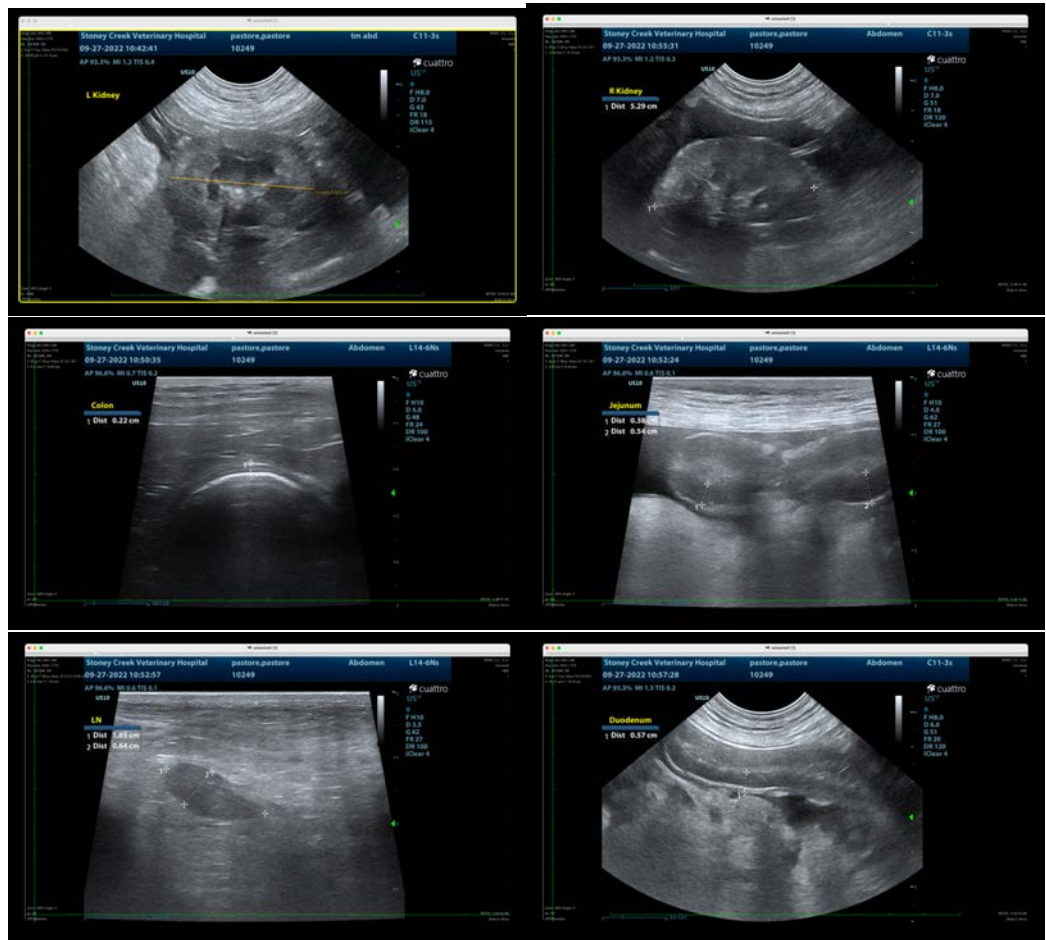
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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