



**PATIENT**

Sully Collins

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

12.5 Years

**WEIGHT**

54 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Beth Henry

**INVOICE**

17207

**DATE**

9/8/22

**PRESENTING CLINICAL SIGNS**

History: Two week history of lethargy, inappetence, and a few days of vomiting and diarrhea. CBC / Chem / U/A unremarkable, chest rads unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally 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.

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.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.3 cm. The right kidney measures 7.1 cm.

**Adrenal Glands**

The left adrenal gland is diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 1.2 mm at the cranial pole and 8.2 mm at the caudal pole.

The right adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland height is 5.3 mm at the cranial pole and 5.5 mm at the caudal pole.

**Spleen**

The splenic parenchyma is diffusely mottled with tiny hypoechoic nodules. 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 diffusely hyperechoic and subjectively enlarged. There are hypoechoic tiny nodules present throughout the parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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.

**Gastrointestinal**

There is a 7.5 cm x 4.3 heteroechoic mass arising from the wall of the small bowel. The surrounding omental fat is hyperechoic. There is not evidence of intestinal obstruction. The rest of the small intestine appears within normal limits.

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.

The visible portions of the colon have increased thickness, up to 2.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



**PATIENT**

**Pancreas**

Sully Collins

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 mesenteric lymph nodes were moderately enlarged, up to 2.0 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Mixed

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Neutered Male

- A small intestinal mass

**Secondary Findings**

- Mild chronic renal changes
- Mild colitis
- Left adrenal hyperplasia

**AGE**

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**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intestinal mass appears neoplastic in nature, and there is concern for the possibility of metastasis to both the spleen and liver. Alternately, the changes in the spleen and liver may be incidental. Fine needle aspirate of the mass, the spleen and the liver are recommended with a 25-gauge needle, if clotting parameters are normal. Three view chest radiographs are also recommended. There is concern based on the size of the mass that it may not be fully resectable.

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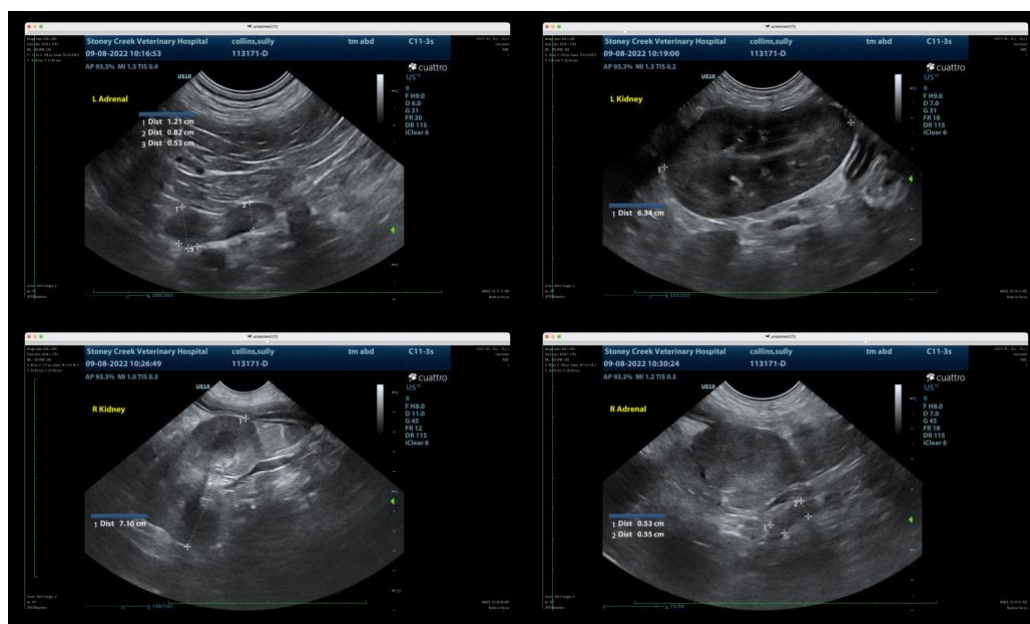
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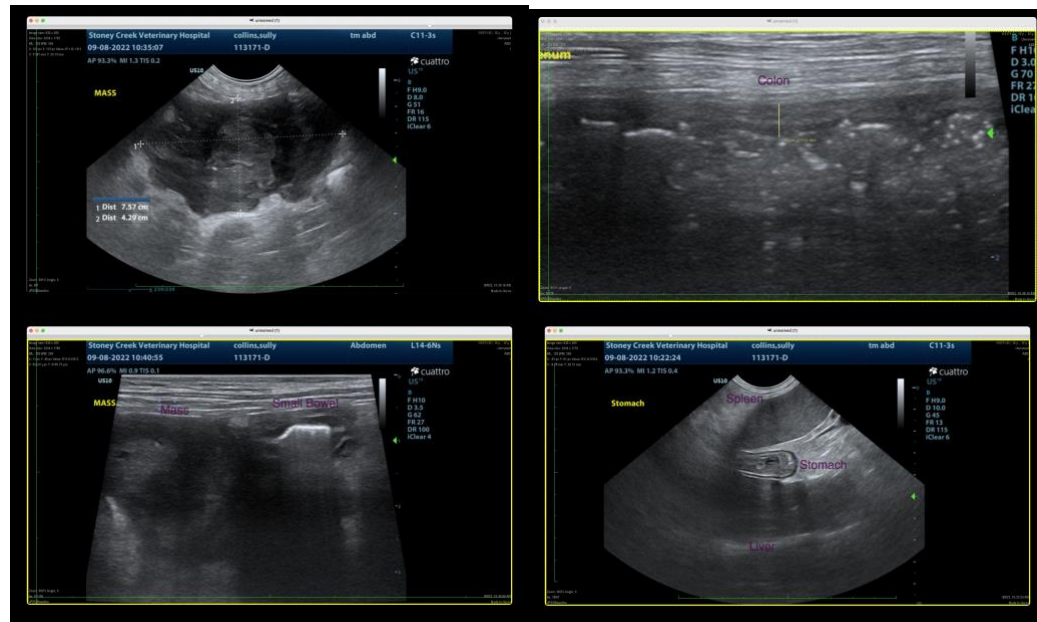
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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