



PATIENT

Bruce Arbiz

PRESENTING CLINICAL SIGNS

Yesterday passed a tassel from a blanket with his stool. Today, he is lethargic and didn't eat which is very unlike him and had loud borborygmus. He also passed mucoid stool while in the hospital. No vomiting.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Male

The prostate is not visualized, which is normal for the pediatric patient.

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 measured 7.4 cm. The right kidney measured 6.3 cm.

AGE

4 Months

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 measures 4.4 mm at the caudal pole and 3.1 mm at the cranial pole. The right adrenal gland measures 3.9 mm at the cranial pole and 4.2 mm at the caudal pole.

WEIGHT

39 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 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

HOSPITAL NAME

Stoney Creek VH

The gallbladder is 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

REFERRING VET

Dr. Tam Mengine

The stomach is moderately distended with fluid. The gastric wall is normal (up to 4.3 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

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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. Duodenal wall measures 3.2 mm. Jejunal wall measures up to 3.7 mm. Intestinal motility appears normal.

DATE

9/9/22

The visible portions of the colon have increased thickness, up to 4.4 mm with intact wall layering. The ileocecal junction is visualized and normal. There is normal motility with fluid contents.



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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 mesenteric lymph nodes were moderately enlarged, up to 3.8 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.

BREED

Boxer

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe gastroenteritis

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are consistent with gastroenteritis of unknown etiology. Because of the patient's young age, parasitism and parvovirus should be considered as differentials. Recommendations include:

AGE

4 Months

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

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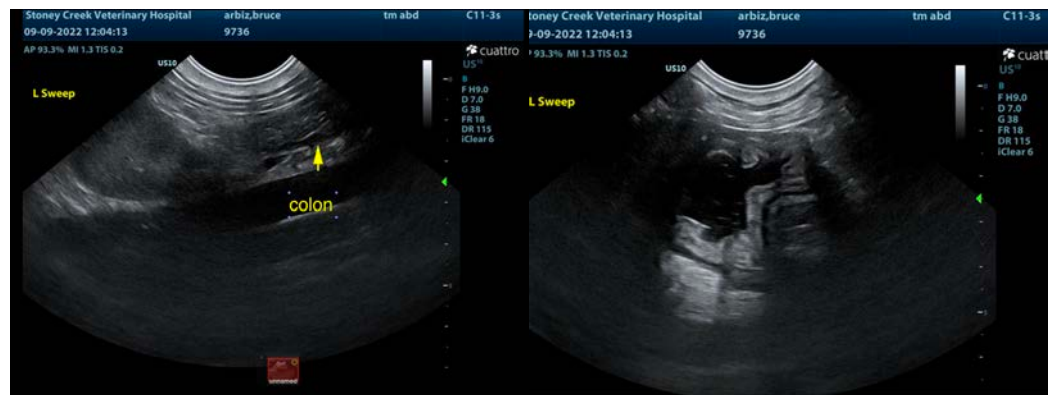
Dr. Tam Mengine

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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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