



PATIENT

Scooby Howard

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

12.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden, RVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Lind

INVOICE

32071

DATE

7/29/22

PRESENTING CLINICAL SIGNS

History: abdominal mass mid-caudal abdomen on rads, referral from another hospital. Has a perineal hernia.

Abnormal PE/Chem/CBC/UA Results: BUN 46, Crea 0.7, AST 76, CPK 1142

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The majority of the lumen is filled with a 7.4 x 4.5 cm heteroechoic mass. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No calculi or mucosal irregularities are noted.

The left kidney is hyperechoic and exhibits poor cortico-medullary differentiation. There are several, tiny cortical cysts present. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 4.6 cm.

The right kidney is hyperechoic and exhibits poor cortico-medullary differentiation. There is a 1.0 cm hypoechoic cortical cyst arising at the caudal pole. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is (5.6) cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with a heteroechoic parenchyma and phrenic vasculature. The left adrenal gland height is (7.0) mm at the cranial pole and (6.9) mm at the caudal pole. The right adrenal gland height is (7.4) mm at the cranial pole and (6.0) mm at the caudal pole.

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.

Liver

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. There is a 3.6 x 2.7 cm isoechoic mass within the hepatic parenchyma.

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



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Gastrointestinal

The stomach is empty. The gastric wall is diffusely thickened up to (0.99) cm with a hyperechoic mucosal layer. There is a 2.4 x 1.7 cm hypoechoic mineralized mass within the wall of the fundus. The pylorus is of normal appearance.

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 (0.44) cm. The jejunal wall measures up to (0.46) cm. . Intestinal motility appears normal.

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

Pancreas

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.

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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, atypical bladder mass.
- Mineralized gastric mass with diffuse gastric wall thickening.

SECONDARY FINDINGS:

- Heteroechoic nodular adrenal glands.
- Chronic renal changes.
- Reactive liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Endoscopic biopsy of the gastric mass is recommended, along with serum gastrin levels as there is suspicion for a gastrinoma with secondary gastritis. Supportive care for any gastritis symptoms such as Cerenia and Omeprazole are also recommended.



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- The large mass in the bladder is not typical of transitional cell carcinoma. Biopsy via cystoscopy could prove a definitive diagnosis. Urine BRAF test and urinalysis with cytology of sediment are also recommended.

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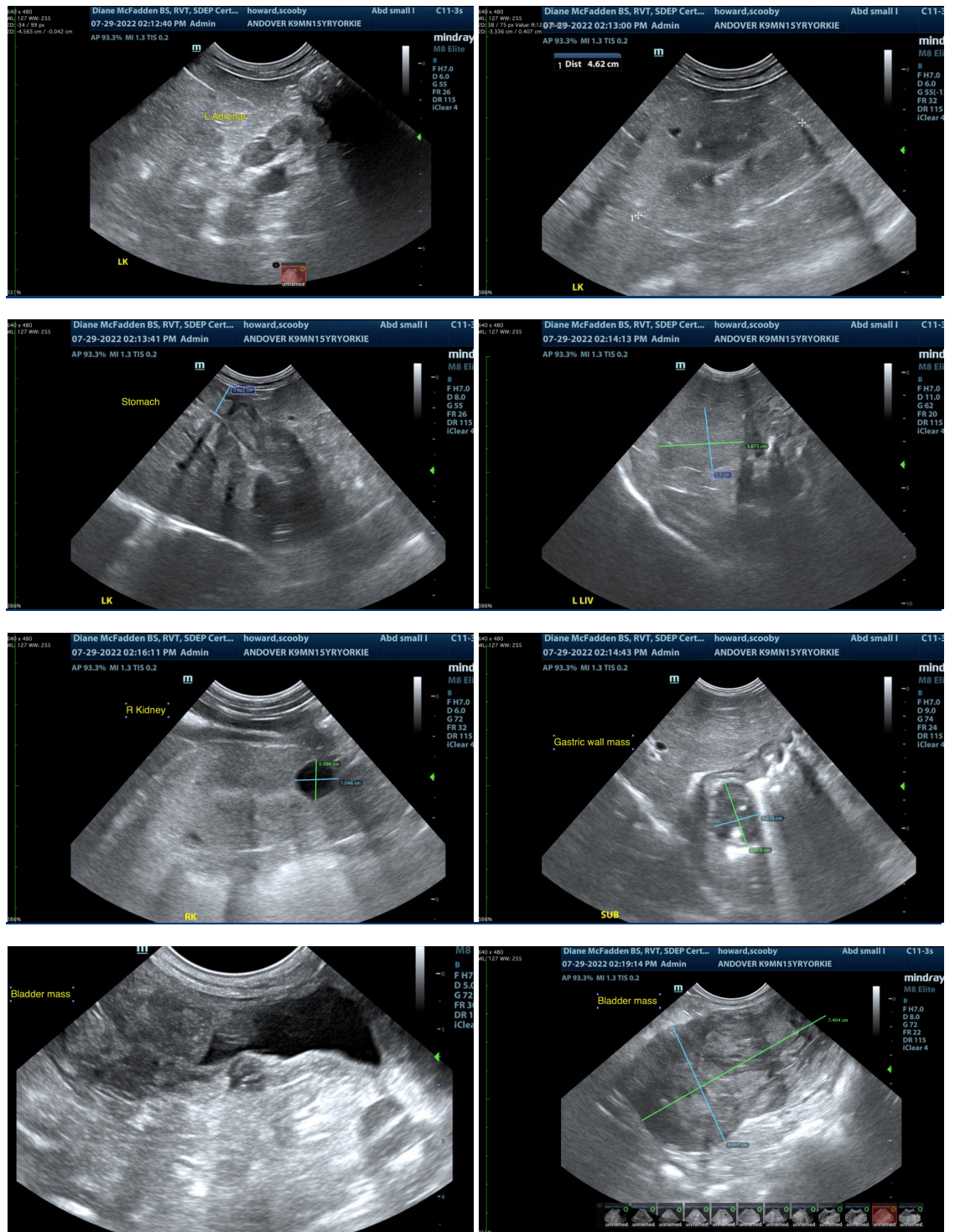
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com