



**PATIENT**

Teddy Stohl

**PRESENTING CLINICAL SIGNS**

History: weight loss, recurring vomiting and diarrhea  
Abnormal PE/Chem/CBC/UA Results: pending

**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. Urethra visualized to (3.0) cm.

**BREED**

Border Collie

**SEX**

Neutered male

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 is (5.5) cm in length. The right kidney is (5.8) cm in length.

**AGE**

7 years

**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 height is (8.7) mm at the cranial pole and (6.) mm at the caudal pole. The right adrenal gland height is (8.9) mm at the cranial pole and (6.2) mm at the caudal pole.

**WEIGHT**

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Diane McFadden

**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. 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.

**HOSPITAL NAME**

Brenda King

**REFERRING VET**

Dr. Mengine

**INVOICE**

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**Gastrointestinal**

The stomach is empty. The gastric wall is (5.6) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

**DATE**

9/9/22



<b>PATIENT</b>	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 (4.3) mm. The jejunal wall measures up to (4.1) mm. . Intestinal motility appears normal.
Teddy Stohl	
<b>SPECIES</b>	The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction is visualized and appears normal).
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Border Collie	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.
<b>SEX</b>	
Neutered male	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
7 years	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.
<b>WEIGHT</b>	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Tam Mengine, DVM, DABVP (canine/feline practice)	<b>PRIMARY FINDINGS:</b>
	Unremarkable canine abdomen.
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Diane McFadden	A cause for the reported gastrointestinal symptoms and weight loss is not found on today's scan. Possible differentials include parasitism, food allergy and even inflammatory bowel disease or gastrointestinal neoplasia, which does not always make itself evident on an ultrasound. Addison's disease is considered unlikely given the adrenal glands. However, a resting cortisol level can be considered if another cause for the symptoms cannot be found.
<b>HOSPITAL NAME</b>	❖ fecal parasite testing and empiric fenbendazole treatment
Brenda King	❖ trials with a novel protein or hydrolyzed diet
<b>REFERRING VET</b>	❖ A complete GI panel, with cobalamin supplementation if indicated.
Dr. Mengine	❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
<b>INVOICE</b>	❖ 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**

Diane McFadden

**HOSPITAL NAME**

Brenda King

**REFERRING VET**

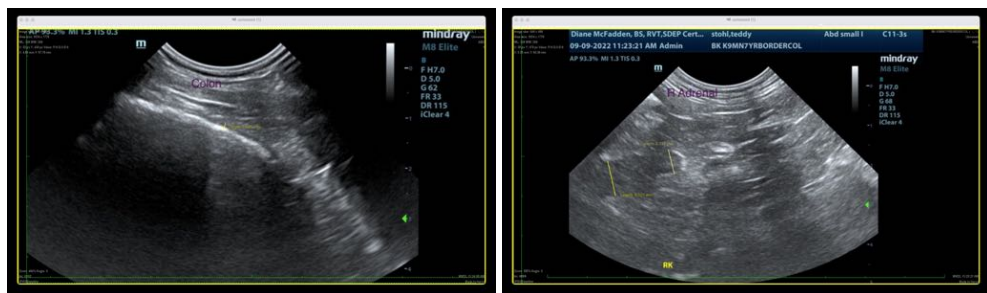
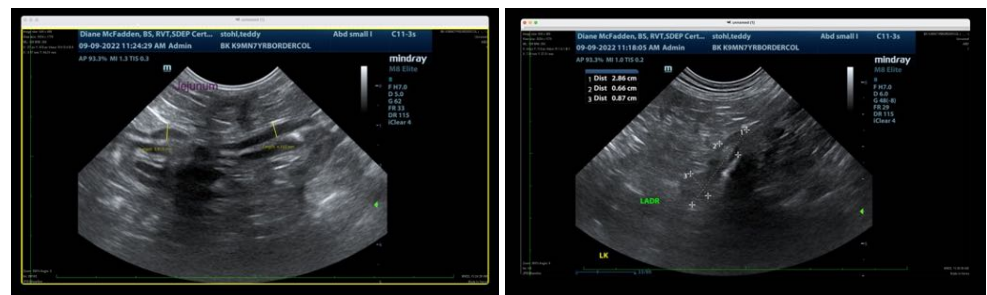
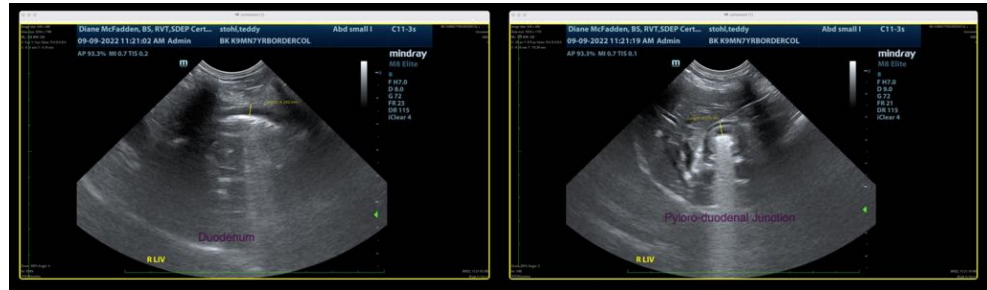
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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