

**PATIENT**

Boogie Eiserman

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

7 Years

WEIGHT

3.5 kg

INTERPRETED BYTam Mengine, DVM,
DABVP (canine/feline
practice)**IMAGING
PERFORMED BY**

Lindsay Powell, CVT

HOSPITAL NAMEHershey Animal
Emergency Center**REFERRING VET**

Dr. Brittany Lang

INVOICE

72113

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Seen on 12.21.26 for v/dh- had resolved and today its back after dinner bland diet given for dinner after pet vomited groomed pet today Vomited food today, was still interested in her meals Himalayan stick cheese, dog treats.

Abnormal PE/Chem/CBC/UA Results: Moderate tartar/gingival erythema tense on abdominal palpation, not overtly painful Hind end shaved around perineum (by owner), perianal erythema and mild amount of hematochezia present resistance to right hip extension CBC: RDW 22.1 (H) Neutrophil bands suspected EPOC: pO2 111.9 (H) cSO2 98.3 (H) BE,ECF -6.2 (L) Glu 128 (H) Chem15: Unremarkable Pancreatic Lipase: 88 (n)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There are multiple small shadowing uroliths/sand present. The bladder wall is normal. No masses are noted. Urethra visualized to 3.0 cm.

The kidneys exhibit adequate corticomedullary differentiation. There are small, non-obstructed nephroliths present within the renal medulla of both kidneys. There is no evidence of pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.3 cm. Right kidney measures 2.9 cm.

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. Left measures 4.1 mm at the cranial pole and 4.7 mm at the caudal pole. Right measures 3.5 mm at the cranial pole and 4.1 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 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.



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Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 4.4 mm for duodenum and 3.6 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is 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.

PRIMARY FINDINGS

- Segmentally, mildly thickened small bowel muscular layer - consistent with non-specific enteritis

SECONDARY FINDINGS

- Bilateral nephrolithiasis and small bladder calculi / sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the small bowel are mild, and may represent transient enteritis or inflammatory bowel disease. The possibility of gastrointestinal neoplasia such as lymphoma cannot be completely excluded but is deemed unlikely. The nephrolithiasis and bladder calculi are unlikely to be related to the current clinical signs, but dietary management should be considered in the future, and cystotomy may be needed, especially if lower urinary tract signs develop. Additional recommendations include:

- 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.
- it is unusual but possible for significant intestinal disease to present with only mild ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.



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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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