

**PATIENT**

Mena Golden

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.26 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

72112

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Presented Sat 1/10 at 1:20p for first-time seizure episode today lasting approximately 1 minute with ~5 minutes postictal disorientation; episode included vomiting during the event. Hx of stage 1 CKD.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: pink moist mm, crt <2s, moderate periodontal disease, retropulsion less in OD than OS, PLR equal and responsive HAEC Intake Diagnostics 1/10: CBC: RBC 5.48 (L) HCT 36.2 (L) Hemoglobin 12.7 (L) Lymphocytes 0.92 (L) PDW 9.0 (L) EPOC: TCO2 15.7 (L) pH 7.301 (L) BE,ECF -10.2 (L) Lactate 6.8 (H) BUN 33 (H) Creat 1.89 (H) Glu 228 (H) Chem15: Glu 225 (H) Creat 2.1 (H) BUN 37 (H) ALT 138 (H) 1/10 Overnight: PCV/TS: 40%/6.4 clear

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 (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. There is mild pyelectasia present in both kidneys, with anechoic contents. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.0 cm. Right kidney measures 3.0 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 4.7 mm at the cranial pole and 5.1 mm at the caudal pole. Right measures 6.1 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 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 2.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is a moderate amount of anechoic free fluid present throughout the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic, particularly in the cranial abdomen. Enlarged abdominal lymph nodes are not observed.

There is a significant amount of effusion visible within the thoracic cavity. Whether this fluid exists within the pericardial sac, the pleural space, or both is unclear. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bicavitory (possibly tricavitory) effusion - abdominal and either pleural or pericardial (or possibly both)
- Bilateral chronic renal changes
- Bilateral renal pyelectasia - more typical of degenerative change, with pyelonephritis deemed less likely
- Mildly hypoechoic pancreas, and steatitis in the cranial abdomen, consistent with peritonitis, +/- pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further sonographic and / or radiographic evaluation of the thoracic cavity is recommended - if pericardial effusion is present, this could be the cause of a collapsing episode, as well as a cause for ascites. If the effusion is pleural, without pericardial effusion present, then fluid analysis of the pleural and abdominal effusion is recommended. Unless it is hemorrhage (which might indicate coagulopathy) the presence of bicavitory effusion in the presence of normal albumin levels would raise concern for either disseminated neoplastic disease, or vasculitis. Fluid overload is deemed unlikely, given the increasing hematocrit level. Pancreatitis can be a cause of bicavitory effusion, and given the steatitis in the cranial abdomen, further assessment with a serum pancreatic marker is recommended, however the overall appearance of the pancreas is not typical for a patient with severe acute pancreatitis.

Urinalysis is recommended to further evaluate the status of the kidneys, however this is deemed incidental to the current clinical picture.



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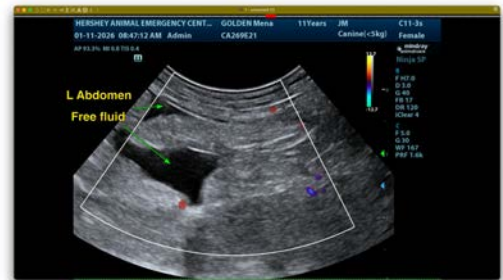
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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