



PATIENT

Shadow Gaspich

SPECIES

Canine

BREED

Border Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brian Jacobs

INVOICE

72118

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Acute vomiting beginning yesterday morning and persisting for 24 hours.

Abnormal PE/Chem/CBC/UA Results: 6-8% dehydrated. CBC: WBC 23.76 H, Neu 21.35 H, Plt 642 H, PDW 8.2 H, Pltcr 0.6 H Chem: BUN 31 H, TP 8.3 H, Glob 4.6 H, ALT 2658 H, ALP >2000 H, GGT 128 H, Tbili 3.8 H, Chol 401 H EPOC: pO2 52.0 L, cSO2 87.6 L, pCO2 36.9 H, HCO3 24.7 H, pH 7.433 H, K 3.5 L, iCa 1.18 L, Lact 4.71 H, HCT 56 H Radiographs: Mild hepatomegaly; no obvious hepatic mass; intestines largely empty, fecal content present; no evidence of gastrointestinal obstruction; gallbladder not visualized; no radiopaque choleliths identified.

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 3.0 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 mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 4.4 cm. Right kidney measures 5.1 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 7.0 mm at the cranial pole and 5.7 mm at the caudal pole. Right measures 6.3 mm at the cranial pole and 6.4 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, with rounded margins and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is mildly distended with organized contents, showing evidence of early striation. The wall is thickened up to 3.1 mm with evidence of regional inflammation. There is no evidence of gallbladder wall rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. 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. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not seen.

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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the gallbladder. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Thickened gallbladder wall with organized contents demonstrating early striation, and associated steatitis - consistent with inflamed biliary mucocele
- Diffusely hyperechoic, rounded liver, consistent with non-specific hepatopathy

SECONDARY FINDINGS

- Mild bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the gallbladder is not overly distended, given the thickened wall and associated inflammation, as well as the marked elevation in liver values, emergent cholecystectomy is recommended, with histopathology, ideally with simultaneous liver biopsy to rule out any concurrent hepatic pathology. Coagulation testing is recommended prior to surgery. Testing for leptospirosis is also recommended prior to surgery, if possible, as leptospirosis has been associated with mucocele formation in the dog. Other possible underlying causes, such as hyperlipidemia and endocrine disease, should also be investigated once the patient has recovered.





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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