



**PATIENT**

Allie DeFeo

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Spayed Female

**AGE**

8

**WEIGHT**

12

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

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

**INVOICE**

20689

**DATE**

1/22/22

**PRESENTING CLINICAL SIGNS**

History: Presented 1/17 for 36 hrs of recurrent vomiting. Exam unremarkable, CBC / Chem / U/A unremarkable, fecal neg. Improved after cerenia inj and SQ fluids, but 24 hrs later back to inappetence. Normal BM . Has exhibited pica in recent months

**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.

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 4.0 cm in length. The right kidney is 4.5 cm in length.

**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 6.2 mm at the cranial pole and 6.1 mm at the caudal pole. The right adrenal gland height is 6.2 mm at the cranial pole and 4.3 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 minimally distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

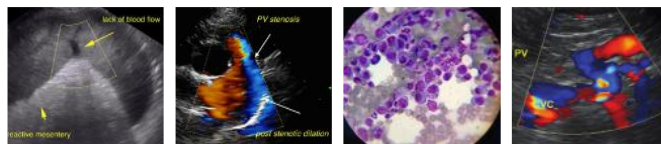
**Gastrointestinal**

The stomach is empty. The gastric wall revealed 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. The duodenal wall measures 4.3 mm. The jejunal wall measures up to 3.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**



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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.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat have mildly increased echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Yorkie Mix

**ULTRASONOGRAPHIC FINDINGS**

- Mildly hyperechoic omentum, not specifically localized to the pancreas
- Mildly hypoechoic pancreas

**SEX**

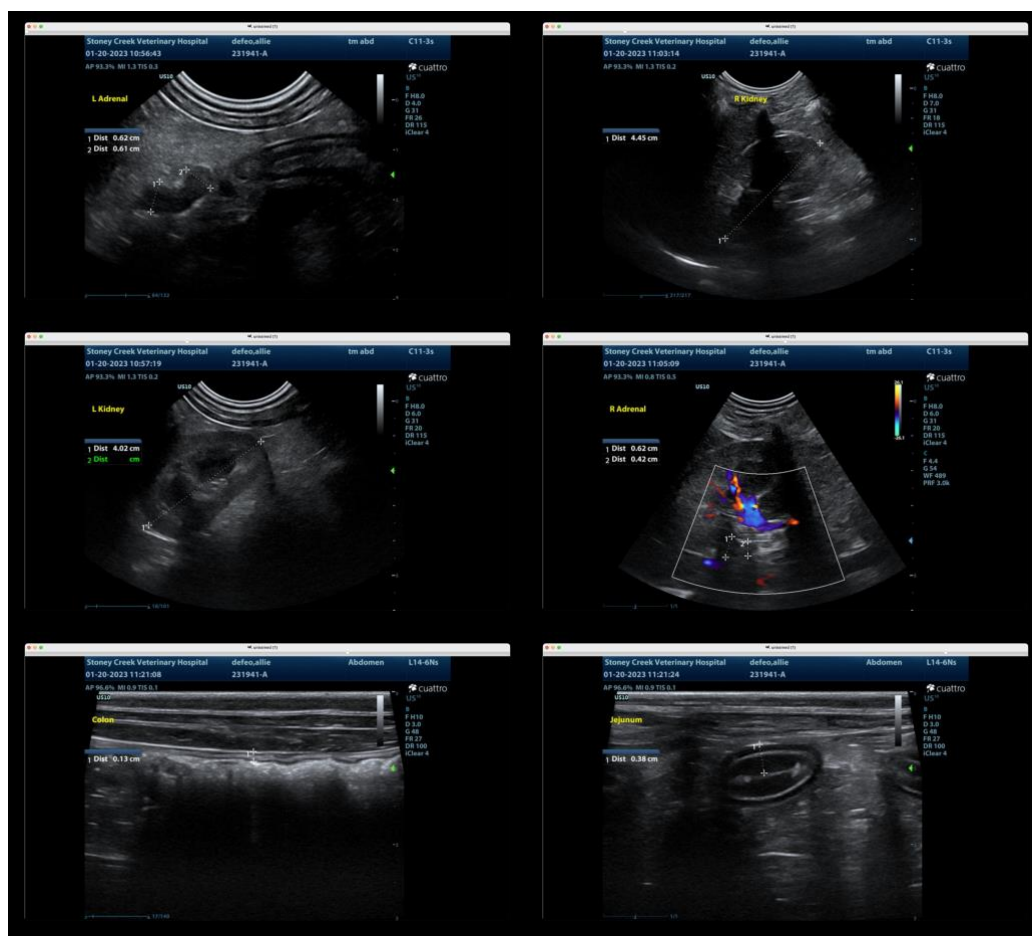
Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the abdomen are subtle, and may be normal for this patient, or may indicate the presence of mild abdominal inflammation and perhaps chronic pancreatitis. Given the recent history of pica, underlying gastrointestinal disease, such as inflammatory bowel disease or exocrine pancreatic insufficiency should be considered. A GI panel and possibly gastrointestinal biopsies are recommended if symptoms persist.

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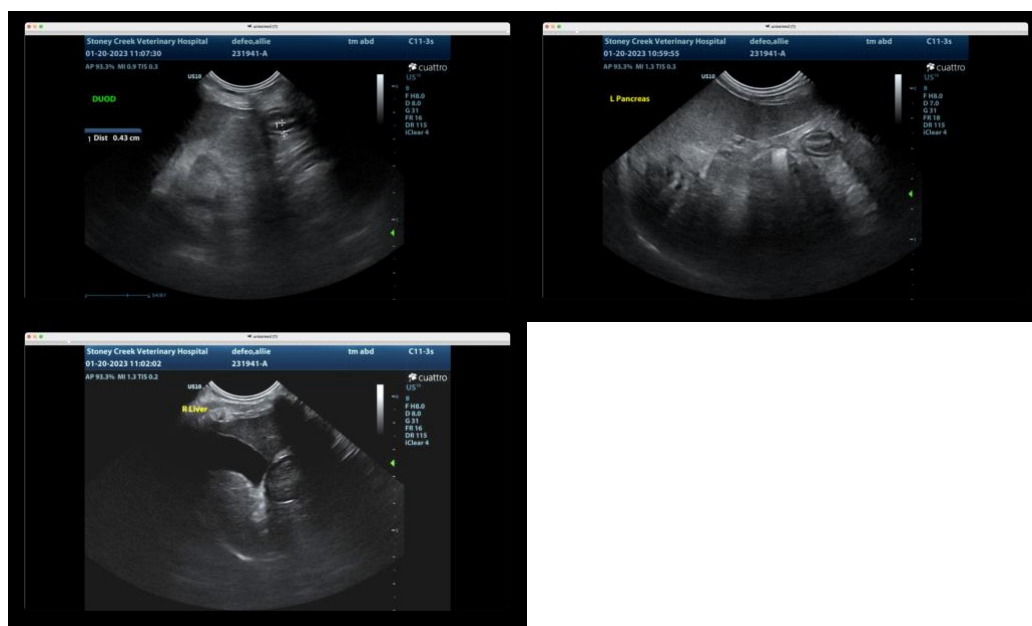
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com