



## PATIENT

Peaches Moss

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Spayed Female

## AGE

1 Year

## WEIGHT

9 Pounds

## INTERPRETED BY

Tam Mengine DVM,  
DABVP  
(Canine/Feline  
Practice)

## IMAGING PERFORMED BY

Dr. Samuel Gabriel

## HOSPITAL NAME

Central Jersey AH

## REFERRING VET

Dr. Samuel Gabriel

## INVOICE

35190

## DATE

1/3/25

## PRESENTING CLINICAL SIGNS

History: was vomiting and diarrhea and lethargic, was treated at other hospital with supportive care and still not eating and lethargic.

Abnormal PE/Chem/CBC/UA Results: cbc,chem : wnl xray wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. 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 1.0 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 3.0 cm in length. The right kidney is 3.6 cm in length.

### *Adrenal Glands*

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 3.8 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

### *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.

### *Gastrointestinal*

The stomach is moderately distended with gas and ingesta. The gastric wall is 2.8 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. The duodenal wall measures 3.1 mm. The jejunal wall measures up to 2.7 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

### *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 mesenteric lymph nodes were mildly enlarged, up to 1.6 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

- Reactive mesenteric lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of reactive mesenteric lymph nodes may indicate nonspecific enteritis. 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.
- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus, endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.



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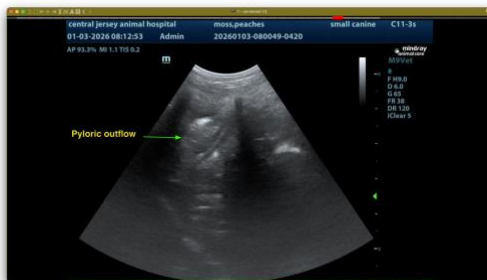
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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