



PATIENT

Kimmie Warmuth

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Spayed Female

AGE

10 Years

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, LLC

REFERRING VET

Dr. Turner

INVOICE

71497

DATE

11/1/25

PRESENTING CLINICAL SIGNS

PT went for normal walk this morning did not was not acting normal after the walk when pet got home at something next to the trash can. Had a seizure back in September not sure if pet had one this morning
Differentials: Toxin - muscarinic mushroom ingestion (*Amanita muscaria*, *Clitocybe* spp, other), OP or carbamate, other stimulant Neurologic - post-ictal GI - gastroenteritis, pancreatitis, other

Abnormal PE/Chem/CBC/UA Results: CBC/Chem17/Lytes: RBC HIGH, PLT HIGH, BUN HIGH, AMYL and LIPA were extreme high.

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 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). Left measures 7.4 cm. Right measures 8.6 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 5.8 mm at the cranial pole and 5.5 mm at the caudal pole. Right measures 7.8 mm at the cranial pole and 5.1 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. 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 moderately distended with gas and fluid. The gastric wall is 3.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 4.4 mm for duodenum and 4.9 mm for jejunum. Overall wall layering is preserved. The



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duodenum appears diffusely corrugated.

The visible portions of the colon are of normal thickness with intact wall layering. The ascending colon is dilated with hypoechoic fluid. The ileocecal junction is visualized and normal. Colon wall measures 0.90 mm.

Pancreas

The pancreas is not distinctly visualized, but there is mottled omental fat observed in the region of the right limb of the pancreas, and the duodenum is corrugated, both typical of pancreatitis.

Free Abdomen

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

PRIMARY FINDINGS

- Diffuse small bowel changes typical of inflammatory bowel disease, with associated steatitis
- Mottled falciform fat adjacent to the liver R medial liver and pancreatic body, and corrugated duodenum, both suggesting right pancreatic inflammation
- Fluid-dilated colon - may be incidental, but may indicate impending diarrhea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for reported neurologic signs on today's ultrasound. If there is a strong suspicion for repeated seizures, then bile acid testing, and imaging of the brain such as MRI or CT scan, would be recommended.

In the absence of vomiting, diarrhea, or weight loss, the significance of the small bowel changes is uncertain. Given the peri-pancreatic inflammation and elevated amylase and lipase, a full GI panel is recommended to further evaluate for both pancreatitis and the possibility of small intestinal disease.





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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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