



## PATIENT

Puppy Girl Yavorska

## SPECIES

Canine

## BREED

Brussels Griffon

## SEX

Female

## AGE

10 Weeks

## WEIGHT

1.17 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Alpine 24/7  
Pet Hospital

## REFERRING VET

Dr. Poulsen

## INVOICE

71495

## DATE

11/1/25

## PRESENTING CLINICAL SIGNS

Puppy is one of at least 3 in litter with recent GI signs of vomiting, anorexia and lethargy. Diarrhea panel negative, parvo negative, distemper negative. No vaccine to date. Currently hospitalized on IVF, metoclopramide, IVF antimicrobial, GI protectants

Abnormal PE/Chem/CBC/UA Results: No labs

## 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 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 kidneys measure 2.8 cm each.

### 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 measured 2.3 mm at the cranial pole and 2.3 mm at the caudal pole. Right measured 2.5 mm at the cranial pole and 2.4 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 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 fluid, ingesta and gas. There is focal thickening of the gastric wall in the region of the fundus, up to 4.6 mm in thickness. There are normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance. There is ingesta seen moving from the stomach into the duodenum.

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. Duodenum wall measures 2.2 mm. Jejunum wall measures 1.9 mm.



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The visible portions of the colon are of normal thickness (1.0 mm) with intact wall layering. The ileocecal junction is normal.

**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 omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**PRIMARY FINDINGS**

- Focal, mild gastric wall thickening consistent with gastritis
- No evidence of gastrointestinal obstruction or intussusception

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no apparent cause for the underlying gastritis and gastroenteritis symptoms. Recommendations include:

- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- Given the patient's age, empiric deworming would be recommended, despite the negative diarrhea panel, if not recently performed.





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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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