



## PATIENT

Austin Bradford

## SPECIES

Canine

## BREED

Beagle

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

12.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr. Daniel

## INVOICE

71864

## DATE

11/16/25

## PRESENTING CLINICAL SIGNS

Presented yesterday vomiting, hyporexia. Had diarrhea this morning.  
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and mild ALP elevation

## 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 4.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 kidney measures 5.3 cm. Right kidney measures 5.6 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 3.3 mm at the cranial pole and 4.6 mm at the caudal pole. Right measures 5.5 mm at the cranial pole and 4.6 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. There is a hyperechoic nodule present within the parenchyma of the right caudal aspect of the liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is markedly 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 normal ingesta. The gastric wall measures 2.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized. However, the proximal duodenum is seen and contains normal chyme, suggesting the pylorus is patent.



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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 4.8 mm. Jejunum wall measures 2.5 mm.

The proximal ascending colon has increased thickness, up to 4.0 mm, with intact wall layering. The rest of the colon wall appears unremarkable. The lumen is dilated with hypoechoic fluid. The ileocecal junction is visualized and surrounded by hyperechoic omental fat and prominent lymph nodes as well as scant free fluid.

### *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 focal free fluid present with the abdomen in the region of ileocecolic junction. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Marked thickening of the ascending colon wall, with associated steatitis and scant free fluid in the region of the ileocecolic junction - consistent with severe colitis, or less likely neoplastic disease

## SECONDARY FINDINGS

- Small, hyperechoic liver nodule, typical of a benign myelolipoma
- Distended gallbladder with sludge, likely an incidental finding, secondary to inappetence

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant inflammatory change in the region of the ileocecolic junction. Recommendations include:

- Parasite testing (particularly for *Tichuris* spp.) is recommended, along with empiric deworming with fenbendazole.
- Supportive care with probiotic therapy, supplemental fiber and a bland diet. A diet such as Hill's Biome may be appropriate to meet all of these needs.
- If the patient is not responding to supportive care, colonoscopy would be recommended for biopsies.



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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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