



PATIENT

Nova Diehl

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

3 Years

WEIGHT

15.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lauren Kiebler

INVOICE

71508

DATE

11/2/25

PRESENTING CLINICAL SIGNS

Nova presented 11/2/2025 morning for decreased appetite for 1 week and vomiting. She was seen 11/1 started having urinary accidents and blood was noted on the pee pad.

Abnormal PE/Chem/CBC/UA Results: Tacky MM, 5-6% dehydrated Mid-abdominal pain, tense on palpation Vulval recession BCS 7/9 8/18/2025 (from rDVM) Fecal: NPF 4DX: Neg 10/28/2025 (from rDVM) Bloodwork CHEM17/LYTES: AST 144, ALT 429 SDMA 15.3 (Mild elevation) CBC: WNL Abdominal radiographs: unremarkable 11/02/2025 HAEC Bloodwork CBC: LYM 0.92, PDW 21.8, MPV 15.0 CHEM15:ALT 515 EPOC:PO2 57.3, Na 153, K 2.9, GLU 152 Urinalysis pending

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 kidney measures 5.7 cm. Right kidney measured 5.9 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 3.5 mm at the cranial pole and 3.4 mm at the caudal pole. Right measures 5.9 mm at the cranial pole and 4.7 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 and a large 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 and several small shadowing foci typical of pills or dense ingesta such as carrots. The gastric wall measured 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.



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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.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not seen.

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

- Unremarkable canine abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no sonographic findings to explain the patient's symptoms and laboratory abnormalities. Possible explanations for the elevated ALT would include a reactive hepatopathy secondary to other illness, or microscopic disease that is not evident monographically. The following next steps are recommended:

- Supportive care, including fluid therapy, potassium supplementation, and anti-emetic therapy
- Given the normal appearance of the bladder, if there is no pyuria or bacteria identified on urinalysis, then coagulation testing would be recommended to rule coagulopathy as a cause of hematuria
- Bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies are strongly recommended
- If bile acids are normal, then initiation of liver support therapies such as SAME, Vitamin E and ursodiol, along with rechecking liver values in one week
- Ultrasound-guided or laparoscopic liver biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed, but is less likely to yield a definitive diagnosis.



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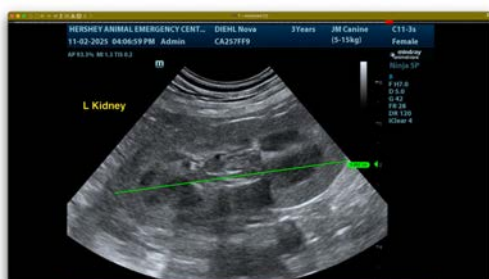
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com