



## PATIENT

Luna Szalczinger

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

Spayed Female

## AGE

4

## WEIGHT

85.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Harrs

## INVOICE

35569

## DATE

11/22/25

## PRESENTING CLINICAL SIGNS

History: pancreatitis spec PL 1388 suspect gastric fb vomiting and dry heaving Hx of seizures On Pheno and Zonisimide .

## 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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 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 6.8 cm in length. The right kidney is 7.5 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 3.6 mm at the cranial pole and 3.9 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 mildly distended with gas and ingesta. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized

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.



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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 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.

There is a 1.8 cm hyperechoic encapsulated ovoid mass noted in the region of the left pancreatic limb, that does not appear to arise from any abdominal viscera.

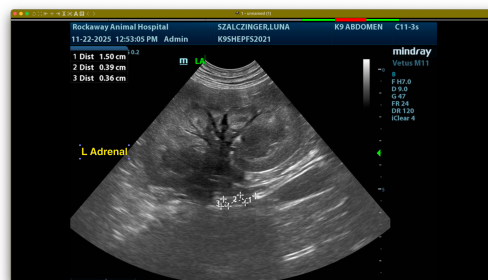
### **ULTRASONOGRAPHIC FINDINGS**

- 1.9 cm hyperechoic undifferentiated nodule in the region of the left pancreas - may be a region of fat necrosis, or a small intra-abdominal lipoma (picture attached).
- Small amount of ingesta (typical of food) and gas in the stomach, without evidence of obstruction.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the pancreas appears normal, the markedly elevated CPL level, along with the organized, hyperechoic fat in the region of the left pancreas, may indicate acute pancreatitis, for which sonographic signs can lag behind symptoms. There is no evidence of gastrointestinal foreign body seen. Supportive care for pancreatitis is recommended, including fluids, low fat bland diet, anti-emetics, analgesics, and potentially Panoquell CA-1

Serial ultrasound of the hyperechoic nodule in 6 - 8 weeks is recommend, and if it is growing, then surgical removal with histopathology should be considered, as even benign intra-abdominal lipomas can become very large and cause organ displacement.





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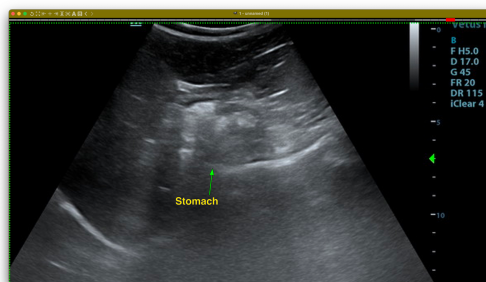
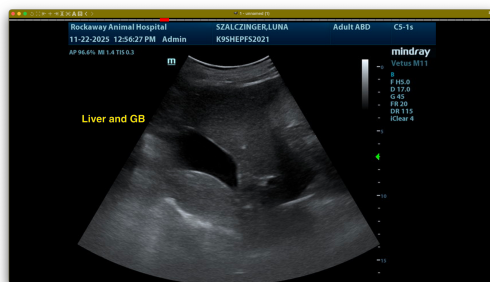
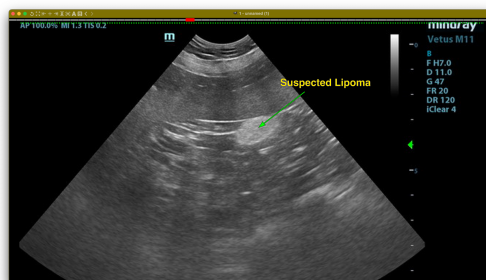
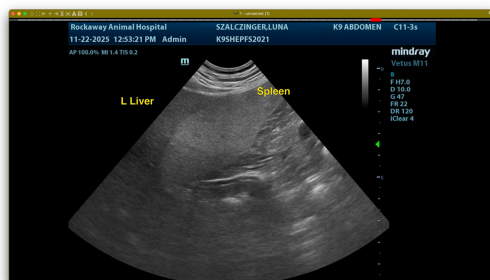
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com