



PATIENT

Princess Nissel

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

6 Years

WEIGHT

31.2 kg

INTERPRETED BY

Tam Mengine DVM,
DABVP
(Canine/Feline
Practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Cara Sinopoli

INVOICE

35567

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: D+ since Wednesday, started probiotic that usually helps (D+ common but blood is not) - Now frank blood today - Unproductive V+ 1x yesterday (wretched a few times) - E/D normally, ate this morning Eyes: Corneas dull, mucoid discharge OU, mild erythema OU, blind OU Oral Cavity: Mucous membranes pink/tacky, CRT <2s, moderate tartar/gingival erythema Abdominal: Soft and compliant with no abnormalities or pain on palpation, history of previous splenectomy due to torsion Integument: Normal skin/haircoat, no evidence of ectoparasites, moist dermatitis ventral neck and cranial hocks.

Abnormal PE/Chem/CBC/UA Results: EPOC: BE -6.1 L, Lactate 4.05 H, Hct 35 L CBC: Hct 33.3 L, RBC 5.41 L, MCHC 39.9 H, WBC 18.21K H, Neutrophils 15.45K H Chem15: Creatinine 0.4 L, Total protein 8.5 H, Albumin 4.1 H, ALP <10 L, Tbili 1.6 H Catalyst pancreatic lipase: 54 xrays; Conclusions: - A clear cause for reported diarrhea is not identified. - Mild hepatomegaly - Mild gastroesophageal reflux. - Impression of multifocal narrowing of the intervertebral disc spaces may be artifactual secondary to positioning and divergent x-ray beam or may be due to true disc space narrowing secondary to underlying intervertebral disc disease. 4dx: negative x 4.

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 7.2 cm in length. The right kidney is 6.9 cm in length.

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. The left adrenal gland height is 5.4 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland height is 7.2 mm at the cranial pole and 7.8 mm at the caudal pole.

Spleen

The spleen is not visualized, consistent with the history of prior splenectomy.

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.



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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. The gastric wall is 4.8 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. There is segmental corrugation noted within the small bowel. Intestinal motility appears normal.

The visible portions of the colon have prominent rugae and increased thickness, up to 3.2 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.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened colon, consistent with non-specific colitis, or less likely, diffuse neoplasia.
- Segmental small bowel corrugation - may indicate concurrent enteritis (vs. incidental finding).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened colon is most typical of colitis, with neoplasia deemed less likely. Given the significantly elevated lactate, acute hemorrhagic diarrhea syndrome would be a consideration, though the lack of elevated Hct would not be classic. The following next steps are suggested:

- Fecal parasite testing and/or empiric deworming
- Supportive care with fluid therapy, probiotic therapy, gastroprotectants, anti-emetics and a bland diet.
- Fiber supplementation, or a high fiber diet such as Hill's Biome or w/d formulas may be beneficial
- The use of antibiotics in the treatment of AHDS is debated. If the patient is febrile, or not responding to supportive care, then antibiotic therapy such as amoxicillin-clavulanic acid could be considered.



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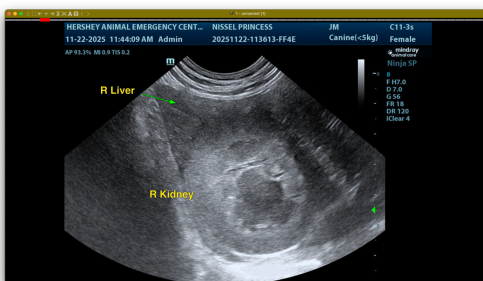
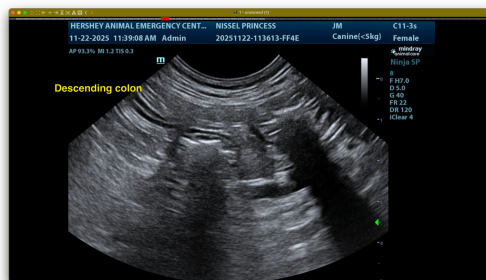
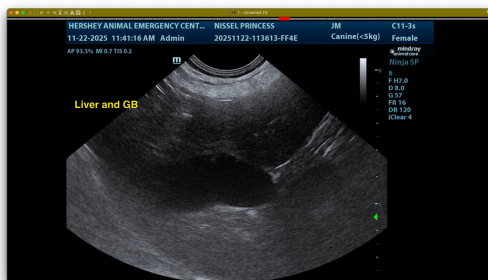
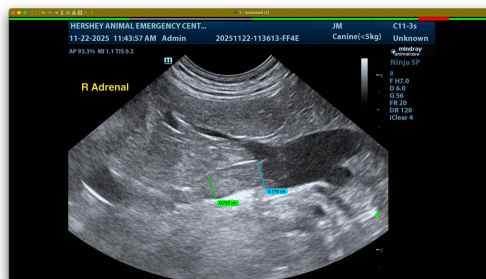
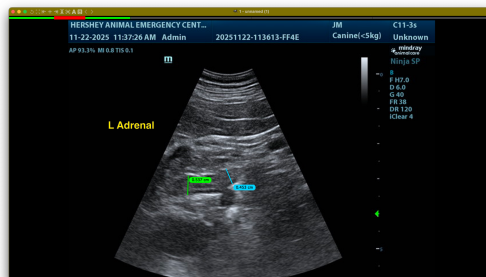
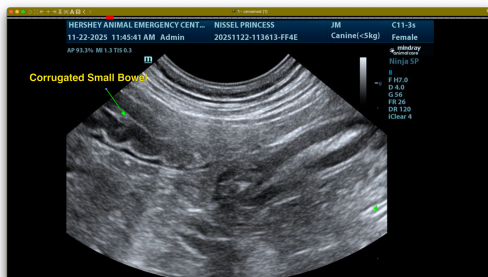
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- If symptoms persist, endoscopy would be recommended for gastrointestinal biopsies.



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.



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