



PATIENT

Chimay Freeman

SPECIES

Canine

BREED

Pit

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

33.9 kg

INTERPRETED BY

Tam Mengine DVM,
DABVP (Canine/Feline
Practice)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

35575

DATE

11/23/25

PRESENTING CLINICAL SIGNS

History: Chimay presented to HAEC on 11/22/25 for vomiting and a decreased appetite. She has a history of foreign body surgery 6 years ago and passed another foreign body after IVF and supportive care 2 years ago.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: pink tacky mm, crt 2s Abd: Guarded in abd palpation U/G: Hooded vulva HAEC (11/22/25) CBC: lymphs 0.84 (L), eos 0.01 (L) Chem: Alb 4.1 (H), ALP 318 (H) EPOC: K 3.3 (L), Glu 138 (H) Overnight 11/22 dx: Repeat Rads: Rad Report- CONCLUSIONS: 1. Gastrointestinal changes are compatible with gastroenterocolitis. There is no evidence of gastric outflow or small intestinal obstruction. 2. Poor cranial abdominal serosal detail raises the suspicion for pancreatitis. Inflammatory peritonitis and/or scant peritoneal effusion and/or mere summation of fluid-filled intestinal loops can however not be ruled out. Urinalysis: USG >1.050, pH 8.0, Protein 30, Blood 10, WBC 1/HPF, RBC 2/HPF Dx: 8a EPOC: Glu 129 H, NSF PCV/TS: 50/7.2 Panc lipase: 521 H.

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 2.0 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 7.6 cm in length. The right kidney is 7.3 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 5.9 mm at the cranial pole and 6.9 mm at the caudal pole. The right adrenal gland height is 6.4 mm at the cranial pole and 7.0 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



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The stomach is moderately distended with fluid. The gastric wall is 3.3 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. There are markedly fluid-dilated loops observed, along with a population of empty bowel loops, suggestive of an intestinal obstruction, however no obstruction can be seen.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The pancreas is not distinctly visualized, but there is hyperechoic omental fat observed in the region of the left limb of the pancreas.

Free Abdomen

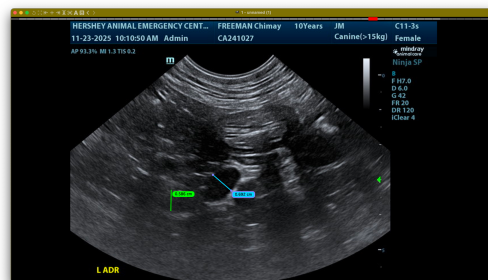
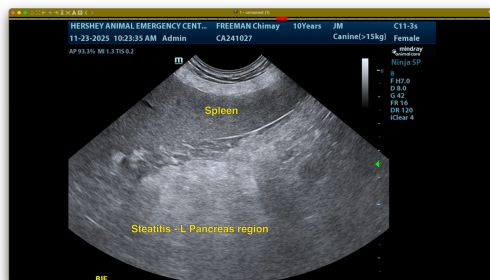
There is focal free fluid present with the abdomen in the region of the pancreas and small bowel. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Steatitis in the region of the left pancreas, suggesting pancreatitis
- Fluid-dilated stomach and small bowel, as well as some empty loops of small bowel, and scan free fluid within the mesenteric region. - indicating possible small bowel obstruction, however no obstruction is seen in the cineloops provided

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings would support a diagnosis of pancreatitis and secondary ileus, however the presence of empty loops of small bowel means that the possibility of small bowel obstruction cannot be completely excluded. Thus, if the patient's symptoms persist despite another 12-24 hours of supportive care, then either recheck ultrasound or abdominal exploratory (with the intent to obtain GI +/- pancreatic biopsies if no obstruction is identified), or would be recommended.





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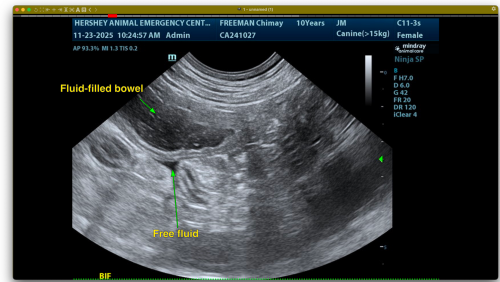
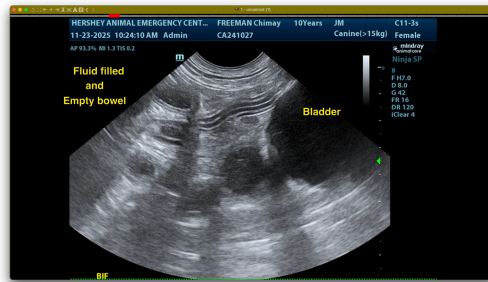
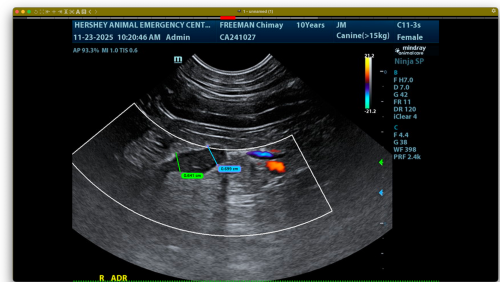
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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