



PATIENT

Ranger Wilhardt

SPECIES

Canine

BREED

Pomeranian X

SEX

FS

AGE

15 years

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Brunning

INVOICE

10994

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: History: - Vomited at least 10x in the last 4-5 days; sometimes undigested food, sometimes bile. Has been right after eating, right after drinking water, and also ~8 hours after eating - Normal appetite - Hematochezia with mucus started this morning. Diarrhea mostly consists of large amount of frank blood and mucus - The bloody diarrhea/hemorrhagic gastroenteritis has been an intermittent issue (about every 1.5 months) for 1-2 years. Usually resolves quickly with a bland diet. Vomiting not characteristic of previous episodes - Owner started Ranger on Clavamox ~100mg BID, received around 4 doses (last dose last night) Exam findings: - Moderately dehydrated - Moderate discomfort on palpation of cranial abdomen - Perivulvar dermatitis (ulcerated skin left lateral to vulva) - Mucous membranes pink and moist, CRT <2s - Normothermic - BAR ABNORMAL Labwork Values N/A Current Medications Cerenia 16mg, Clavamox ~100mg (owner began administering at home, last dose 12/17/25 PM), 200mL LRS SQ fluids

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.

Both kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is trace pyelectasia present in the left kidney, with anechoic contents. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.7 cm in length. The right kidney is 3.9 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. Left measures 6.4 mm at the cranial pole and 4.9 mm at the caudal pole. Right adrenal measures 6.7 mm at the cranial pole and 4.4 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. There is a cholelith present within the gallbladder lumen measuring 4.0 mm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



PATIENT	The stomach is mildly distended with gas. The gastric wall is normal at 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is of normal appearance.
Ranger Wilhardt	
SPECIES	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.
Canine	
BREED	The visible portions of the colon are of normal thickness, 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.
Pomeranian X	
SEX	Pancreas The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.
FS	
AGE	Free Abdomen There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach and pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.
15 years	
WEIGHT	PRIMARY FINDINGS
14.8 lbs	<ul style="list-style-type: none"> • Prominent gastric submucosal layer, with associated steatitis, typical of gastritis. • Hypoechoic left pancreas with steatitis, typical of pancreatitis.
INTERPRETED BY	SECONDARY FINDINGS
Tam Mengine, DVM, DABVP (canine/feline practice)	<ul style="list-style-type: none"> • Bilateral mild chronic renal changes. • Gallbladder cholelith, which is typically an incidental finding in a dog.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sara Hansen	The appearance of the gastric wall could support chronic gastritis, or potentially acute gastritis. Pancreatitis, if present, might be a potential explanation for gastritis.
HOSPITAL NAME	Recommended next steps include:
Edgewood AC	<ul style="list-style-type: none"> • Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotidine, and gastroprotectants such as sucralfate.
REFERRING VET	<ul style="list-style-type: none"> • A complete gastrointestinal panel, or serum pancreatic lipase would be recommended to further investigate the possibility of pancreatitis, and also to evaluate for occult small bowel disease.
Dr. Brunning	<ul style="list-style-type: none"> • Dietary therapy with either a highly digestible, low fat diet, or a hydrolyzed or novel protein diet is recommended. Feeding frequent small meals is preferred if feasible.
INVOICE	<ul style="list-style-type: none"> • Fecal parasite testing and empiric fenbendazole treatment
10994	<ul style="list-style-type: none"> • Endoscopic biopsies are recommended for definitive diagnosis, and to determine whether corticosteroid therapy would be indicated.
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- Empiric treatment for helicobacter gastritis could be considered. Repeat ultrasound at the end of therapy can assess response, along with monitoring for resolution of clinical signs. Treatment protocol is as follows, for a duration of 28 days :
 - Azithromycin 5mg/kg PO once daily for 5 days, then every other day thereafter
 - Metronidazole 10mg/kg PO BID
 - Amoxicillin 20mg/kg PO BID
 - Omeprazole 0.7 - 1 mg/kg q24h

There is no apparent explanation for the bloody diarrhea. Given that this has been a chornic intermittent problem for this patient, there may be a predisposition to acute hemorrhagic diarrhea syndrome. Colonic biopsies would be necessary to rule out more serious pathology.





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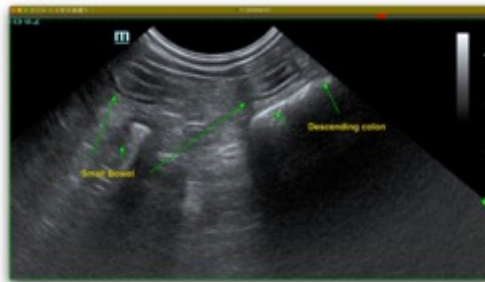
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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