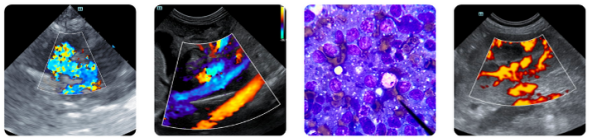



**PATIENT**

Sparkle Schwalm

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey Animal Emergency Center

**REFERRING VET**

Dr. Cara Sinopoli

**INVOICE**

10996

**DATE**

12/20/2025

## PRESENTING CLINICAL SIGNS

Presented 12/19 as transfer for coag testing for acute hematemesis with bright red blood and clots that began this morning (~8:00 AM), with additional hematemesis at intake, abdominal tension, and marked lethargy after refusing water all day. Abdomen: Mild tension on palpation P became increasingly nauseated throughout the evening and more uncomfortable on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Lyme test (@ rDVM): Positive (new result) UA: Proteinuria (30) NIBP: @7p - 164/96 (115), @10p - 152/79 (91), @2a - 156/82 (93), @6a - 172/101(114) Radiographs: Persistently dialated gastric lumen that appears to contain foreign material; moderate gas distention present in mid to caudal small intestines. Moderate amount of firm/gas surrounded fecal material within colon. Irregular gas pattern present on R abdominal side (VD) Summary Concern for obstructive ileus with possible gastric and cranial small intestinal foreign material EPOC: pO2 61.3 (H), cSO2 90.9 (H), BE -5.2 (L), BUN 5 (L), HCT 32 (L)

## 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 4.0 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). Left kidney measures 8.1 cm, and the right kidney measures 7.8 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 adrenal measures 5.3 mm at the cranial pole and 6.2 mm at the caudal pole. The right adrenal measures 6.9 mm at the cranial pole and 5.2 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 a small amount of fluid, and at least a 4.0 cm length of hyperechoic material casting an anechoic shadow. The gastric wall is of normal thickness, however the submocsal layer appears prominent. The pylorus is not clearly visualized due to the shadowing material within the gastric lumen. Gastric wall measures up to 5.8 mm.

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, 1.9 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*

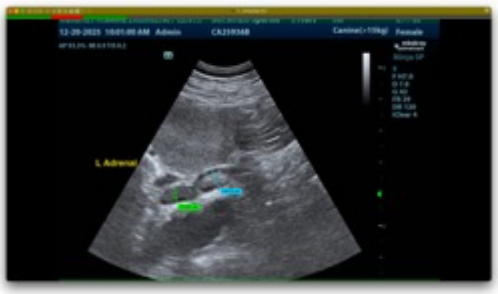
There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

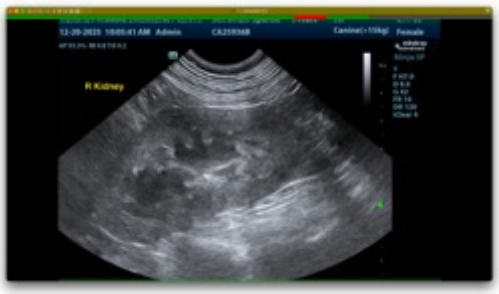
## PRIMARY FINDINGS

- Anechoic shadowing material within the gastric lumen.
- Prominent gastric submucosal layer, with associated peri gastric steatitis, consistent with gastritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no definitive evidence that the material in the stomach is causing a pyloric outflow obstruction. However, given the duration of the clinical signs and the lack of improvement with supportive care, further investigation either endoscopically or surgically to potentially remove any foreign material and obtain gastric biopsies, would be recommended. Continued supportive care with fluids, antiemetics, and gastroprotectants would also be recommended .A urine protein-creatinine ratio would be recommended to further investigate the proteinuria, given the Lyme positive status, however it is deemed unlikely to be relate to the current clinical signs.





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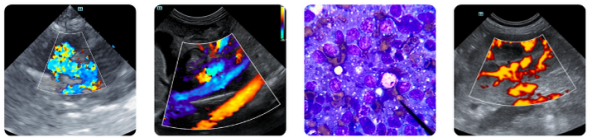

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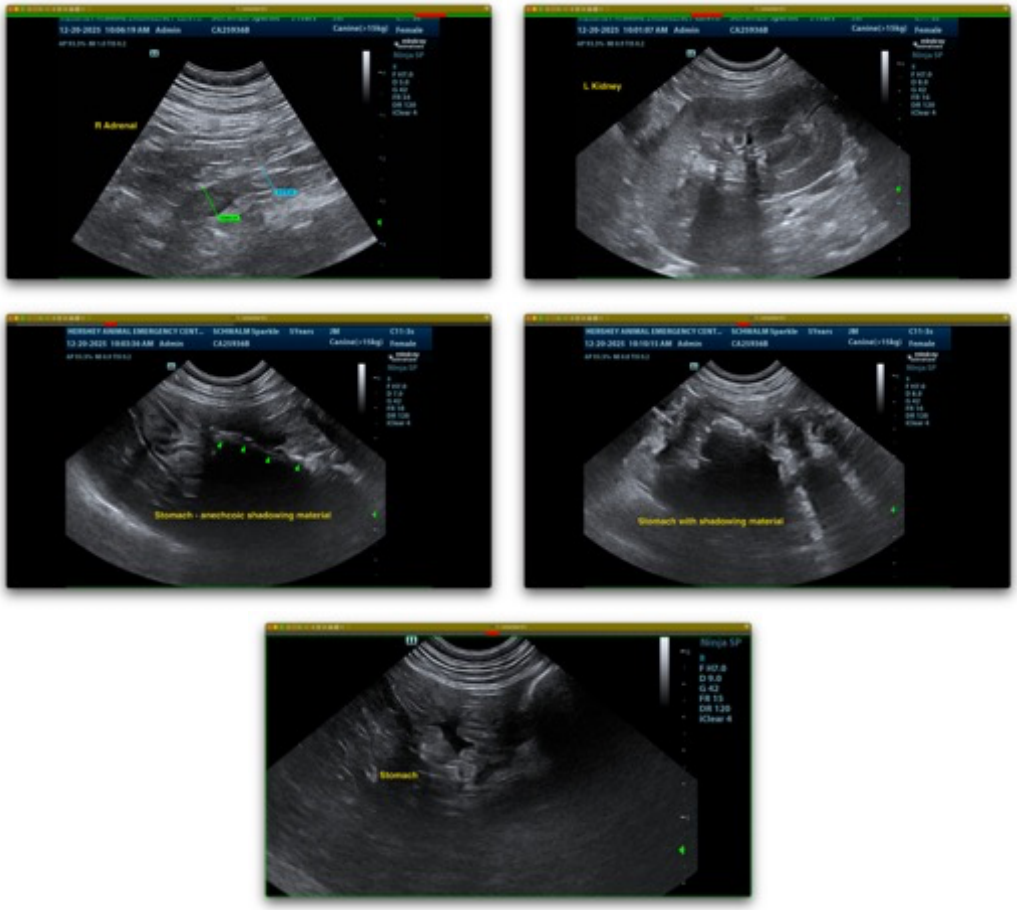


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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