



PATIENT

Chunk Behler

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

49.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

72808

DATE

12/27/25

PRESENTING CLINICAL SIGNS

Presented on emergency 12/25 due to recent onset vomiting, hematemesis with blood clots noticed the previous night. Small volumes of hard stool reported for the previous few weeks.

Abnormal PE/Chem/CBC/UA Results: Abdomen not overtly painful on palpation, but sensitive to imaging in the right cranial quadrant. No evidence of melena on rectal exam, stool consistency was WNL. CBC, chem, T4 showed mild elevation of ALT (171 U/L), NSF otherwise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened to 7.4 mm and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 1.0 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 measures 5.8 cm. Right measures 6.2 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 measures 8.2 mm at the cranial pole and 6.4 mm at the caudal pole. Right measures 6.3 mm at the cranial pole and 7.5 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, and a 1.9 cm well circumscribed echogenic lesion in the cranial aspect. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. There is a small region of thickened gastric wall in the region of the fundus with indistinct wall layering, and the surrounding perigastric fat in this region is hyperechoic. The gastric wall otherwise measures 3.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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 (1.6 mm) with intact wall layering. The ileocecal junction is not seen.

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.

PRIMARY FINDINGS

- Diffusely thickened bladder wall.
- Focal thickening with indistinct wall layering and associated steatitis in the gastric fundus.

SECONDARY FINDINGS

- Well circumscribed lesion within the gallbladder, which may represent a choleliths, or less likely a cyst or mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The change in the gastric wall may be consistent with a focal ulcer, or early infiltrative neoplastic disease. Surgical or endoscopic biopsy would be necessary for definitive diagnosis. If empiric treatment is desired, then therapy with antacids, sucralfate, and a bland diet could be considered. If empiric therapy for helicobacter is desired, then the following protocol is suggested:

- 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

The thickened bladder wall may indicate cystitis, or possibly emerging neoplastic disease. Urinalysis is recommended to further investigate for the possibility of inflammation.

The gallbladder lesion is likely incidental. If possible, color or power doppler interrogation of the lesion could be performed to rule out the possibility of a vascular mass. If no blood flow is detected on doppler, then lesion can be considered incidental.



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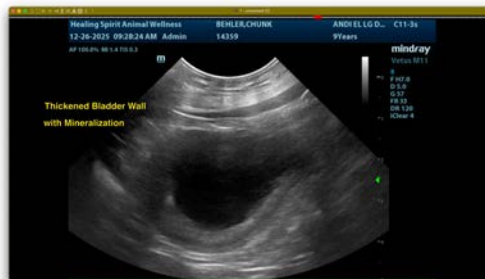
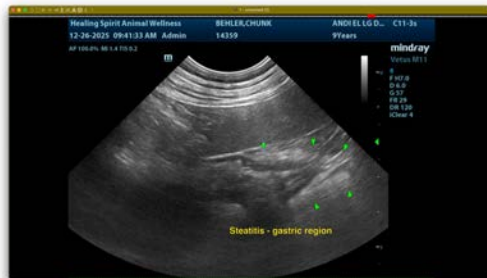
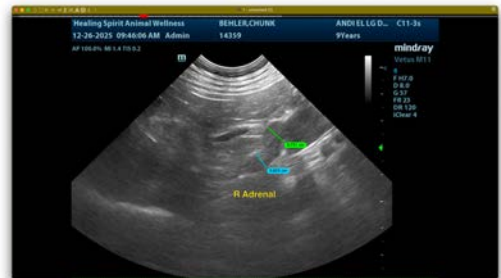
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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