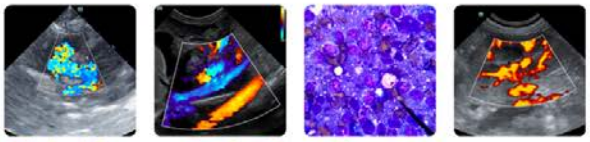


PATIENT

Marley Hottenstein

SPECIES

Canine

BREED

Chinese Crested x

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Rebecca Lupole

INVOICE

72782

DATE

12/27/25

PRESENTING CLINICAL SIGNS

Acute inappetence starting Monday with vomiting and watery diarrhea since last night and marked lethargy and weight loss. Previous episode occurred around Thanksgiving. pDVM has bee managing with supportive care (cerenia and SQF). Cerenia is managing the vomiting but patient persistently anorexic.

Abnormal PE/Chem/CBC/UA Results: Tacky mm, 6-7% dehydrated Grade 4/6 HM Painful upon cranial abdominal palpation, MCS 2/3 EPOC: NSF Chem: ALP 17 (L) Catalyst pancreatic lipase: 181 CBC: NSF Radiographs gas dilated loops of bowels

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 (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

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 3.7 cm. Right measures 3.5 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 3.2 mm at the cranial pole and 3.7 mm at the caudal pole. Right measures 5.2 mm at the cranial pole and 4.9 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.

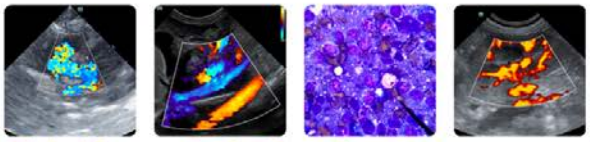
Liver

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

The stomach is mildly distended with gas and fluid. The gastric wall is 2.6 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

- Unremarkable canine abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's recurrent vomiting and diarrhea, anorexia and weight loss. Additional recommendations include:

- Fecal parasite testing and/or empiric deworming with fenbendazole
- A hydrolyzed diet trial
- A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- Three view chest radiographs
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.
- Continued treatment with antiemetics and potentially additional supportive care as indicated. Caution should be taken with IV fluids, given the concurrent heart murmur.
- An appetite stimulant such as mirtazapine, cyproheptadine or capromorelin, until a definitive cause can be found.

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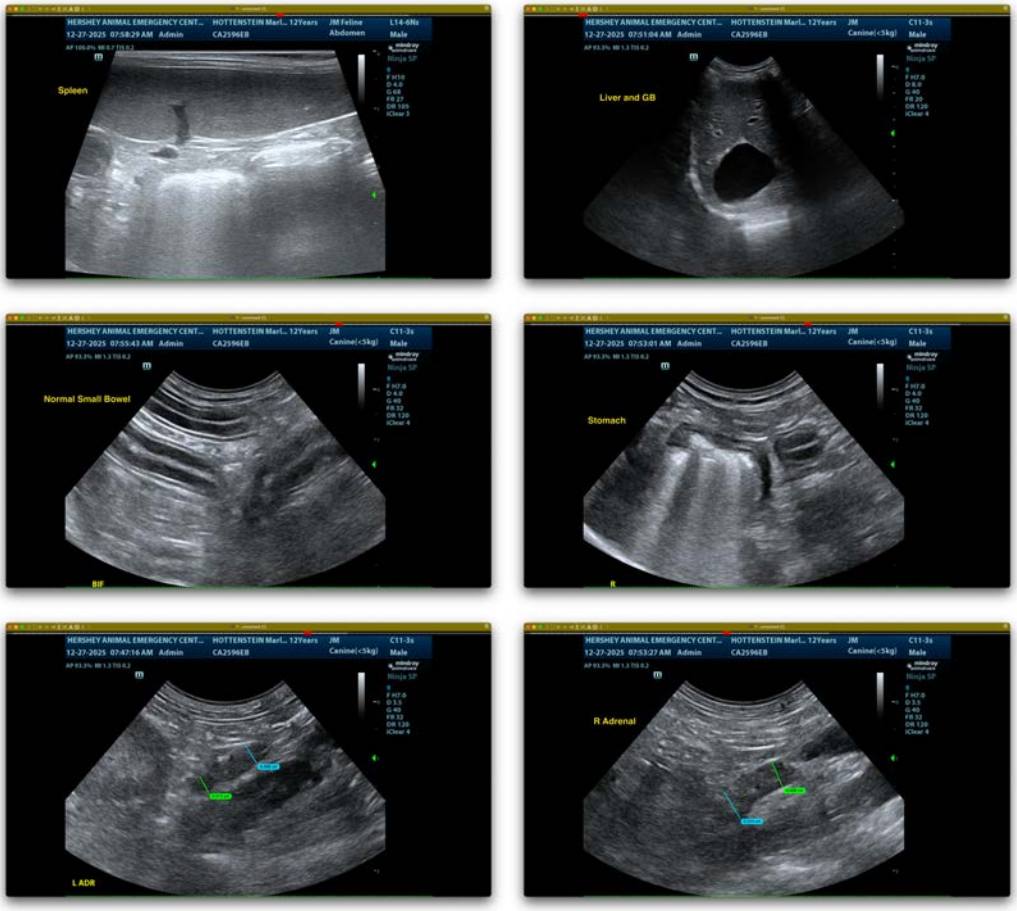

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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