



PATIENT

Jasper Grier

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

5 Years

WEIGHT

27.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Dr. Stan Gira

REFERRING VET

Dr. Zoe Williams

INVOICE

72806

DATE

12/28/25

PRESENTING CLINICAL SIGNS

Lethargy, inappetence, since 24 of December with fever. Fever has resolved since. Hematuria and diarrhea started today.

Abnormal PE/Chem/CBC/UA Results: Elevated liver values, low USG (1.018), elevated ALT and ALP moderated

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 exhibit mildly decreased cortico-medullary differentiation with a medullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left measures 6.5 cm. Right kidney measures 6.1 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 6.4 mm at the cranial pole and 6.2 mm at the caudal pole. Right measures 6.5 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 a diffusely hypoechoic parenchyma and increased portal markings. 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 small amount of echogenic debris. The wall is thickened to 2.0 mm without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 4.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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.



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The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is normal.

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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.

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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.

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PRIMARY FINDINGS

AGE

5 Years

- Hypoechoic liver and thickened gallbladder wall, typical of cholangiohepatitis
- Bilateral decrease in renal corticomedullary differentiation, with medullary rim sign, consistent with non-specific inflammation / degenerative change (the latter deemed less likely in this young patient).

WEIGHT

27.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appearance of the liver would support an underlying diagnosis of cholangiohepatitis, though sampling would be needed for definitive diagnosis. Given the low urine specific gravity and changes in the kidneys, renal inflammation is also suspected. Leptospirosis would be a differential diagnosis in this patient, and would also explain the low platelet count. Potential next steps include:

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- Testing for infectious disease, including leptospirosis and tick-borne infections, if applicable to the region
- Three view chest radiographs
- Initiation of liver support therapies such as SAME, Vitamin E and ursodiol
- While awaiting results, broad spectrum antibiotic therapy for cholangiohepatitis and leptospirosis, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.

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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)

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