



## PATIENT PRESENTING CLINICAL SIGNS

**Zoey Whitfield** History: Presented last night for vomiting and diarrhea, episode of hematochezia for few days. Owner stated gave OTC anti diarrheal medication but has not resolved. Hx cystotomy sx / cystic calculi removal. Abnormal PE/Chem/CBC/UA Results: PE: mild dehydration, CBC/ CHem/ cpli test - WNL.

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

Minimal Schnauzer

The urinary bladder is moderately distended with anechoic urine, and a small amount of luminal sediment is present. The bladder wall is focally thickened 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.

### SEX

Female Spayed

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). The left kidney is 4.7 cm in length. The right kidney is 4.6 cm in length.

### AGE

3 years 7 mos

### *Adrenal Glands*

### WEIGHT

17.5 lbs

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. The left adrenal gland height is 3.7 mm at the cranial pole and 4.8 mm at the caudal pole. The right adrenal gland height is 5.5 mm at the caudal pole.

## INTERPRETED BY

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

### *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. (Normal dog spleen)

## IMAGING PERFORMED BY

Dr Lara Cabugawan

### *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.

## HOSPITAL NAME

Kew Gardens AH

The gallbladder is moderately distended with anechoic contents. There is a cholelith present within the gallbladder lumen measuring 8.0 mm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

## REFERRING VET

Dr Ghobrial

### *Gastrointestinal*

The stomach is mildly distended with gas. The gastric wall is 4.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized

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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 have intact wall layering. The ileocecal junction is not visualized.

## DATE

12-6-25

### *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.



**PATIENT**

Zoey Whitfield

**SPECIES**

Canine

**BREED**

Minimal Schnauzer

**SEX**

Female Spayed

**AGE**

3 years 7 mos

**WEIGHT**

17.5 lbs

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**IMAGING  
PERFORMED BY**

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**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

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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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Focally thickened bladder wall, typical of cystitis

**Secondary Findings**

Small gallbladder cholelith, typically an incidental finding in a dog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- There is no apparent cause for the patient's gastrointestinal signs on today's ultrasound.
- The appearance of the bladder wall may be incidental, but is typical of cystitis. Thus, a urinalysis is recommended (if not recently performed) to further investigate.
- There is no evidence of a gastrointestinal foreign body or obstruction in the images provided.
- Given the patient's breed, assessment of a fasted triglyceride level is recommended, as a possible cause for cholelithiasis in a young dog. If cholesterol and triglyceride levels are normal, then this is presumably an incidental finding.





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## REFERRING VET

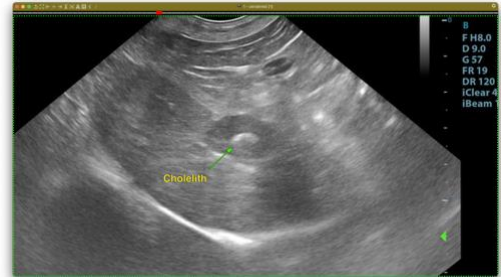
Dr Ghobrial

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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