



PATIENT

Mason Cardwell

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

7 Years

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

PCC of the High
 County

REFERRING VET

Dr. Sturgill

INVOICE

35982

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- P presented to ER on 2/24/26 for vomiting 4 times and some loose stool. E?D normal. P is eating grass. treated supportively sent home
- Returned 2/25 for licking lips more, no vomiting, eating chick/rice well
- Xray report-unspecific hepatomegaly, material in GI tract remnant ingesta vs non obstructive foreign material, possible underlying gastroenterocolitis
- 2/27/26-abdominal Ultrasound- p up all night vomited water this morning still has good appetite
- Abnormal PE/Chem/CBC/UA Results: ALT 206

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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 prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 6.5 cm in length. The right kidney is 6.4 cm in length.

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. The left adrenal gland height is 4.4 mm at the cranial pole and 4.8 mm at the caudal pole. The right adrenal gland height is 6.9 mm at the cranial pole and 6.3 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.



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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 moderately distended with gas and a small amount of fluid. The gastric wall is 4.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is thickened relative to the rest of the gastric wall, measuring 6.8 mm, and there is a liner structure seen travelling from the gastric body into the pylorus, which cannot be traced into the duodenum. The surrounding omental fat in the region of the pylorus is hyperechoic.

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, up to 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The left limb of the pancreas is hypoechoic, and the right limb has an inhomogeneous parenchyma 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 pylorus. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

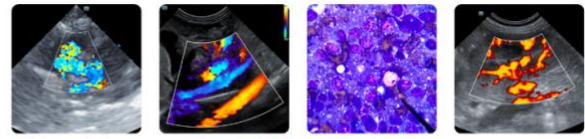
- Thickened pyloric wall, with linear structure, which may be incidental, such as grass or hair, or less likely, a significant foreign body.
- Heterogeneous pancreas, consistent with chronic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focally thickened gastric wall in the region of the pylorus is most typical of gastritis, with neoplastic change being deemed less likely. The linear structure seen in this region cannot be traced into the duodenum, and there is no plication or other evidence of obstructive disease.

Thus, this structure is most likely incidental, such as hair or grass, but the possibility of a linear foreign body is not completely excluded. Given that the wall appears abnormal in this region, endoscopic or surgical biopsy would be ideal, and the linear structure can be evaluated at that time if still present. The appearance of the pancreas may indicate concurrent chronic pancreatitis.

If empiric treatment is desired, as opposed to biopsies, then the following recommendations for gastritis are suggested:



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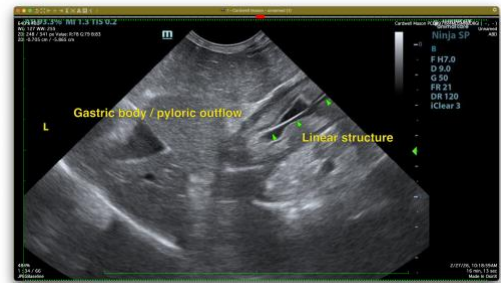
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- Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotidine, and gastroprotectants such as sucralfate.
- Dietary therapy with either a highly digestible, low-fat diet, or a hydrolyzed or novel protein diet is recommended. Feeding frequent small meals is preferred if feasible.
- Fecal parasite testing and empiric fenbendazole treatment
- Empiric treatment for helicobacter gastritis could be considered. Repeat ultrasound at the end of therapy can assess response, along with monitoring for resolution of clinical signs. Treatment protocol is as follows, for a duration of 28 days:
 - 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





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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.

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

info@SonoPath.com