



## PATIENT

Bishop Swartwood

## SPECIES

Canine

## BREED

Mixed

## SEX

MC

## AGE

7 years

## WEIGHT

48 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. Sarah Moser

## INVOICE

11391

## DATE

2/28/2026

## PRESENTING CLINICAL SIGNS

- Not eating over the past week, polydipsia, increased abdominal distension.
- PE: Tacky MM, Distended abdomen which is uncomfortable on palpation. Organomegaly palpated cranial abdomen, no anal gland masses observed on rectal

Abnormal PE/Chem/CBC/UA Results: POCUS: no free fluid in the abdomen CBC: inflammatory leukogram (WBC 24.88, neutrophilia 20.31 with left shift (immature neutrophils 1.41), lymphopenia (1.04), monocytosis (1.79)), mild thrombocytopenia (100-150k) Chem: ALT 619, ALP 1355, Tbili 1.3 EPOC: metabolic acidosis (pH 7.193, Bicarb 14.8, TCO2 14.6, BE -13.3), hypercalcemia (1.59), hyperlactatemia (3.61) qPL: 244 (equivocal range) leptowitness test: negative U/A (catheter): USG 1.038, pH 6.0, UP 100, Blood 50, Bili 3, non-hyaline casts >1/lpf, cocci present.

## 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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 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 kidney measures 7.9 cm, and the right kidney measures 8.1 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 adrenal measures 6.4 mm at the cranial pole and 7.2 mm at the caudal pole. Right adrenal measures 7.2 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 subjectively enlarged, with irregular 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 small amount of echogenic sludge. The wall is thickened to 2.5 mm, without evidence of rupture. The cystic and common bile ducts are normal.

### Gastrointestinal



## PATIENT

Bishop Swartwood

## SPECIES

Canine

## BREED

Mixed

## SEX

MC

## AGE

7 years

## WEIGHT

48 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. Sarah Moser

## INVOICE

11391

## DATE

2/28/2026

The stomach is moderately distended with ingesta. The gastric wall is 2.3 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.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

### **Pancreas**

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

### **Free Abdomen**

There is focal free fluid present with the abdomen in the region of the liver. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Diffusely enlarged liver with irregular margins and associated peritonitis.
- Diffusely thickened gallbladder wall, typical of cholecystitis.

## SECONDARY FINDINGS

- Hypoechoic right pancreas with steatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver, gallbladder, and pancreas are most typical of bacterial cholangiohepatitis with secondary pancreatitis. The possibility of more serious liver pathology cannot be excluded, and given the elevated serum calcium, liver aspirates to rule out pathologies such as lymphoma would be recommended, provided the coagulation parameters are normal. A rectal exam is also recommended if not already performed to rule out the possibility of anal gland carcinoma. Three view chest radiographs would be recommended if not already performed.

Additional recommendations for empiric management of cholangiohepatitis and pancreatitis would include:

- Bile acid testing is recommended to further assess severity of hepatic disease
- Initiation of liver support therapies such as SAME, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, 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.
- A low fat diet, and antiemetic therapy and analgesic therapy as clinically indicated.



## PATIENT

Bishop Swartwood

## SPECIES

Canine

## BREED

Mixed

## SEX

MC

## AGE

7 years

## WEIGHT

48 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

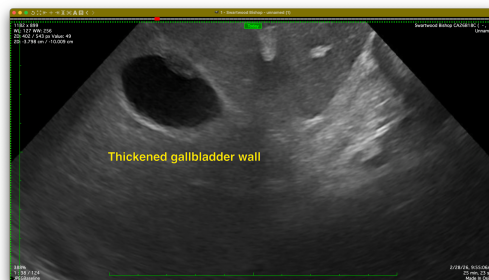
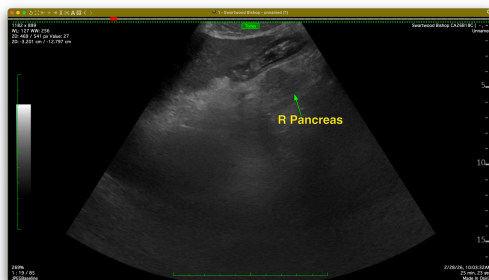
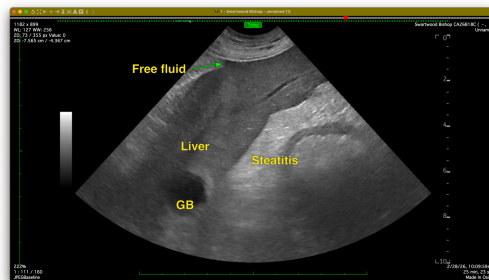
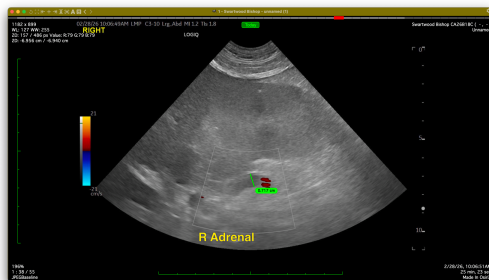
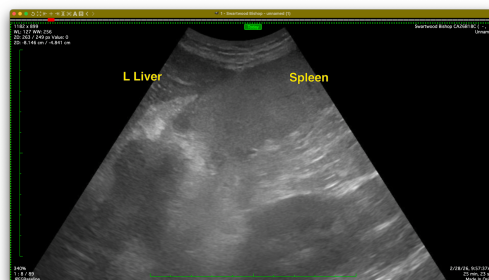
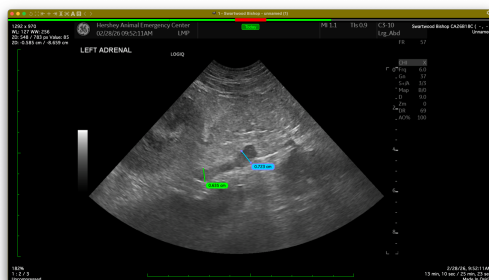
Dr. Sarah Moser

## INVOICE

11391

## DATE

2/28/2026



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